

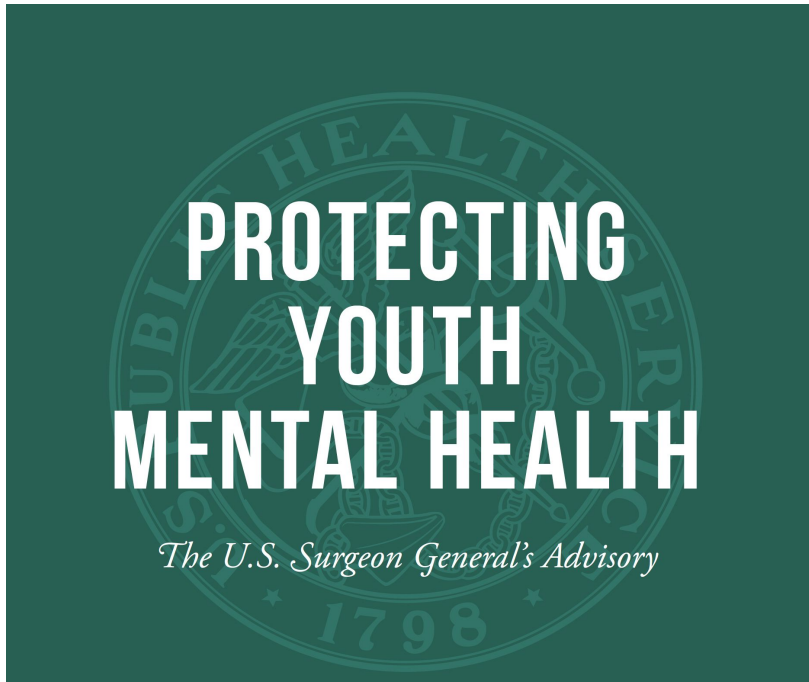


o r y
g e n

OEVARU: CHANGING CURRENTS IN YOUTH MENTAL HEALTH

Professor Patrick McGorry MD PhD FRCP FRANZCP FAA
Orygen, headspace & University of Melbourne

YOUTH MH CRISIS



A CONVERSATION WITH

The Surgeon General's New Mission: Adolescent Mental Health

In an interview with The Times, Dr. Vivek Murthy ascribed the mental health challenges among young people in part to “hustle culture” values.

“Every child’s path to adulthood—reaching developmental and emotional milestones, learning healthy social skills, and dealing with problems—is different and difficult. Many face added challenges along the way, often beyond their control. There’s no map, and the road is never straight.”

“But the challenges today’s generation of young people face are **unprecedented and uniquely hard to navigate**. And the effect these challenges have had on their mental health is **devastating**.”

Mental health of young Australians: dealing with a public health crisis

The mental health of young Australians is rapidly declining.^{1,2} The evidence for this is increasingly solid and reflects a worldwide trend.³⁻⁷ This steady erosion of our collective mental wealth is not only a human tragedy but an economic one.⁸ Yet despite this worldwide megatrend, public and media discourse is muffled. Health and social care systems remain asymmetrically focused on physical illness and disability. Despite the erosive effect of mental illness, public pressure and, consequently, the political will for a response, in proportion to the scale and urgency of the crisis, are yet to materialise.

and suicide.¹⁷ Mental illness due to its timing in the life cycle and the receding tide of infectious and many physical disorders such as cardiovascular disorders is now the number one cause of disability and of chronic disease in Australia.¹⁸ Early intervention for potentially disabling illnesses safeguards mental wealth, notably with psychosis (where the return on investment can be as high as 17:1),¹⁹ but also anxiety, depression, and attention deficit/hyperactivity disorder (ADHD).²⁰

Current responses

FOUR QUESTIONS

- Why is the mental health of young people deteriorating?
- How to best identify those at risk of, or in the earliest stages of illness
- What are the best interventions to address symptoms and functioning in young people who are at risk of or experiencing mental illness and at what stage
- What are the systems of care that will best support the delivery of evidence-based interventions for young people who experience mental ill health

PREVENTION

THE CHANGING LANDSCAPE OF YOUTH MENTAL HEALTH

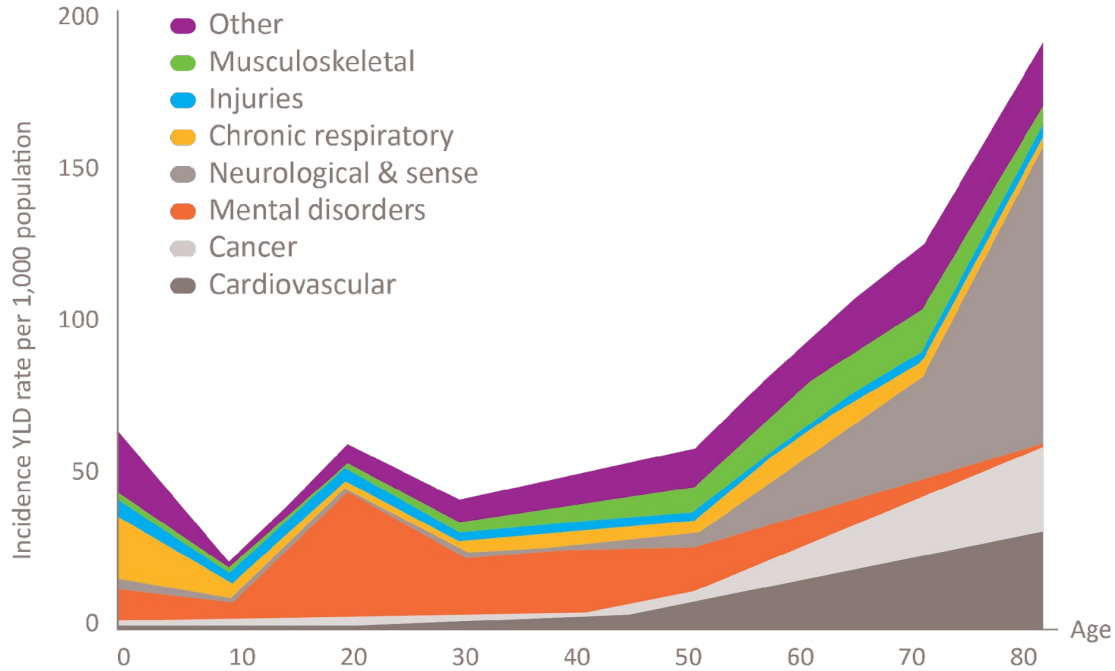


A close-up photograph of a young man with brown hair and freckles, looking down with a somber expression. He is wearing a dark grey hoodie and holding a metal chain with his right hand. The background is a blurred green field.

Mental
illness

#1 threat
to young lives
and futures

THE GLOBAL BURDEN OF DISEASE

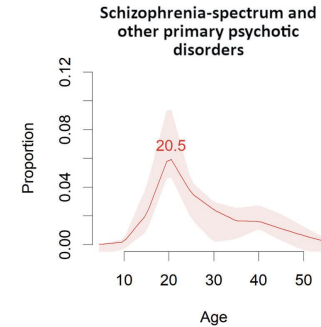
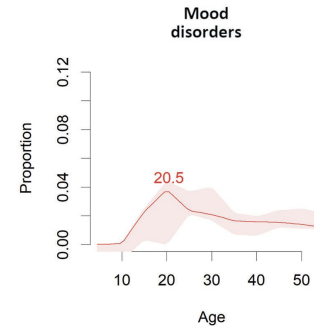
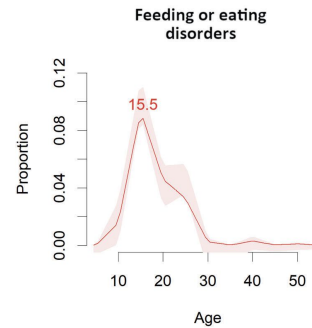
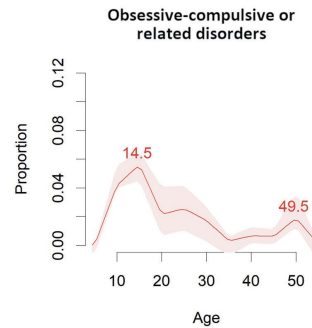
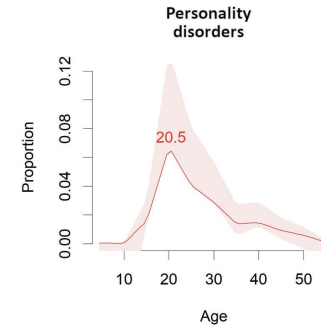
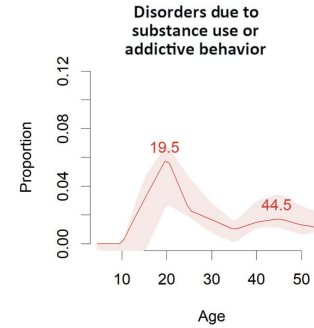
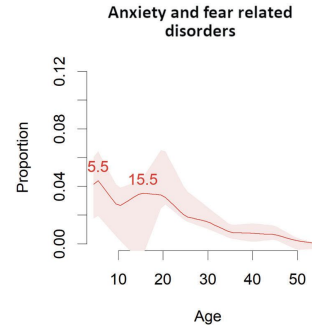
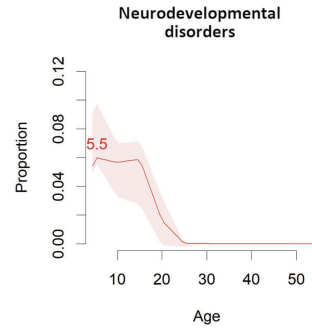


AGE OF ONSET OF DISORDERS

Age at onset of mental disorders worldwide: large-scale meta-analysis of 192 epidemiological studies

Marco Solmi^{1,2,3} · Joaquim Radua^{3,4,5} · Miriam Olivola³ · Enrico Croce⁶ · Livia Soardo⁷ · Gonzalo Salazar de Pablo^{3,8,9} · Jae Il Shin¹⁰ · James B. Kirkbride¹¹ · Peter Jones^{12,13} · Jae Han Kim¹⁴ · Jong Yeob Kim¹⁴ · André F. Carvalho¹⁵ · Mary V. Seeman¹⁶ · Christoph U. Correll^{17,18,19,20} · Paolo Fusar-Poli^{3,7,21,22}

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Cross-cohort change in parent-reported emotional problem trajectories across childhood and adolescence in the UK



Jessica M Armitage, Alex S F Kwong, Foteini Tselioui, Ruth Sellers, Rachel Blakey, Rebecca Anthony, Frances Rice, Anita Thapar, Stephan Collishaw



Summary

Background Over the past three decades, the prevalence of adolescent emotional problems (ie, anxiety and depression) has risen. Although the onset and developmental course of emotional symptoms shows high variability, no study has directly tested secular differences across development. Our aim was to investigate whether and how developmental trajectories of emotional problems have changed across generations.

Methods We used data from two UK prospective cohorts assessed 10 years apart: the Avon Longitudinal Study of Parents and Children (ALSPAC) including individuals born in 1991–92, and the Millennium Cohort Study (MCS) with individuals born in 2000–02. Our outcome was emotional problems, assessed using the parent-rated emotional subscale of the Strengths and Difficulties Questionnaire (SDQ-E) at approximate ages 4, 7, 8, 10, 11, 13, and 17 years in ALSPAC and ages 3, 5, 7, 11, 14, and 17 years in MCS. Participants were included if the SDQ-E was completed at least once in childhood and at least once in adolescence. Trajectories were generated using multilevel growth curve models using the repeated assessments of the SDQ-E in children aged 3–17 years.

Findings Data were available for 19 418 participants (7012 from ALSPAC and 12 406 from the MCS), of whom 9678 (49.8%) were female and 9740 (50.2%) were male, and 17 572 (90.5%) had White mothers. Individuals born between 2000 and 2002 had higher emotional problem scores from around 9 years (intercept statistic β 1.75, 95% CI 1.71–1.79) than did individuals born in 1991–92 (1.55, 1.51–1.59). The later cohort had an earlier onset of problems than the earlier cohort, and sustained higher average trajectories from around 11 years, with female adolescents showing the steepest trajectories of emotional problems. Differences between cohorts peaked overall at age 14 years.

Interpretation Our comparison of two cohorts of young people provides evidence that compared with a cohort assessed 10 years prior, emotional problems emerge earlier in development in the more recent cohort, and these are especially pronounced for females during mid-adolescence. Such findings have implications for public health planning and service provision.

Funding Wolfson Centre for Young People's Mental Health, Wolfson Foundation.

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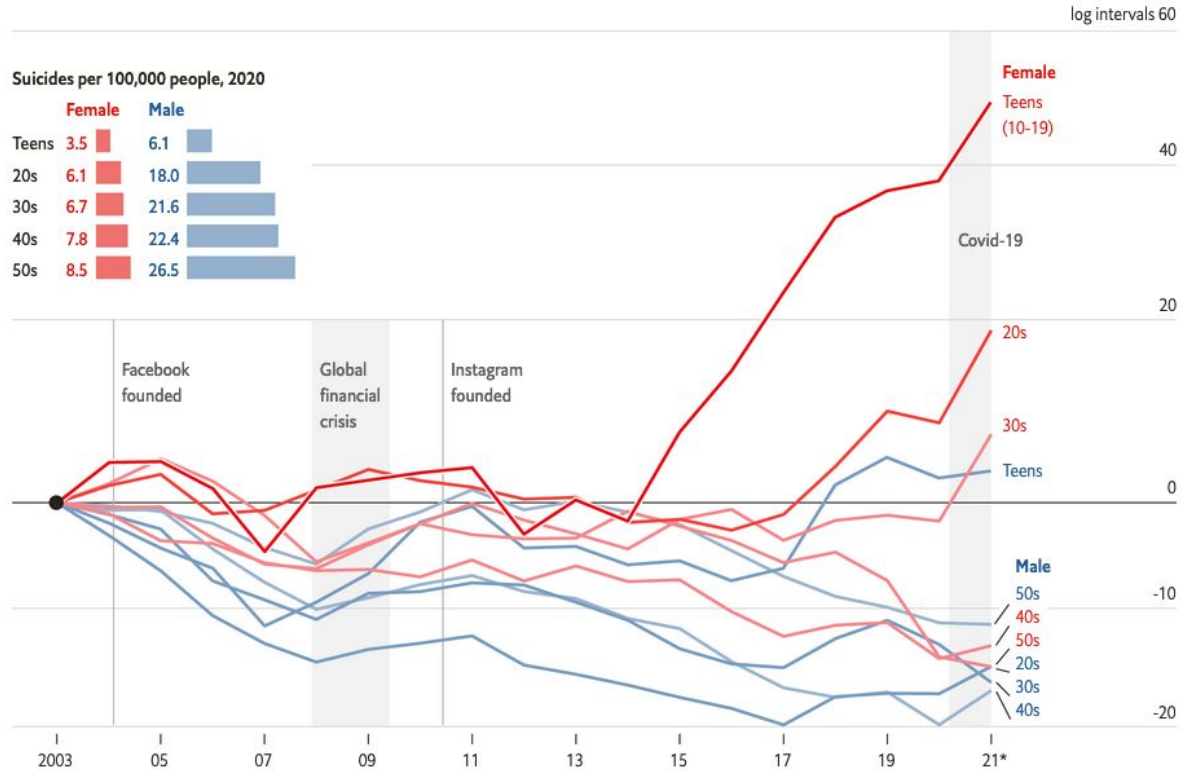
Lancet Psychiatry 2023;
10: 509–17

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Wolfson Centre for Young People's Mental Health (J M Armitage PhD, FTselioui PhD, R Anthony PhD, Prof F Rice PhD, Prof Anita Thapar PhD, Prof Stephan Collishaw PhD), Centre for the Development, Evaluation, Complexity and Implementation in Public Health Improvement, School of Social Sciences (R Anthony), and Division of Psychological Medicine and Clinical Neurosciences, Centre for Neuropsychiatric Genetics and Genomics (J M Armitage, FTselioui, R Sellers PhD, Prof F Rice, Prof A Thapar, Prof S Collishaw), Cardiff University, Cardiff, UK; Division of Psychiatry, University of Edinburgh, Edinburgh, UK (A S F Kwong PhD); Population Health Sciences and MRC Integrative Epidemiology Unit, University of Bristol, Bristol, UK (A S F Kwong, R Blakey PhD); Department of Primary Care and Public Health, Brighton and Sussex Medical School, Brighton, UK (R Sellers); Faculty

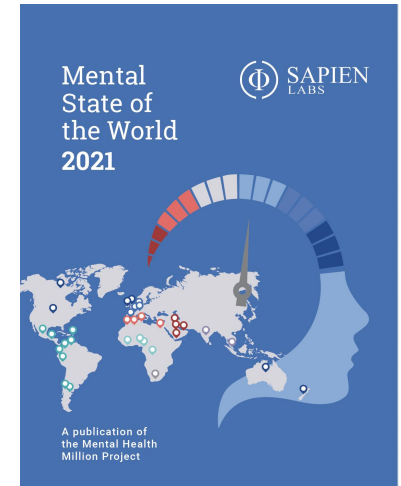
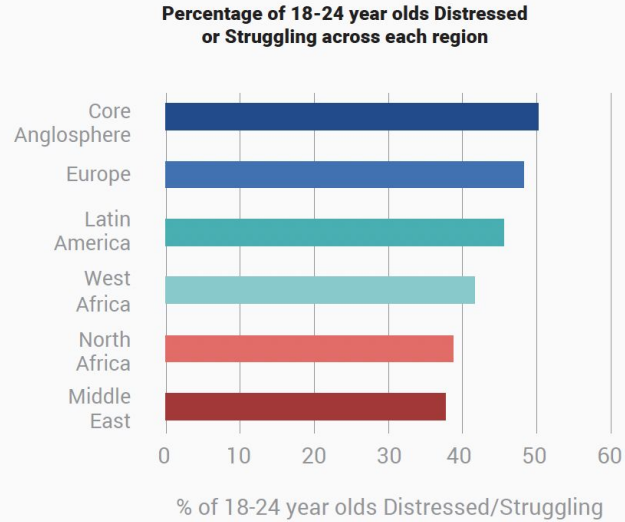
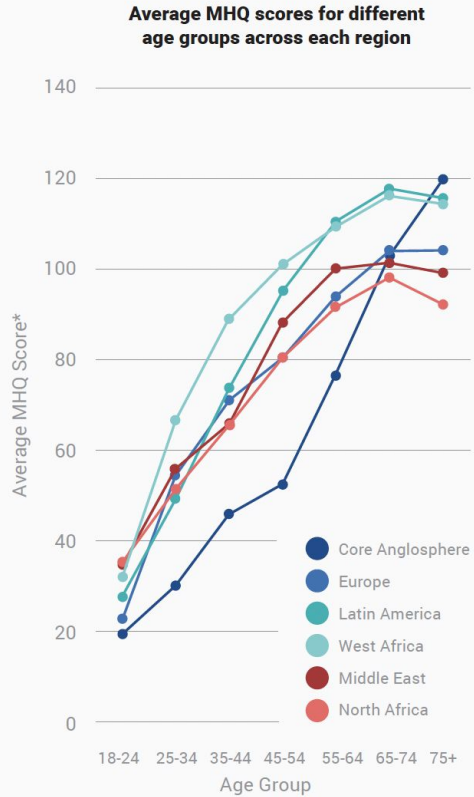
Suicide rate, % change since 2003, by age and sex

17 countries, three-year moving average



*Data unavailable for five countries

Figure 3.1: MHQ score across age groups



50% INCREASE IN PREVALENCE OF MENTAL DISORDERS IN YP SINCE 2007

ABC NEWS

ANALYSIS

About 40 per cent of young Australians have experienced mental illness — and it's high time we do something about it

By Patrick McGarry

Posted Thu 4 Aug 2022 at 8:00pm



Any 12-month mental disorder, by age and sex, 2020-21

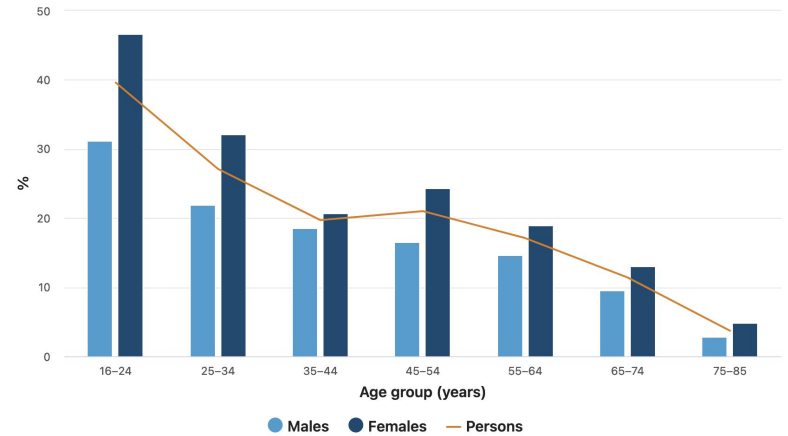
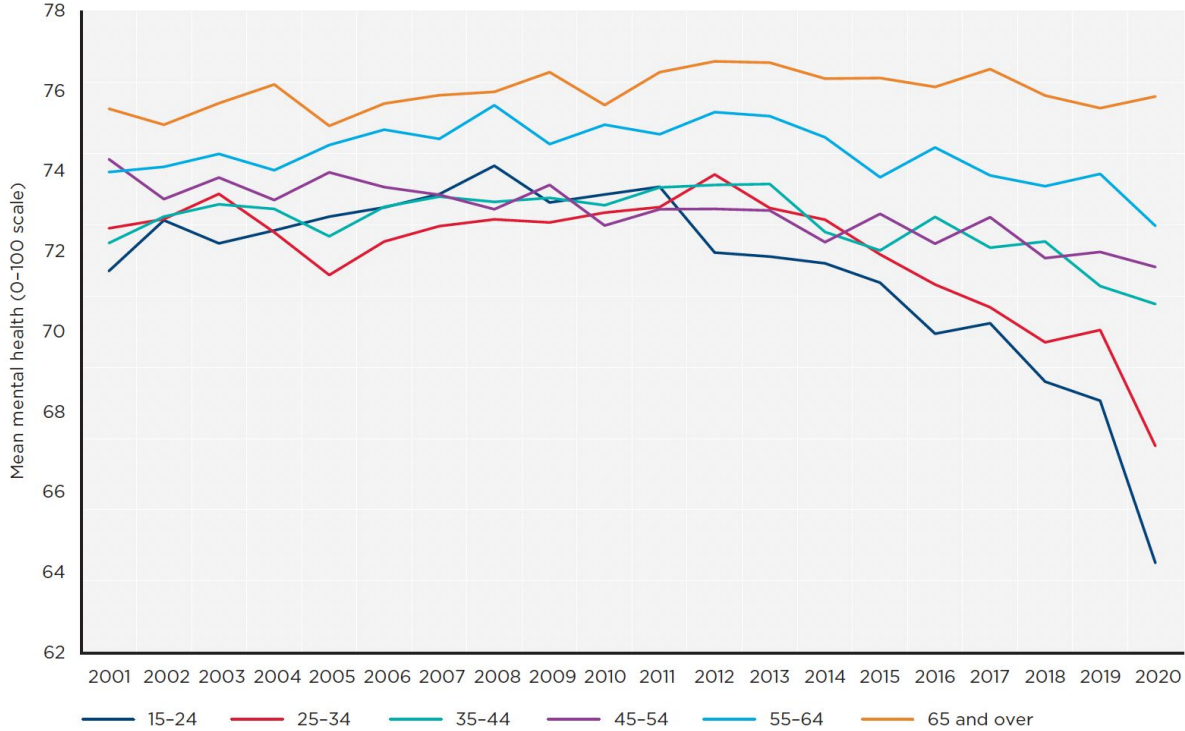
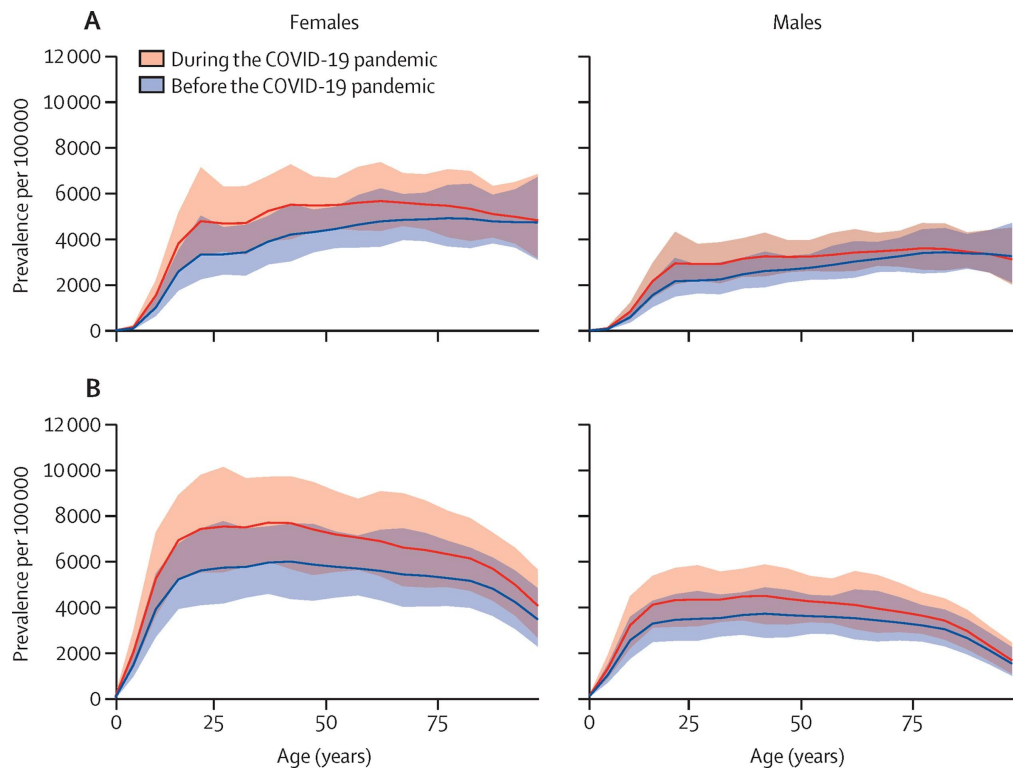
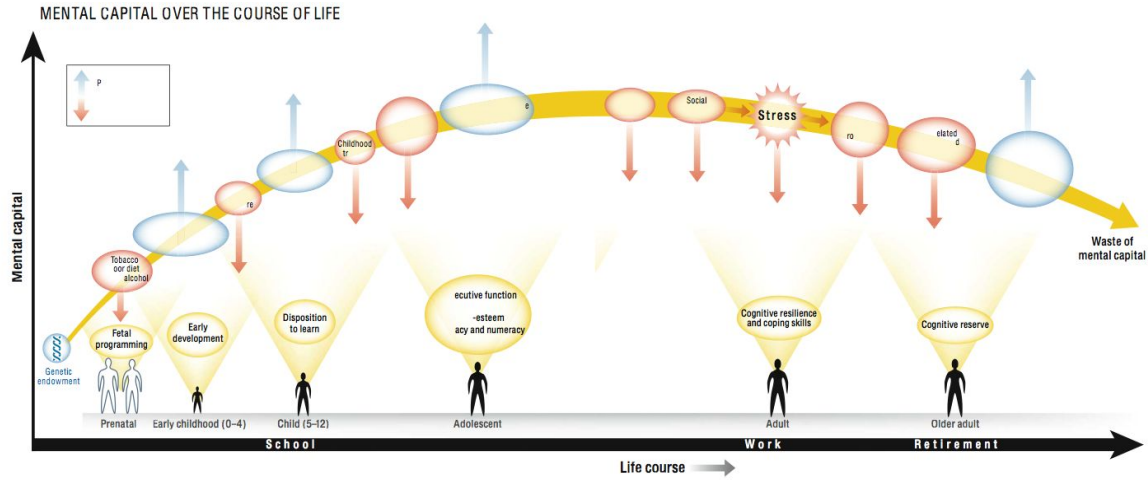


Figure 8.2: Average of the SF-36 mental health measure, by age group



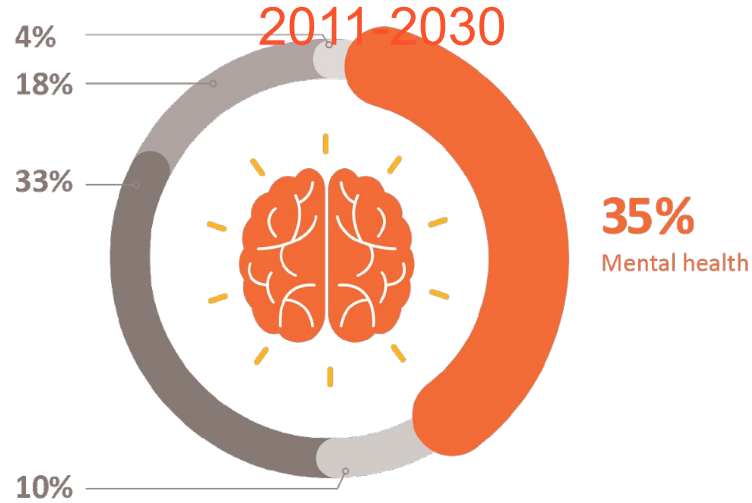


DEVELOPMENTAL PERSPECTIVE: THE MENTAL WEALTH OF NATIONS



Beddington et al 2008 Nature

LOST ECONOMIC OUTPUT BY DISEASE TYPE



- 35% Mental health
- 33% Cardiovascular diseases
- 18% Cancer
- 10% Chronic respiratory diseases
- 4% Diabetes

Source: The Global Economic Burden of Non-communicable Diseases



MEGATRENDS



“The future ain’t what it used
to be”

Yogi Berra



THE NEGLECT OF YOUNG PEOPLE

‘We get the raw deal out of almost everything’: a quarter of young Australians are pessimistic about having kids

February 21, 2022 12.07pm AEDT

A young woman in Melbourne in December 2021. Con Chronis/AAP

“...Gen Z are destined to be the worst-regarded generation ever. Both patterns are nothing but a reflection of ***our timeless denigration of young people....***”

Bobby Duffy, Professor of Public Policy and Director of the Policy Institute at KCL.

“It has always been a puzzle to me that the period of life of maximum disturbance, adolescence, is the one of ***least interest*** to both psychiatrists and governments....

.....the neglect of adolescent psychiatry is a special form of ***self-harm*** undertaken by adult society.”

Professor John Gunn 2004

VIEWPOINT

Addressing the Mental Health Crisis in Youth—Sick Individuals or Sick Societies?



Awais Aftab, MD
Department of
Psychiatry, Case
Western Reserve
University,
Cleveland, Ohio.

**Benjamin G. Druss,
MD, MPH**
Department of Health
Policy and
Management, Rollins
School of Public Health,
Emory University,
Atlanta, Georgia.

The prevalence of anxiety and depression has been increasing in the US as well as in many other parts of the world. This trend, beginning in the 2010s, has largely been concentrated among adolescents and youth.¹ At least 2 broad sets of characterizations have been proposed in the scientific literature and lay press, the first viewing this increase as an epidemic of psychiatric disorders² while the other seeing the increase in psychological distress in youth as reflective of sociopolitical adversity and disorganization.³ At the risk of oversimplification, this contrast may be viewed as a sick individuals vs sick society polarity. Such explanatory dualities present clinicians with the challenge of how to navigate concerns about excessive medicalization and address complex social determinants of health in clinical settings. Moving past conceptual binary constructs fueling this polarization can be an important first step in addressing the mental health crisis in youth. Herein, we discuss the reasons for this polarization, strategies to overcome it, and how these insights should inform clinical practice.

how social factors may contribute to patients' clinical presentations.

Ultimately, binary distinctions between disordered vs normal distress in the face of stressors, biological vs psychosocial etiologies, and individual treatment vs public health approaches boil down to a constricted and overly narrow view of the medical model. Concerns about medicalization of the psychological lives of youth are triggered by legitimate fears: critics are worried that by conceptualizing distressing responses in psychopathological terms, the relationship to context will be lost or minimized, self-understanding of individuals will be adversely changed, and sociopolitical activism will be replaced by individual medical treatment. Remedying these concerns requires actively emphasizing medical, public health, and policy approaches that take context, self-understanding, and political action seriously.

It has been argued that estimates of psychopathology based on symptom ratings and epidemiological questionnaires inflate the prevalence of mental

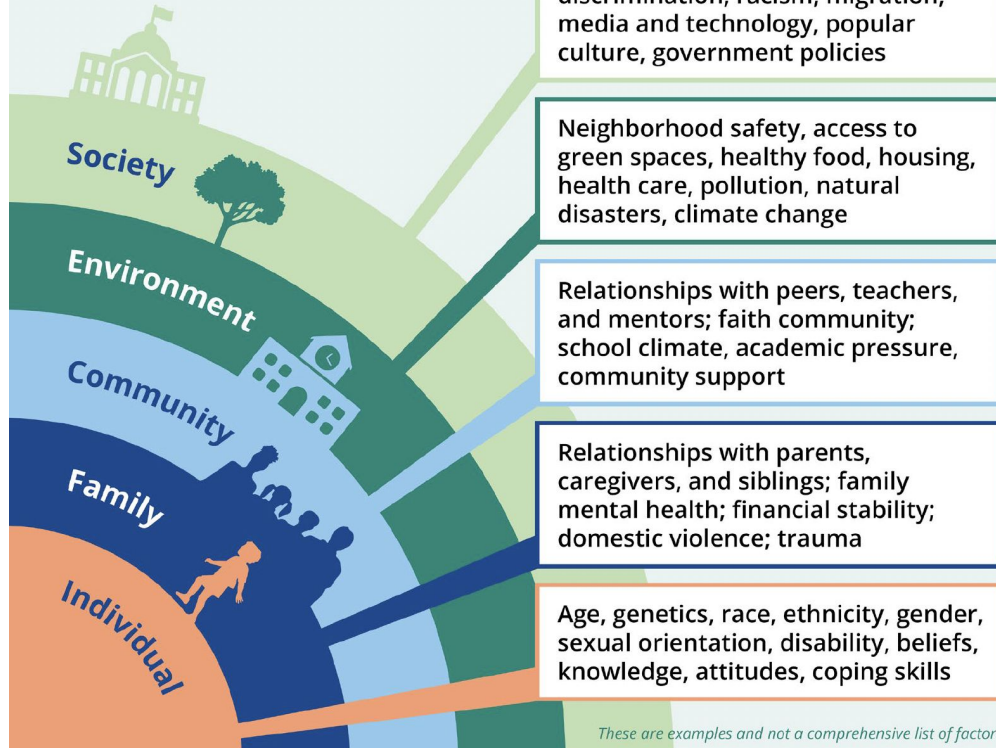
SICK INDIVIDUALS OR SICK SOCIETIES?

- Polarisation in part confuses cause and effect
- Michael Marmot: “what is the point of treating people and returning them to the circumstances that made them sick?”
- Social Determinants, Cohort Effects and Megatrends
- “The general awareness that the mental health crisis in youth is intertwined with sociopolitical turmoil has blurred the boundaries between social and medical perspectives.”
- “It has been argued estimates of psychopathology based on symptom ratings and epidemiological questionnaires inflate the prevalence of mental disorders.”
- Elevated symptomatology not sufficient evidence of psychopathology – different trajectories.
- However excluding subthreshold DSM states often clinically significant and warrant professional care (eg UHR psychosis)
- Soft entry key for EI but proportional response crucial: Clinical Staging Model

FACTORS THAT CAN SHAPE THE MENTAL HEALTH OF YOUNG PEOPLE

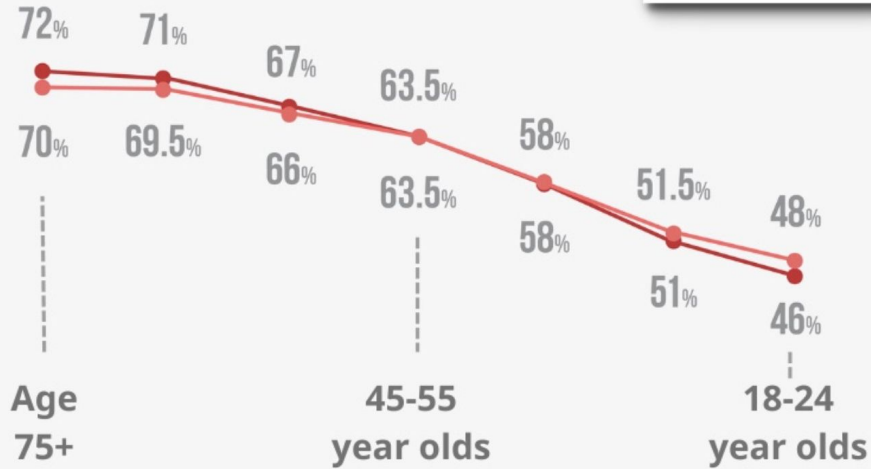


Source: Adapted from WHO's *Determinants of Adolescent Health Development: An Ecological Model*, 2014 and Bronfenbrenner & Ceci (1994)



These are examples and not a comprehensive list of factors

Stable and loving childhood homes are no longer the norm



- Warm and loving home growing up
- Stable & Supportive home growing up

Explainer

Explained: How climate change affects mental health

Climate change is a global health crisis, and that includes mental health. Find out how it's impacting our mental health and what can be done to prevent and manage it.



Copyrighted Material



The Spirit Level

Why Equality
is Better for Everyone

Richard Wilkinson and Kate Pickett

'A big idea, big enough to change political thinking'
Sunday Times

'A sweeping theory of everything' *Guardian*



Copyrighted Material

The Inner Level

How More Equal Societies
Reduce Stress, Restore
Sanity and Improve
Everyone's Well-being

Richard Wilkinson and Kate Pickett

From the international bestselling
authors of *The Spirit Level*



GEN F'D

PENNINGTON 2023

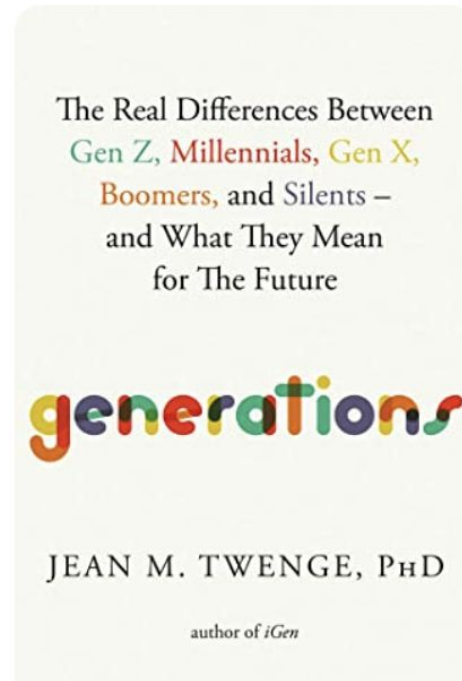
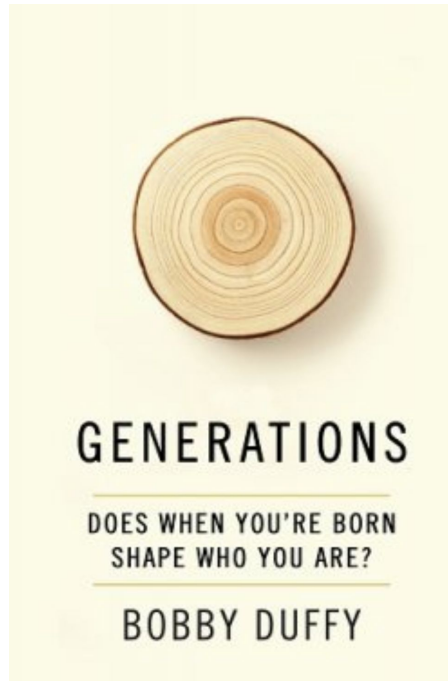
- **Precarity - The Precariat**
- THE END OF GOOD JOBS Insecure Work
- HOUSING CRISIS
- NEOLIBERALISM
 - Tearing up the Social Contract
 - Value Extraction and Rent Seeking
- INTERGENERATIONAL INEQUALITY
- SOCIAL MEDIA – limited forms of identity
- CLIMATE THREAT
- COHORT EFFECTS – GFC, PANDEMIC

Loss of **Security**, Power, Connection & Solidarity.

The “Fair Go”: Organised Fairness



GENERATIONS



GEN Z

Gender Fluidity F to M and trans nonconforming (NB/Enby)

More LGB esp B

Delayed Adulthood

Sex Recession

Growing Up Slowly

Marriage and Childhood

Restricting Speech

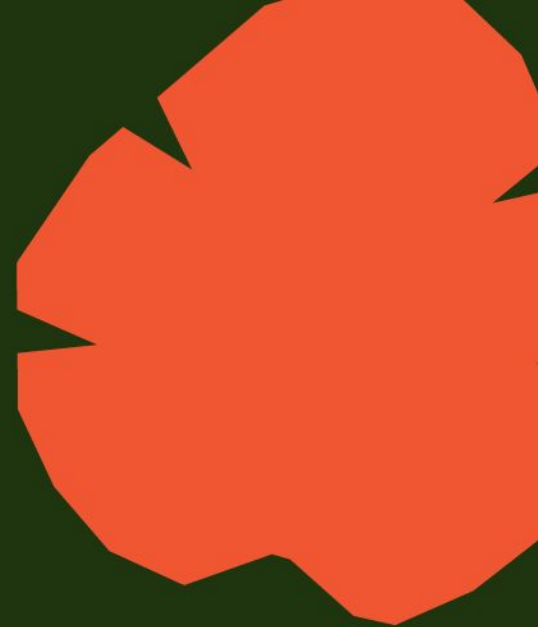
Interest in Physical and Emotional Safety (The Coddling of the American Mind: Lukianoff and Haidt; Trigger Warnings)

Racial Consciousness

Worse Mental Health & Pessimism “Cards stacked against me” COVID

Worse Physical Health

Political Polarisation and Activism

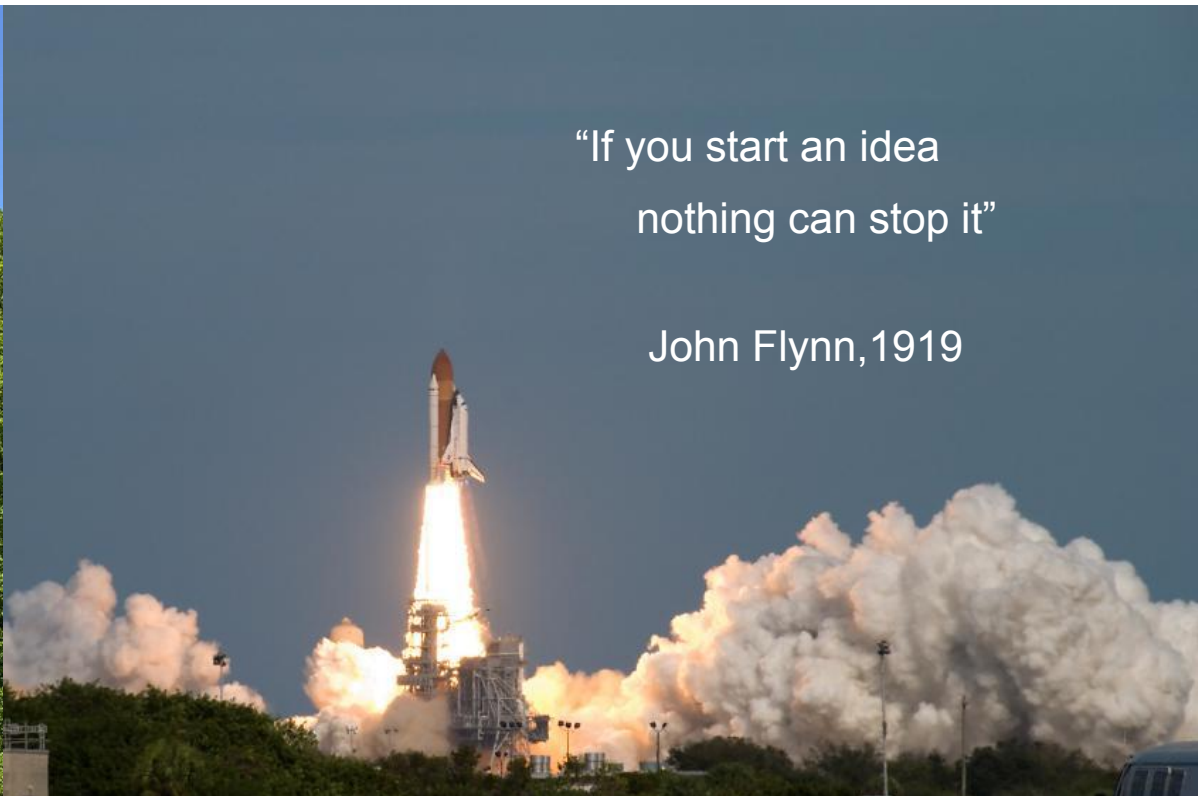


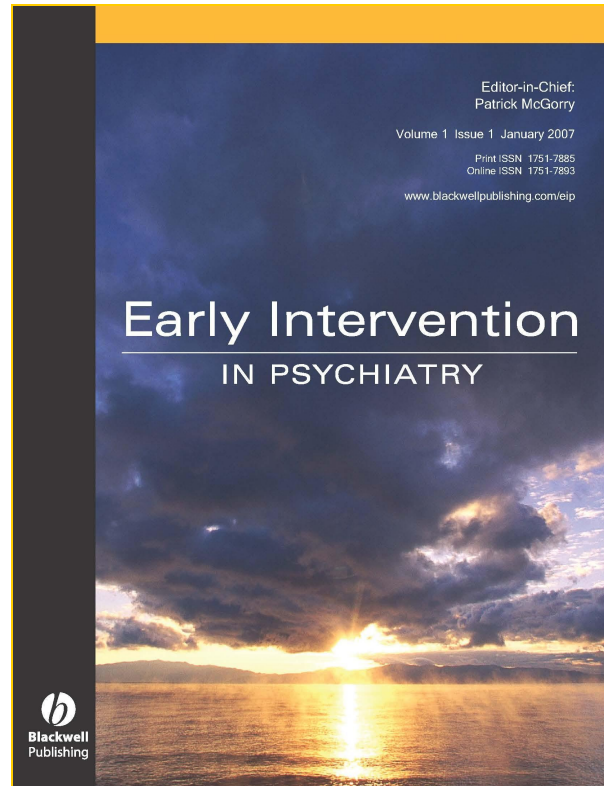
FIELD BUILDING: YOUTH MENTAL HEALTH



“If you start an idea
nothing can stop it”

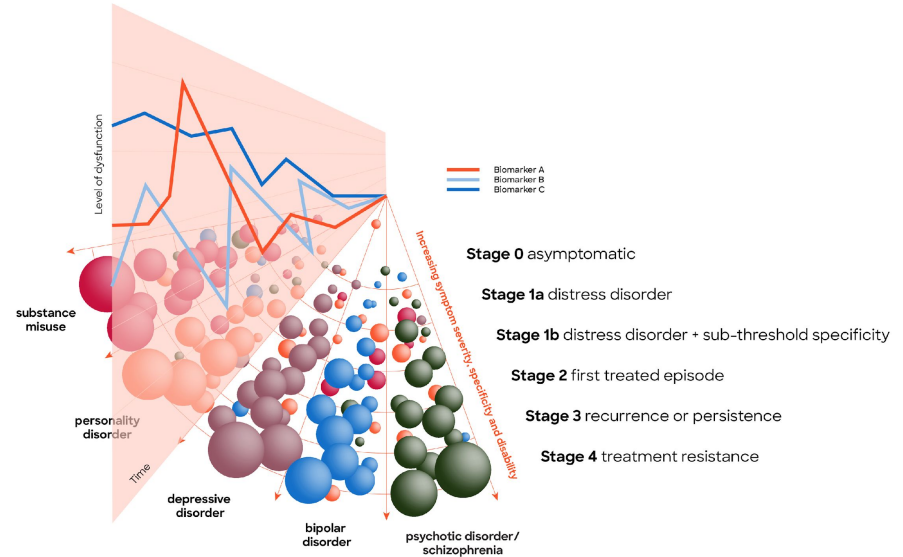
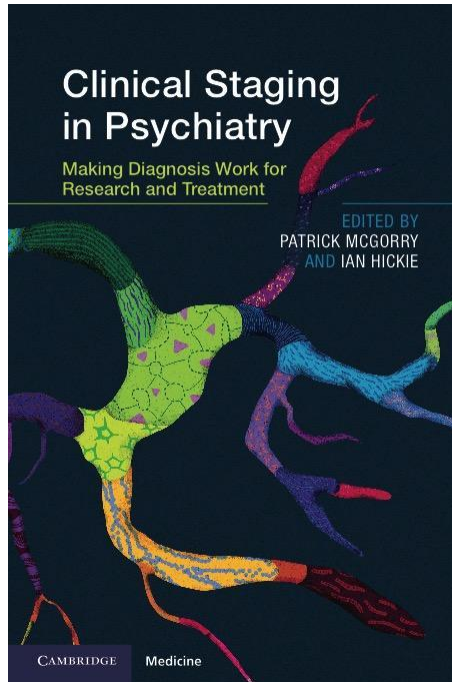
John Flynn, 1919





Early Intervention: A general principle in modern healthcare

STAGING OF CARE TO GUIDE EARLY INTERVENTION



IEPA 1996-2022 FROM EARLY PSYCHOSIS TO FULL SPECTRUM



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EARLY INTERVENTION IN A CHANGING WORLD

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10TH - 12TH JULY 2023

UNIVERSITY OF LAUSANNE,
SWITZERLAND

From early intervention in psychosis to youth mental health reform: a review of the evolution and transformation of mental health services for young people.

Ashok Malla, Srividya Iyer, Patrick McGorry, Mary Cannon, Helen Coughlan, Swaran Singh

Ridha Jabbar
Social Psychiatry and Psychiatric Epidemiology

The International Journal for Research in Social and Genetic Epidemiology and Mental Health Services

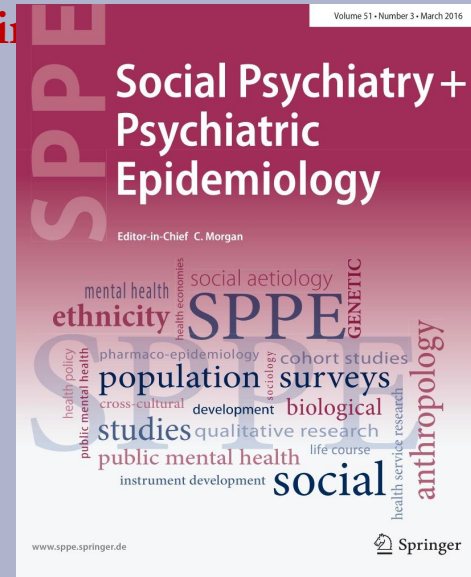
ISSN 0933-7954

Volume 51

Number 3

Soc Psychiatry Psychiatr Epidemiol (2016) 51:319-326

DOI 10.1007/s00127-015-1165-4



DENMARK WELCOMES

iaymh2022

The 6th International Conference on Youth Mental Health

REIMAGINING | Youth Mental Health

COPENHAGEN

29 September - 1 October, 2022

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LANCET PSYCHIATRY COMMISSION ON YOUTH MENTAL HEALTH

Building the momentum and blueprint for reform in youth mental health



Mental disorders have been well characterised as “the chronic diseases of the young”¹ and continue to disproportionately affect young people worldwide.² They are a major contributor to the overall burden of disease between 10 and 24 years of age,³ making them the leading cause of disability and premature death for this age group. Societies across the globe are heavily weakened by mental disorders. Projections suggest that by 2030, among the non-communicable diseases, mental illness will pose the greatest threat to worldwide economic growth.⁴ This threat to economic growth is a direct result of the timing in the lifecycle of mental

disorders; 75% emerge by 24 years of age,⁵ with the major syndromes, which so often persist and disable across adulthood, emerging during the transition from puberty to the mid-20s. This critical developmental period is especially important for completing education, securing employment, and growing social relationships. Consequently, the long-term effects on fulfillment of human potential and productivity are enormous, through poor economic and vocational outcomes.⁶ This erosion of so-called mental wealth⁷ demands an urgent response to mental disorders in young people at an individual, societal, and global level.



CanImage/Science Photo Library

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April 16, 2019
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YOUTH PSYCHIATRY

Section of Youth Mental Health

The RANZCP Section of Youth Mental Health (SYM-H) promotes the highest standards in clinical practice, training and research pertaining to youth mental health.

Youth mental health

Youth mental health is an approach to the mental health needs of young people (12–25 years), often practised in a consortium model of care.

Aims

This Section aims to:

- promote the objectives of the College relating to youth mental health
- advise on training in youth mental health
- advance and disseminate research in youth mental health
- contribute to and promote the highest standards of clinical practice.

Current committee members

The chair of the SYMH bi-national committee is [Dr Daniel Pellen](#) (pictured).

The current committee can be contacted through memberhelp@ranzcp.org.

The [Bi-national Section Committee's Regulations](#) outline the purpose and responsibilities of the SYMH Committee.



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Upcoming Events

UCD ACAP WEBINAR: REAL-WORLD EFFECTIVENESS OF ANTIPSYCHOTIC DOSES IN SCHIZOPHRENIA

September 16, 2022

FACULTY OF ADDICTIONS PSYCHIATRY

September 16, 2022

FACULTY OF YOUTH AND STUDENT PSYCHIATRY

September 21, 2022

Faculty of Youth and Student Psychiatry

START
September 21, 2022 1:00 pm

END
September 21, 2022 2:00 pm

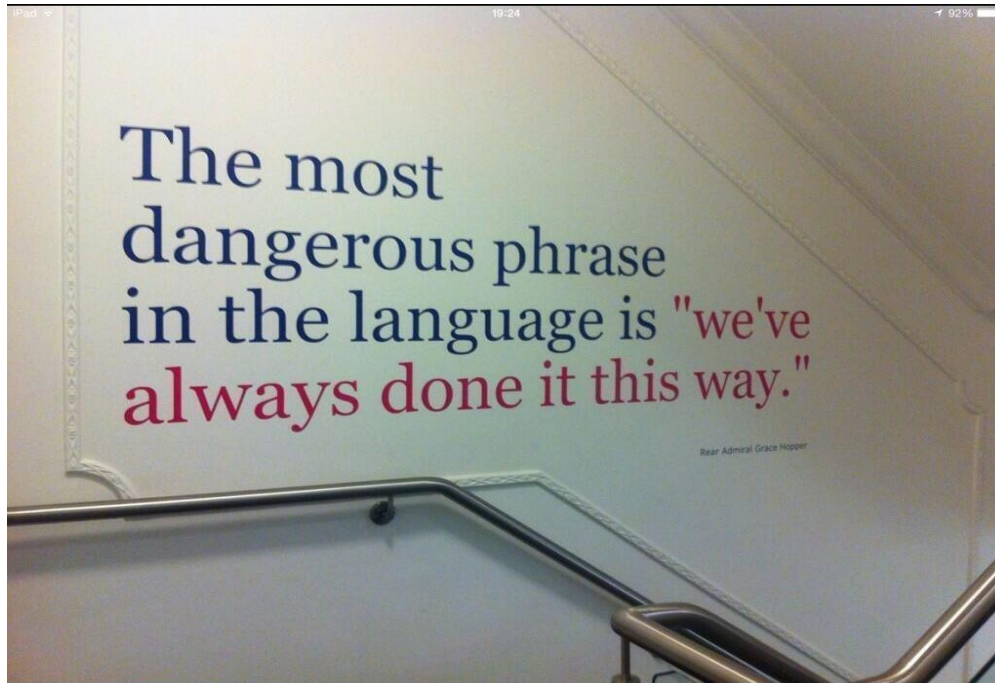
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Stuart Leads

ON THE WRONG TRACK

Process, outcome and experience of transition from child to adult mental healthcare: multiperspective study

Swaran P. Singh, Moli Paul, Tamsin Ford, Tami Kramer, Tim Weaver, Susan McLaren, Kimberly Hovish, Zoebia Islam, Ruth Belling and Sarah White

Background

Many adolescents with mental health problems experience transition of care from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS).

Aims

As part of the TRACK study we evaluated the process, outcomes and user and carer experience of transition from CAMHS to AMHS.

Method

We identified a cohort of service users crossing the CAMHS/AMHS boundary over 1 year across six mental health trusts in England. We tracked their journey to determine predictors of optimal transition and conducted qualitative interviews with a subsample of users, their carers and clinicians on how transition was experienced.

Results

Of 154 individuals who crossed the transition boundary in 1 year, 90 were actual referrals (i.e. they made a transition to AMHS), and 64 were potential referrals (i.e. were either

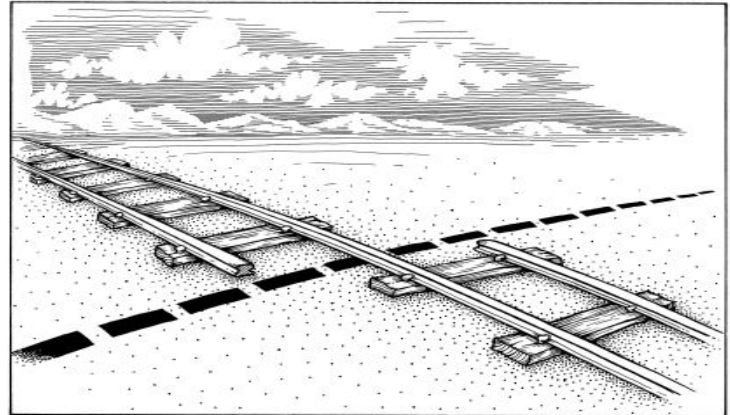
not referred to AMHS or not accepted by AMHS). Individuals with a history of severe mental illness, being on medication or having been admitted were more likely to make a transition than those with neurodevelopmental disorders, emotional/neurotic disorders and emerging personality disorder. Optimal transition, defined as adequate transition planning, good information transfer across teams, joint working between teams and continuity of care following transition, was experienced by less than 5% of those who made a transition. Following transition, most service users stayed engaged with AMHS and reported improvement in their mental health.

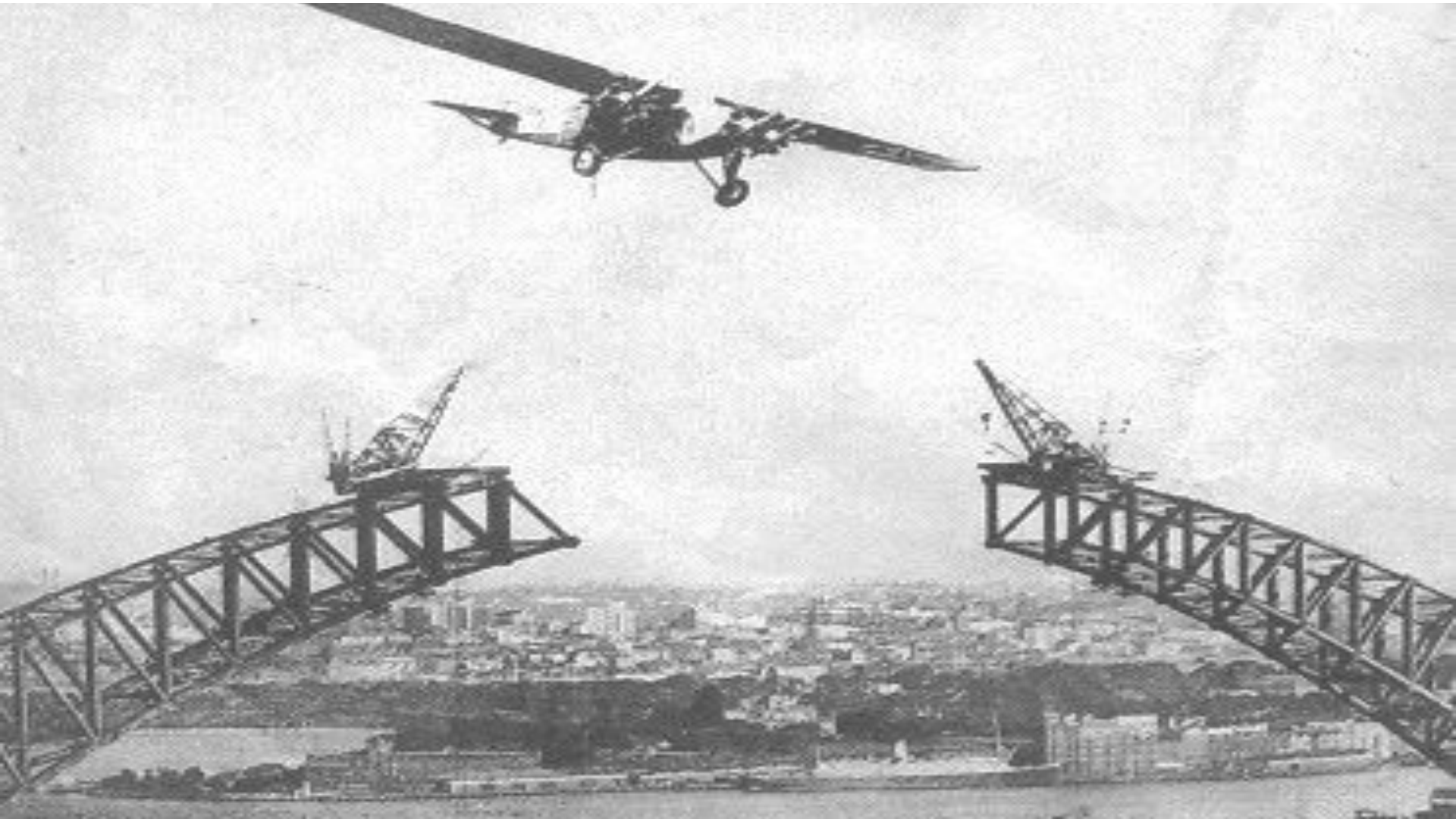
Conclusions

For the vast majority of service users, transition from CAMHS to AMHS is poorly planned, poorly executed and poorly experienced. The transition process accentuates pre-existing barriers between CAMHS and AMHS.

Declaration of interest

None.







“Existing systems and structures focus almost exclusively on children or on adults, meaning few investments and interventions are directed specifically to young people.”

Melinda Gates



THE WIZARD OF ID

by Brant Parker and Johnny Hart





A NEW ARCHITECTURE
AND CULTURE OF CARE
INTEGRATED YOUTH
MENTAL HEALTH
THROUGH ENHANCED
PRIMARY CARE

A GLOBAL PARADIGM



Integrated Youth Mental Health Programs

headspace - Australia

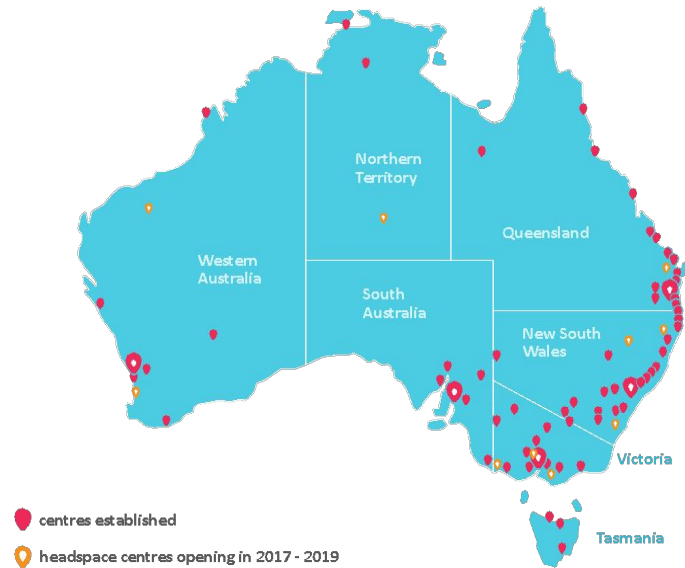


A photograph of several dandelions against a clear blue sky. One dandelion in the lower-left foreground is in sharp focus, showing its intricate seed structure. Other dandelions are scattered in the mid-ground and background, some in focus and some blurred, creating a sense of depth. The overall mood is serene and hopeful.

**UPSCALING
YOUTH MENTAL
HEALTH**

FROM 2006 - 10 CENTRES □ 164 CENTRES BY 2023

AUSTRALIA



Integrated Youth Services networks are happening across Canada



-9 out of 10 provincial governments have made commitments to IYS
-AOM legacy includes an Indigenous IYS research network
-1 province and 3 territories are at an exploration stage



Youth Mental Health Programs

headspace - Denmark



IRELAND



 centres established

JIGSAW

Drop In Hours:

Mon	12pm - 6pm
Tues	12pm - 6pm
Wed	12pm - 6pm
Thurs	12pm - 6pm
Fri	No Drop-in
Sat	10.30am - 3pm

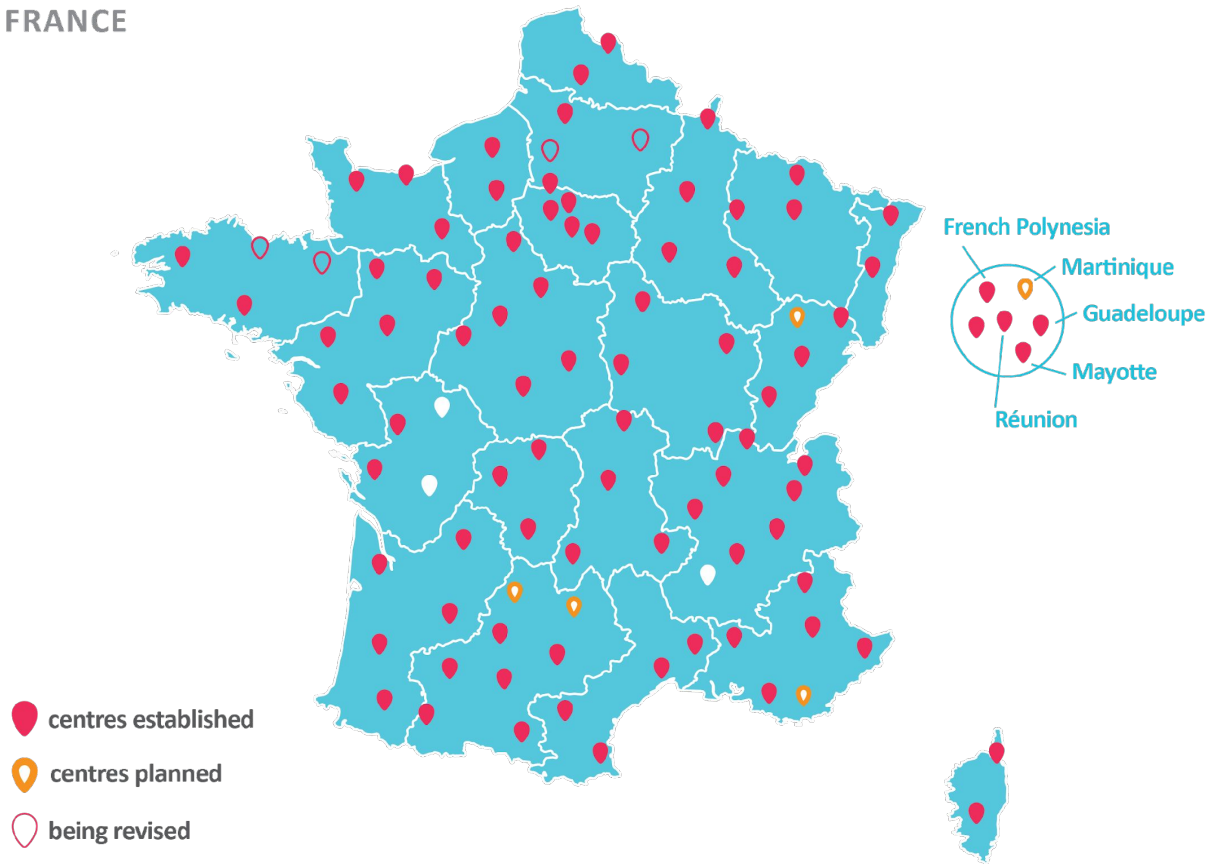
CONTACT DETAILS

Call: 091 549 252
Text: 087 772 5332
Email: info@jigsaw.ie
www.jigsaw.ie

LOOKING
FOR
SUPPORT?

JIGSAW
is a free and confidential support
service for young people (15 - 25)
in Galway City and County

FRANCE



Youth Mental Health Programs

Maison des Adolescents - France



THE NETHERLANDS



Youth Mental Health Programs

@ ease - Netherlands



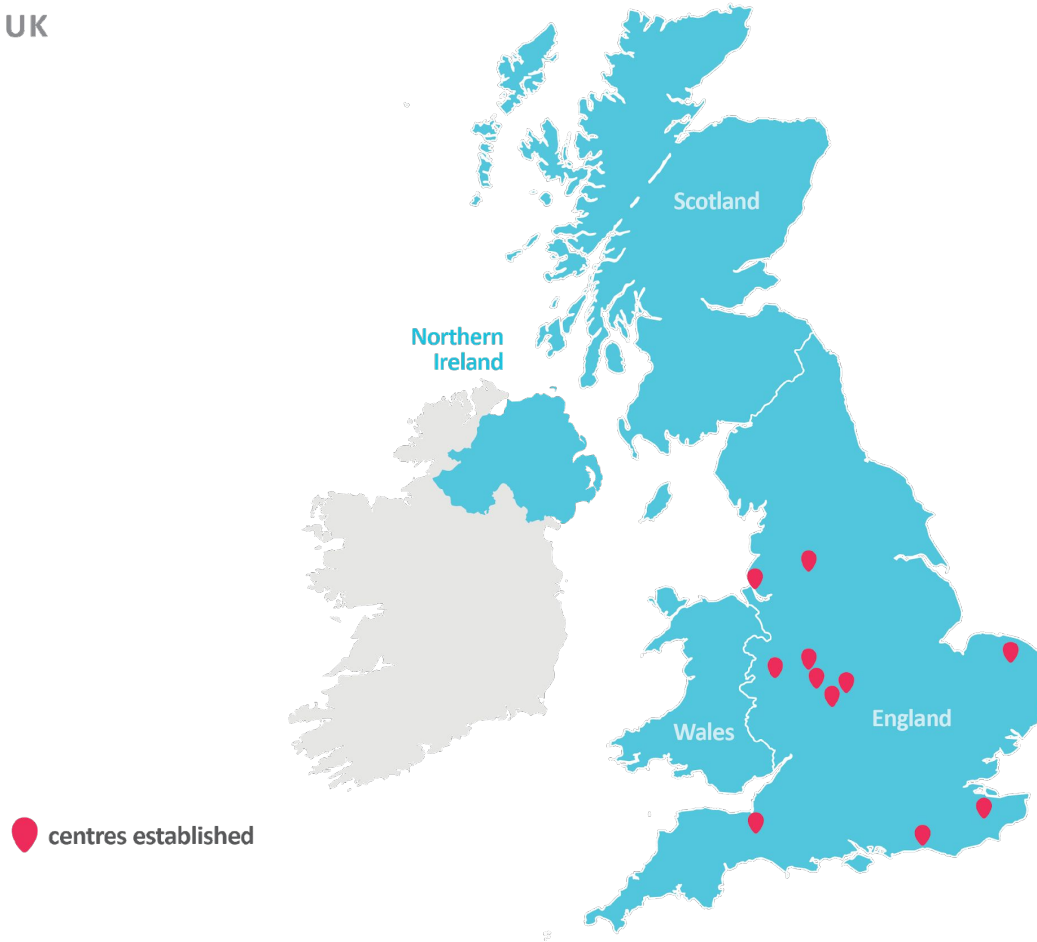
ISRAEL



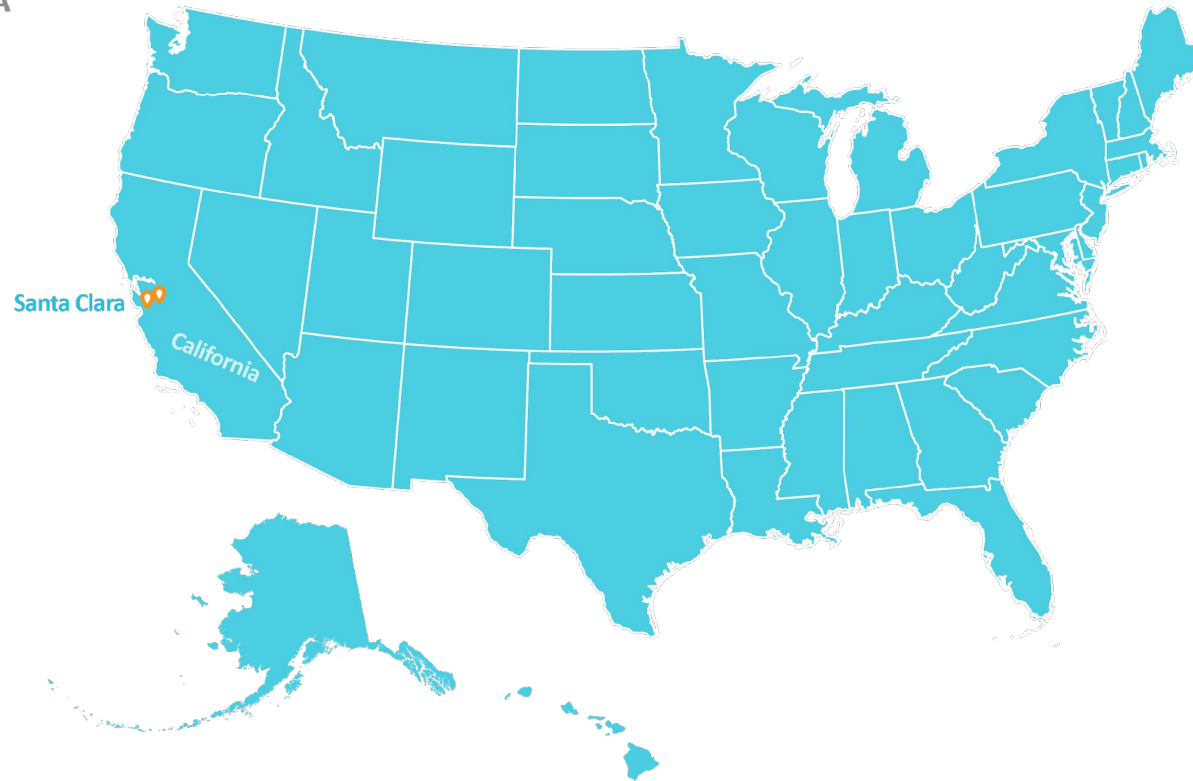
 centre established

 centre planned for 2018

UK

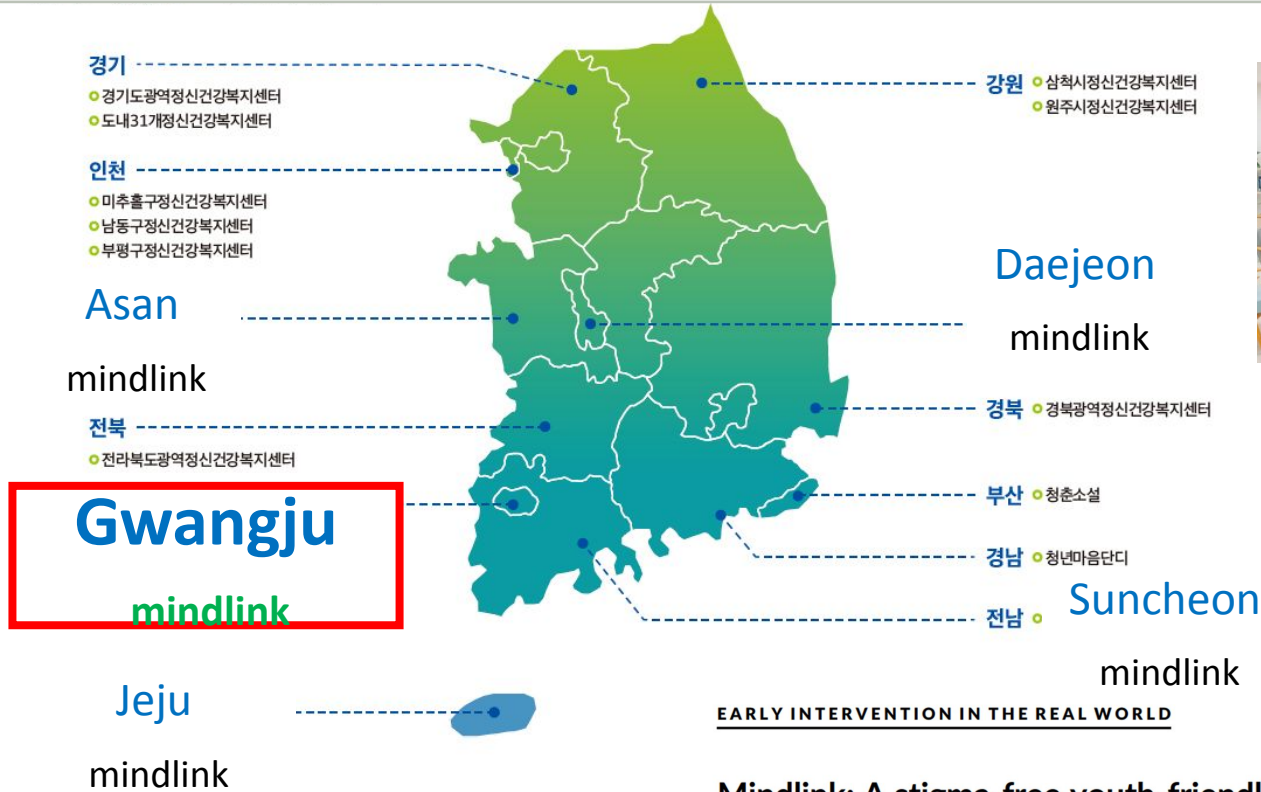


USA



 centres planned for 2018

Early Intervention Center (Mindlink) map in South Korea



EARLY INTERVENTION IN THE REAL WORLD

WILEY

Mindlink: A stigma-free youth-friendly community-based early-intervention centre in Korea

CHAT Ambassadors

The CHAT Ambassadors is a group of young people who provide insight and feedback to improve CHAT service. The group includes both students and young working adults who are committed to making a positive change to Singapore's youth mental health scene.

[Read More](#)





WAVES FOR CHANGE CAPE TOWN - SOUTH AFRICA

Works with young people exposes to advance
childhood events

Lack access to consistent caring adults

Connects young people to surf therapy

Uses active listening, problem-solving
techniques along with some guided CBT
principles

Measures impact of program on young people

World Psychiatry

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Volume 21, Number 1 February 2022



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FORUM – BUILDING NEW SYSTEMS OF YOUTH MENTAL HEALTH CARE: A GLOBAL FRAMEWORK

Designing and scaling up integrated youth mental health care

Patrick D. McGorry, Cristina Mei, Andrew Chanen, Craig Hodges, Mario Alvarez-Jimenez, Eóin Killackey
Orygen, National Centre of Excellence in Youth Mental Health; Centre for Youth Mental Health, University of Melbourne, Parkville, VIC, Australia

Mental ill-health represents the main threat to the health, survival and future potential of young people around the world. There are indications that this is a rising tide of vulnerability and need for care, a trend that has been augmented by the COVID-19 pandemic. It represents a global public health crisis, which not only demands a deep and sophisticated understanding of possible targets for prevention, but also urgent reform and investment in the provision of developmentally appropriate clinical care. Despite having the greatest level of need, and potential to benefit, adolescents and emerging adults have the worst access to timely and quality mental health care. How is this global crisis to be addressed? Since the start of the century, a range of co-designed youth mental health strategies and innovations have emerged. These range from digital platforms, through to new models of primary care to new services for potentially severe mental illness, which must be locally adapted according to the availability of resources, workforce, cultural factors and health financing patterns. The fulcrum of this progress is the advent of broad-spectrum, integrated primary youth mental health care services. They represent a blueprint and beach-head for an overdue global system reform. While resources will vary across settings, the mental health needs of young people are largely universal, and underpin a set of fundamental principles and design features. These include establishing an accessible, “soft entry” youth primary care platform with digital support, where young people are valued and essential partners in the design, operation, management and evaluation of the service. Global progress achieved to date in implementing integrated youth mental health care has highlighted that these services are being accessed by young people with genuine and substantial mental health needs, that they are benefiting from them, and that both these young people and their families are highly satisfied with the services they receive. However, we are still at base camp and these primary care platforms need to be scaled up across the globe, complemented by prevention, digital platforms and, crucially, more specialized care for complex and persistent conditions, aligned to this transitional age range (from approximately 12 to 25 years). The rising tide of mental ill-health in young people globally demands that this focus be elevated to a top priority in global health.



THE MEDICAL JOURNAL OF AUSTRALIA

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Beyond brand Inside youth mental health



Photo: iStockphoto.com/102520305055



Journal of the Australian Medical Association



Australian Medical Publishing Company

Beyond brand: inside youth mental health

Integrated (one-stop shop) youth health care: best available evidence and future directions

Sarah E Hetrick¹, Alan P Bailey¹, Kirsten E Smith², Ashok Malla³, Steve Mathias⁴, Swaran P Singh⁵, Aileen O'Reilly⁶, Swapna K Verma⁷, Laelia Benoit⁸, Theresa M Fleming⁹, Marie Rose Moro⁹, Debra J Rickwood¹⁰, Joseph Duffy⁶, Trissel Eriksen¹¹, Robert Illback¹², Caroline A Fisher¹³, Patrick D McGorry¹

Mental health problems represent the largest burden of disease in young people.¹ Fifty per cent of mental disorders first emerge by the age of 14 years, and 75% by the age of 24 years.² Left untreated, these mental health problems have high rates of recurrence and cause negative outcomes for the individual, including reduced economic productivity, as well as societal costs.³⁻⁶ A range of risk behaviours coexist with mental health difficulties, including tobacco, drug and alcohol use; sexual risk taking; injury-related risk behaviour; violence; reduced levels of physical activity; and poor nutrition.⁷⁻⁹ Health behaviours laid down during adolescence and young adulthood tend to continue long term.^{8,9}

Despite this, access to mental health services for young people has been poor.¹⁰⁻¹³ Identified barriers to help-seeking for young people include internal factors, such as concerns about confidentiality, lack of knowledge about mental health disorders and available services and perceived attitudes of clinicians; and external barriers, including lack of access and financial costs.^{7,9} Historically, mental health services have not been developmentally sensitive or youth-oriented. Many services restrict access depending on age, diagnosis or comorbidities. Further, poor engagement of young people in child and adult psychiatric services has been endemic, and challenges in transitioning young people between and across these services has often been poorly dealt with.¹⁴⁻¹⁶ Together, these processes have caused a "crisis in care", where most young people with mental health difficulties do not get the care they need, resulting in high rates of distress, functional impairment and suicidality.¹⁷⁻¹⁹

Summary

- Although mental health problems represent the largest burden of disease in young people, access to mental health care has been poor for this group. Integrated youth health care services have been proposed as an innovative solution.
- Integrated care joins up physical health, mental health and social care services, ideally in one location, so that a young person receives holistic care in a coordinated way. It can be implemented in a range of ways.
- A review of the available literature identified a range of studies reporting the results of evaluation research into integrated care services.
- The best available data indicate that many young people who may not otherwise have sought help are accessing these mental health services, and there are promising outcomes for most in terms of symptomatic and functional recovery.
- Where evaluated, young people report having benefited from and being highly satisfied with these services.
- Some young people, such as those with more severe presenting symptoms and those who received fewer treatment sessions, have failed to benefit, indicating a need for further integration with more specialist care.
- Efforts are underway to articulate the standards and core features to which integrated care services should adhere, as well as to further evaluate outcomes. This will guide the ongoing development of best practice models of service delivery.

WEF AND MENTAL HEALTH

Davos 2019



Davos 2020



GLOBAL BLUEPRINT FOR YOUTH MH REFORM

or4
gen

WORLD
ECONOMIC
FORUM

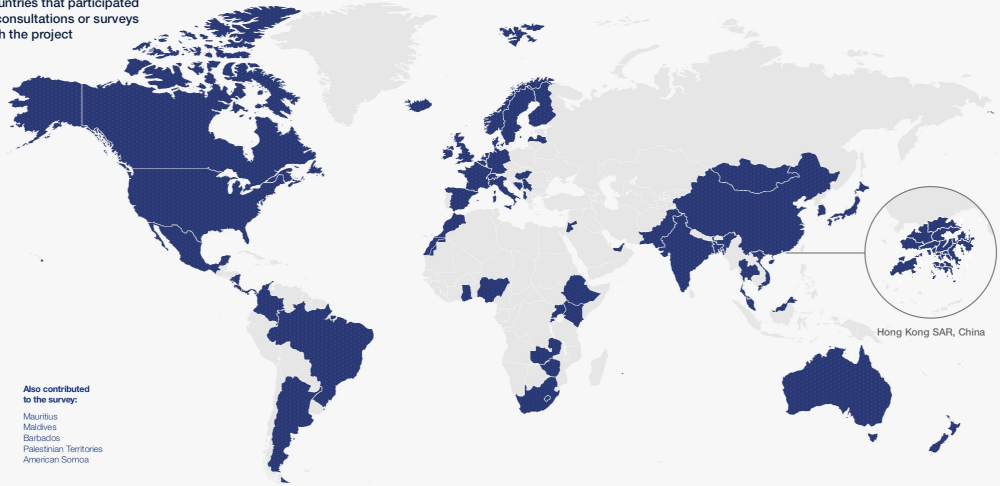
COMMITTED TO
IMPROVING THE STATE
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A Global Framework for Youth Mental Health: Investing in Future Mental Capital for Individuals, Communities and Economies

May 2020



FIGURE 8
Countries that participated
in consultations or surveys
with the project



Also contributed
to the survey:
Mauritius
Maldives
Barbados
Palestinian Territories
American Samoa

Hong Kong SAR, China

GLOBAL YOUTH MENTAL HEALTH

BRIEFING

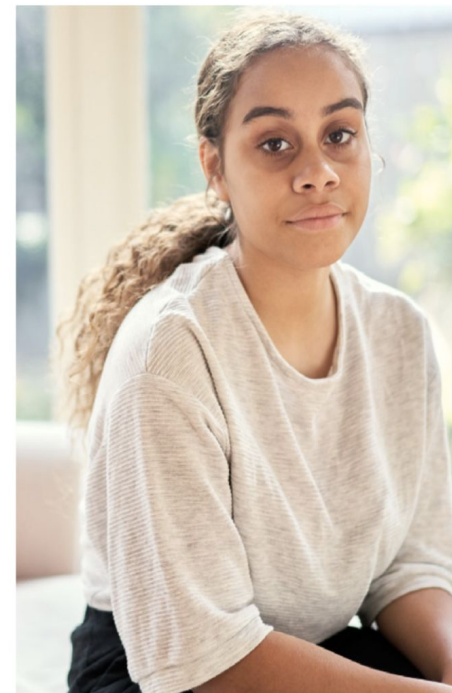


IN BRIEF

Mental health is a major health issue for young people globally. 75 per cent of mental health issues have their onset before the age of 25, which has profound impacts on young people's development and capacity to participate and contribute economically and socially. Despite the acute need, service responses are often non-existent or limited and poorly co-ordinated even in most high-income settings. Youth mental health systems need to take a systematic, evidence-based approach, centred around early intervention. It is important to address the symptomatic, developmental and functional impacts of mental health in the stage of life between adolescence and early adulthood.

FOUR THINGS TO REMEMBER:

1. 87 per cent of the global population is impacted by mental ill-health either through their own experience or that of a family member or someone close to them.
2. Poverty, childhood trauma and violence significantly increase the risk of young people experiencing mental ill-health.
3. Accessing support and appropriate treatment early significantly improves a young person's recovery and capacity to lead a fulfilling and meaningful life.
4. From an economic perspective, adolescence and young adulthood is a key period during the life course when mental capital is formed.





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OF THE WORLD

WEF ORYGEN PROJECT 2020



KEY PRINCIPLES

Rapid, easy and affordable access

Youth specific care

Awareness, engagement
and integration

Early intervention

Youth partnership

Family engagement
and support

Continuous improvement

Prevention

Such an environment is likely to be consistent with the principles and goals of the following:
The Universal Declaration of Human Rights, The Convention on the Rights of Persons with Disabilities,
The Convention on the Rights of the Child, and the Sustainable Development Goals.

LOCAL CONTEXTUAL FACTORS

These could include culture, funding, political will, popular will, existing infrastructure and availability and skill level of workforce among many possible others.

KEY PRINCIPLES

Rapid, easy and affordable access	Youth partnership
Youth specific care	Family engagement and support
Awareness, engagement and integration	Continuous improvement
Early intervention	Prevention

LOCALLY OPERATIONALISED YOUTH MENTAL HEALTH MODEL

(consistent with principles, ambitious and innovative within the resources available)

YOUTH FACING AGENCIES

PRIMARY CARE

SPECIALIST CARE



plus the
chain, Starbucks.

MARKETING STRATEGY FOR INTERNATIONAL SUCCESS

*** STANDARDIZATION STRATEGY**
 Anywhere the company operates, it offers identical food products such as the *McFlurry*, *McNuggets*, *McChicken*, *Happy Meal*, and *Filet-O-Fish*. The plan provides the company with a strong image.

*** ADAPTATION STRATEGY**
 The strategy can be compared to *localization*. With this strategy, McDonald's adapts to the needs of the consumers as required by the *cultures of specific countries*.

USA
 McDonald's does many new product trials and innovation in its home country, where it has the biggest audience. The company's advertising is typically skewed to children, where McDonald's produces about *250 ads annually*.

JAPAN
 McDonald's in Japan added menu items to cater to Japanese preferences. The company introduced *Green Tea Ice Cream*, *Rice Burgers*, *Seaweed Shaker Shrimp Burgers*, *Shrimp Nuggets* and *Teriyaki Burgers*.

CHINA
 For China, instead of meat from chicken breasts, McDonald's uses meat from chicken thighs in its chicken burgers because it's the *locals' preference*.
 The *Grilled Chicken Burger* is a meal offered during *Chinese New Year*, which is served with *curly fries* and a *Chinese horoscope* with the 12 animal signs.

GERMANY
 Because Germans love to eat meat, *its burgers combine Nürnberger sausages with beef*. And it's a known fact that Germans love their beer with food, so McDonald's outlets in Germany also serve *beer*.

INDIA
 McDonald's in India offers: *Masala Grilled Veggie Burgers*, *McAllo Tikki*, the *McVeggie* and the *Maharaja Mac* which is the local version of the standard Big Mac.
 The *McCurry Pan* is one of McDonald's India's featured products. It is a baked menu item with *curried vegetables*.

SWITZERLAND
 The *McRaclette* is only served in McDonald's outlets in Switzerland. It is a beef sandwich with *raclette cheese*, *unique raclette sauce*, *onions* and *gherkin pickles*.

MOROCCO
 McDonald's offers a special menu for Ramadan. They call it *Iftar* (end of fasting) and the meal consists of a *Big Mac*, *milk*, *dates* and *traditional Moroccan soup*.

INDONESIA
 The majority of the population in Indonesia is Muslim, therefore, McDonald's adapted to the eating needs of the population by replacing *pork* with *fish*.
 Since Indonesians prefer *rice* over bread, they serve *rice* as well, together with some spicy meals that locals prefer.

STAGED CARE

- Headspace as enhanced PRIMARY care is very effective for one third and partially effective for up two thirds of YP aged 12-25 years
- It is a brand and service trusted by communities and policy makers and has worked well until the pandemic as an entry portal for YP
- Headspace costs around 0.2% of the national MH budget
- Each HS centre receives around 1m or less per annum to operate
- The next tier of care is missing in action resulting in the “missing middle”
- EPYS - PLUS and State MH expansion is the solution to this cohort

A NEW SIX LEVEL SERVICE SYSTEM



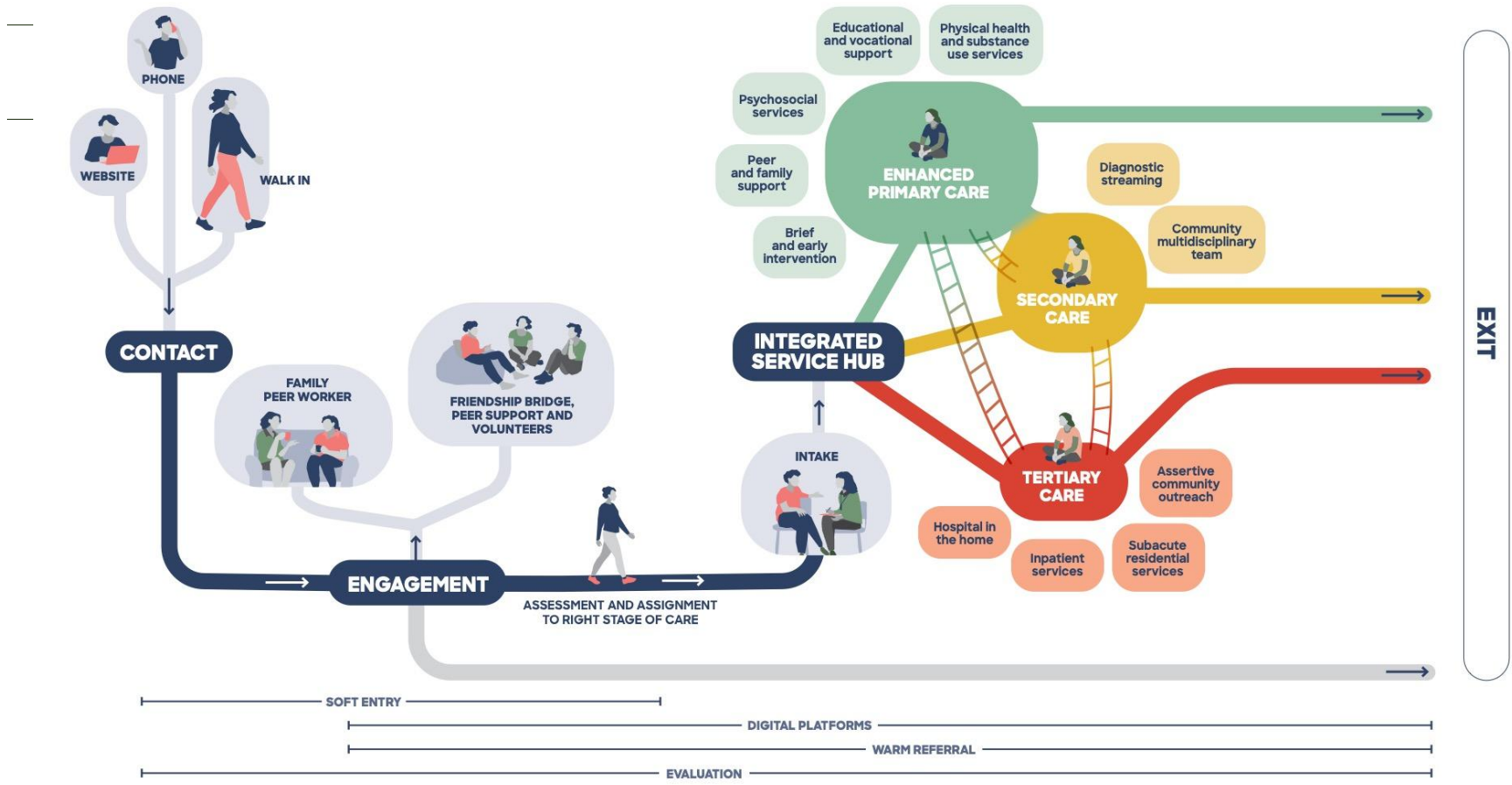
Developmentally appropriate transitions will be applied between age-based systems and service streams

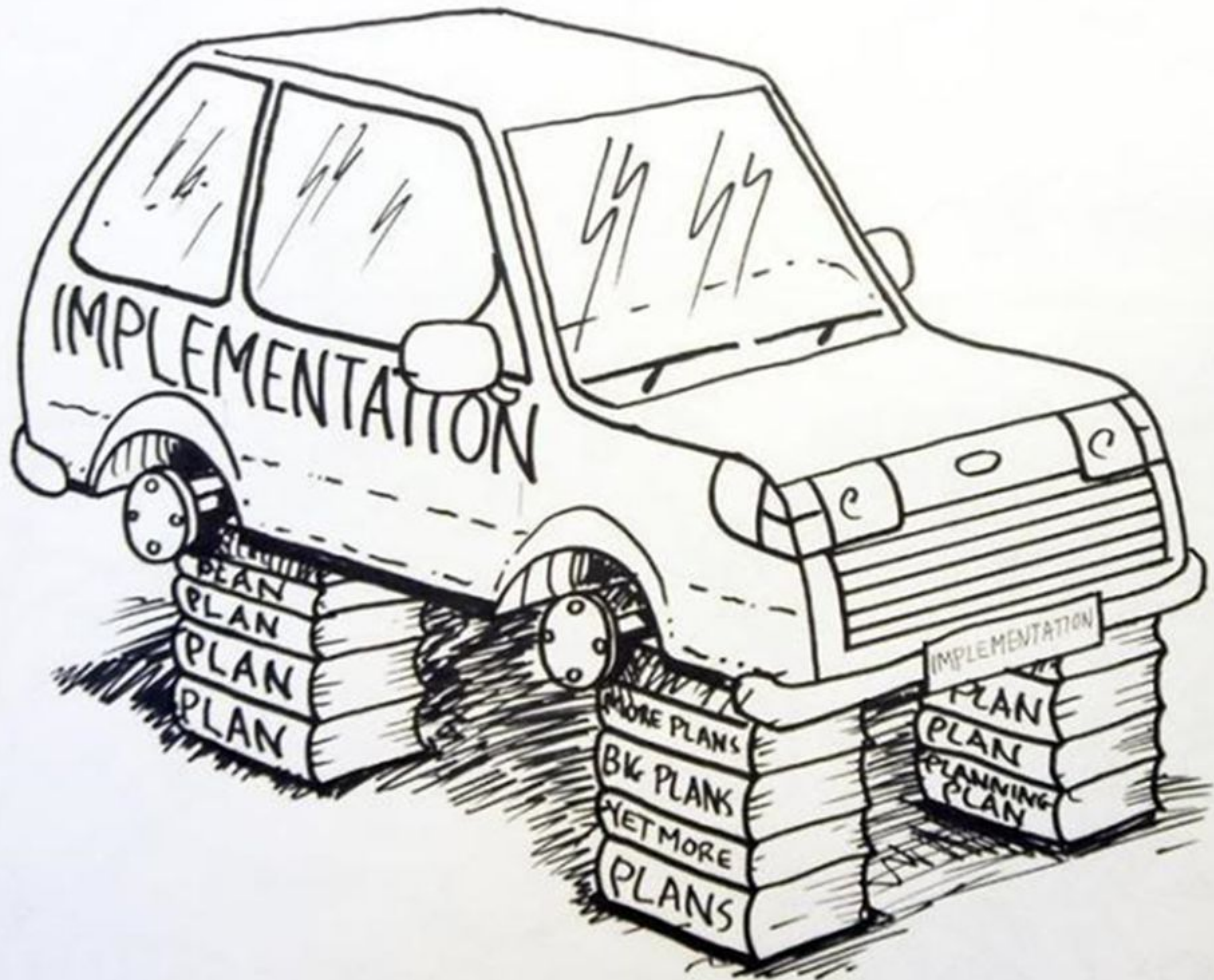


THE REFORM TRAJECTORY FOR CYMHS

- Creation of 2 semi-permeable cultures of care and governance zones with budgetary integrity and leadership
- Workforce, work practice reform, productivity (PC)
- New Learning and Capability
- Integrated local service hubs for 0-11 and for 12-25 (latter vertically integrated with headspace) ? Federal Child Hubs
- Statewide model fidelity and collaborative system reform
- Regional MH Commissioning Boards and ?PHNs
- Statewide Youth CTN







RL
Croy
'04

How a Handful of Scientists

Obscured the Truth on

Issues from Tobacco

Smoke to Global

Warming

Merchants of
DOUBT

Naomi Oreskes
& Erik M. Conway

PRIORITIES FOR REFORM AND INVESTMENT

1. REDUCING STIGMA
2. PREVENTION AND RESEARCH
3. “SOFT ENTRY” EARLY INTERVENTION/PRIMARY CARE/DIGITAL
4. MODEL OF CARE FOR “MISSING MIDDLE” AND PERSISTENT AND COMPLEX CARE

REVOLUTION IN MIND *o r y* *g e n*

THANK YOU!

