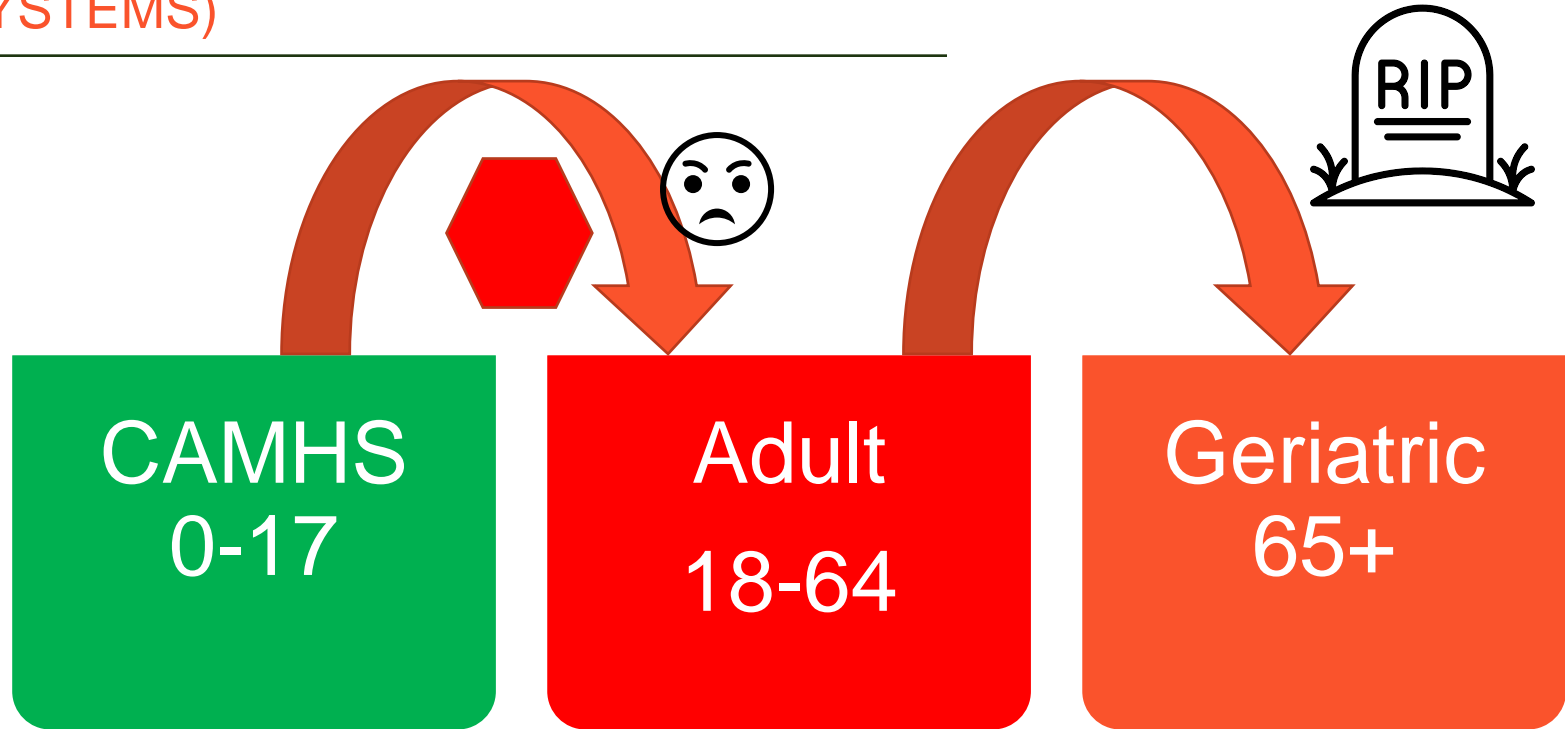

YOUTH MENTAL HEALTH: A GLOBAL PERSPECTIVE

Craig Hodges – Global Lead Youth Mental Health, World Economic Forum and Orygen & Ella Gow – Youth Partnerships Facilitator, Orygen

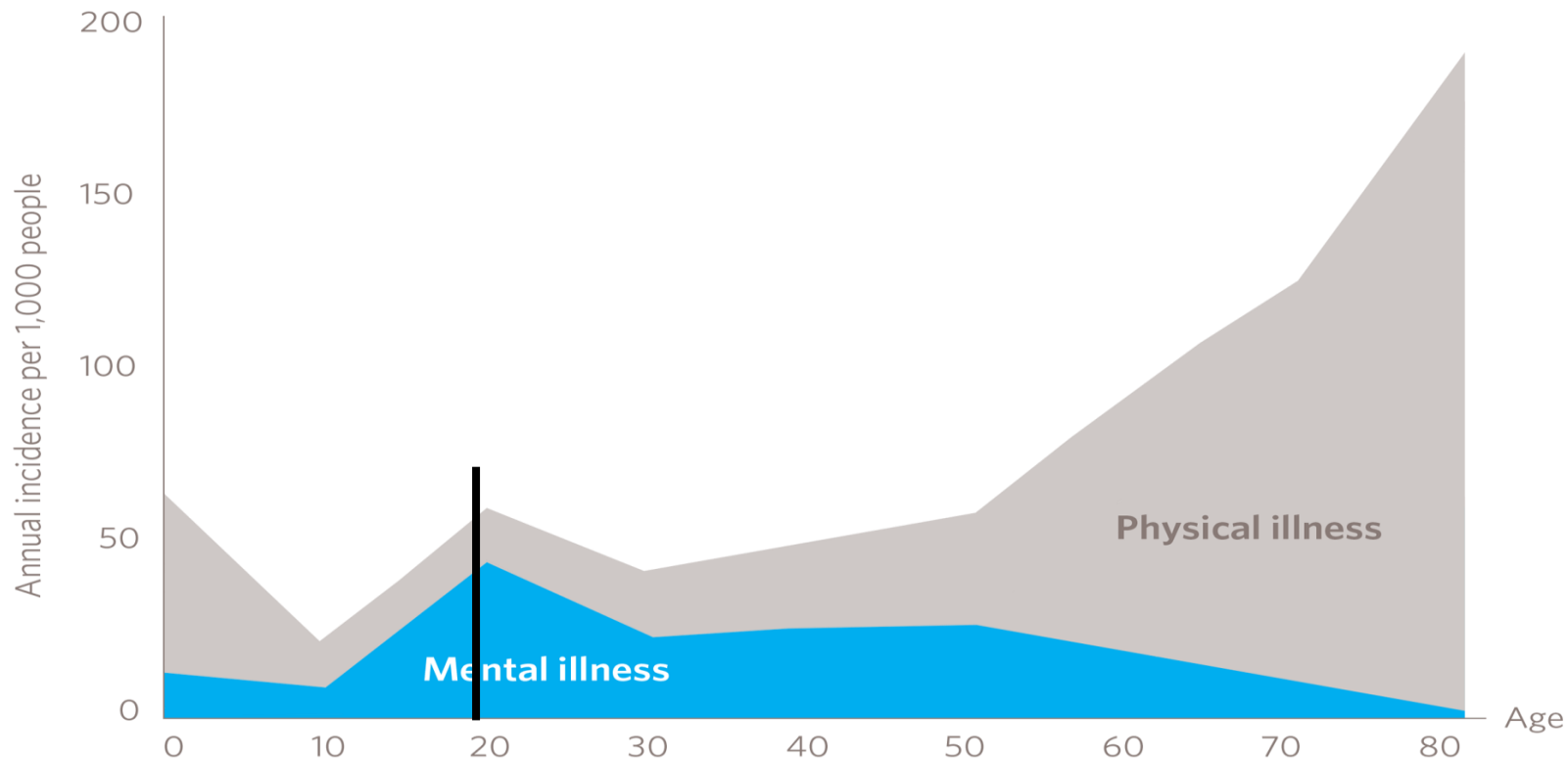
Rationale

THE MENTAL HEALTH SYSTEM (WHERE THERE ARE MENTAL HEALTH SYSTEMS)



The mental health system does not
match the epidemiology

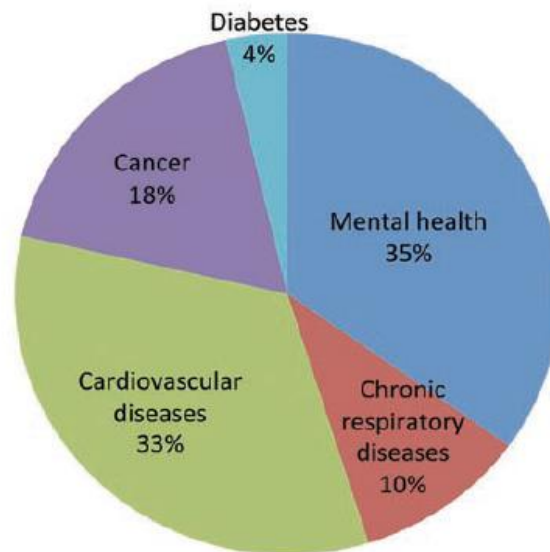
BURDEN OF DISEASE BY AGE



The current system will not address
the economic challenge of mental ill
health

ECONOMICS

Figure 3a: Mental health and cardiovascular diseases are top drivers of lost output
Breakdown of NCD cost by disease type, based on EPIC model



ECONOMICS

Table 13: Mental illness costs expected to more than double by 2030

Global cost of mental health conditions in 2010 and 2030. Costs shown in billions of 2010 US\$

	Low- and Middle-Income Countries			High-Income Countries			World		
	Direct Costs	Indirect Costs	Total Cost of Illness	Direct Costs	Indirect Costs	Total Cost of Illness	Direct Costs	Indirect Costs	Total Cost of Illness
2010	287	583	870	536	1,088	1,624	823	1,671	2,493
2030	697	1,416	2,113	1,298	2,635	3,933	1,995	4,051	6,046

ECONOMICS

Table 16: Mental illness hits output hard

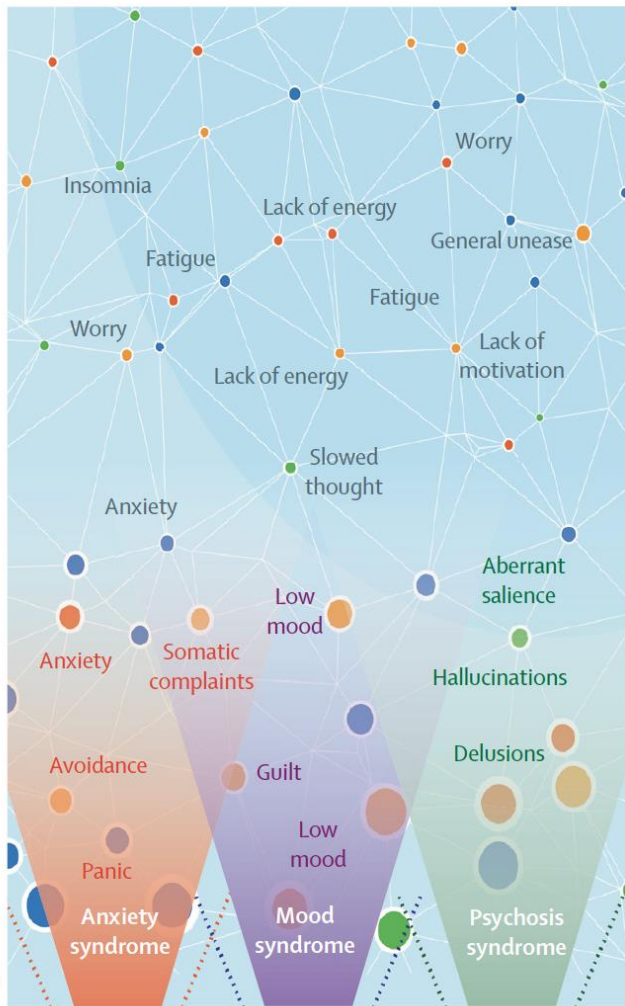
Breakdown of output losses by disease type and income category, 2010 and 2030, trillions (2010 US\$), using the VSL approach

	2010						2030					
	Cancer	Chronic respiratory disease	Cardio-vascular diseases	Diabetes	Mental Illness	Total	Cancer	Chronic respiratory disease	Cardio-vascular diseases	Diabetes	Mental Illness	Total
High Income	1.7	1.5	5.4	0.7	5.5	14.8	2.2	2.0	7.2	1.0	7.3	19.7
Upper Middle Income	0.6	0.5	1.9	0.3	1.9	5.1	1.9	1.8	6.3	0.9	6.5	17.4
Lower Middle Income	0.3	0.2	0.9	0.1	0.9	2.4	0.6	0.5	1.9	0.3	2.0	5.3
Low Income	0.1	0.1	0.2	0.0	0.2	0.5	0.1	0.1	0.4	0.0	0.4	1.0
World	2.5	2.4	8.3	1.2	8.5	22.8	4.9	4.5	15.8	2.2	16.1	43.4

So we need a new youth mental
health system

Increasing symptom specificity and severity

From diffuse, non-specific symptoms causing intermittent mental distress to clear syndromes causing increasingly severe functional impairment



Mental wellbeing
No distress

Stage of non-specific mental distress
Need more awareness and understanding to promote self-help

Early treatment
Better management and prevention for improvement of overall mental health and reduction of symptoms

State of specific mental syndrome
Progressive treatment aligned to evidence related to specific disorders

Stage 0 Asymptomatic

- Public mental health promotion and illness prevention
- No individual treatment or intervention

Stage 1a Non-specific mental distress

- Self-help and support from informal networks
- Interventions raising population mental health literacy
- Identification of stressful or noxious environmental exposures
- Exploration of environmental modification or development of coping strategies

Stage 1b Subsyndromal or subthreshold symptom profile

- Advice and transdiagnostic psychosocial support from PHC
- Identification of high-risk individuals and monitoring

Stage 2 Full defined syndrome

- First episode treatment in primary care
- Specialist care available for primary health services through properly resourced collaborative models
- Effective referral through stepped care for complex

Stage 3 Recurrence, persistence

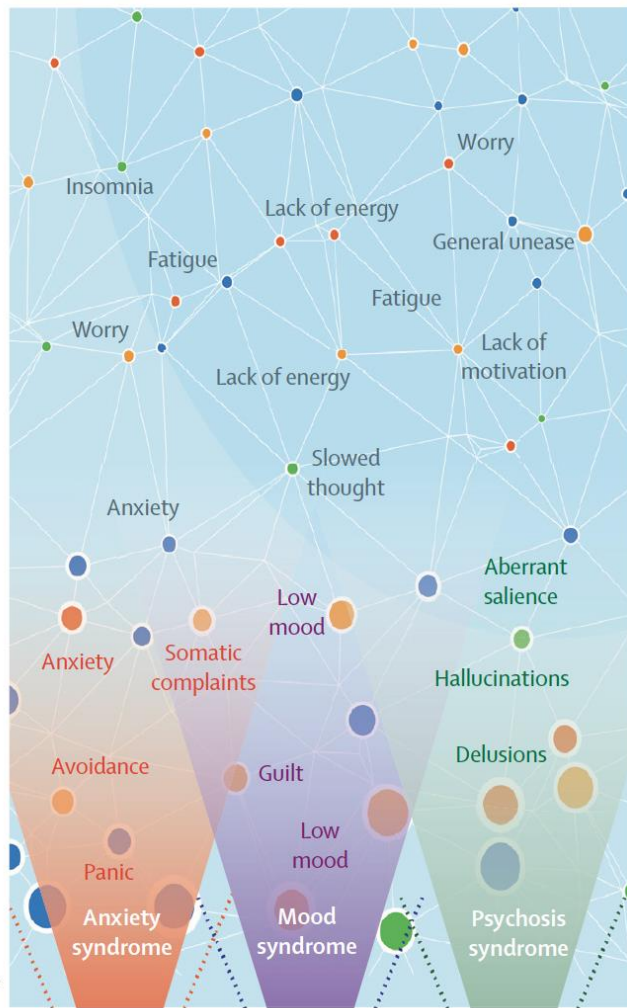
- Specialist mental health service in collaboration with PHC
- Ongoing community and multisectoral support

Stage 4 Treatment resistance

- Specialist mental health service in collaboration with PHC
- Rehabilitation and ongoing community support

Increasing symptom specificity and severity

From diffuse, non-specific symptoms causing intermittent mental distress to clear syndromes causing increasingly severe functional impairment



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- Identification of high-risk individuals and monitoring

Stage 2 Full defined syndrome

- First episode treatment in primary care
- Specialist care available for primary health services through properly resourced collaborative models
- Effective referral through stepped care for complex or unresponsive cases

Stage 3 Specialist care

- Specialist mental health service in collaboration with PHC
- Ongoing community and multisectoral support

Stage 4 Treatment resistance

- Specialist mental health service in collaboration with PHC
- Rehabilitation and ongoing community support

**Youth mental health
service models
established
internationally – A
snapshot**



Youth Mental Health Programs

headspace - Australia



Youth Mental Health Programs

Foundry – BC Canada



Youth Mental Health Programs

@ ease - Netherlands



Youth Mental Health Programs

headspace - Denmark



YOUTH MENTAL HEALTH PROGRAMS

HEADSPACE ISRAEL



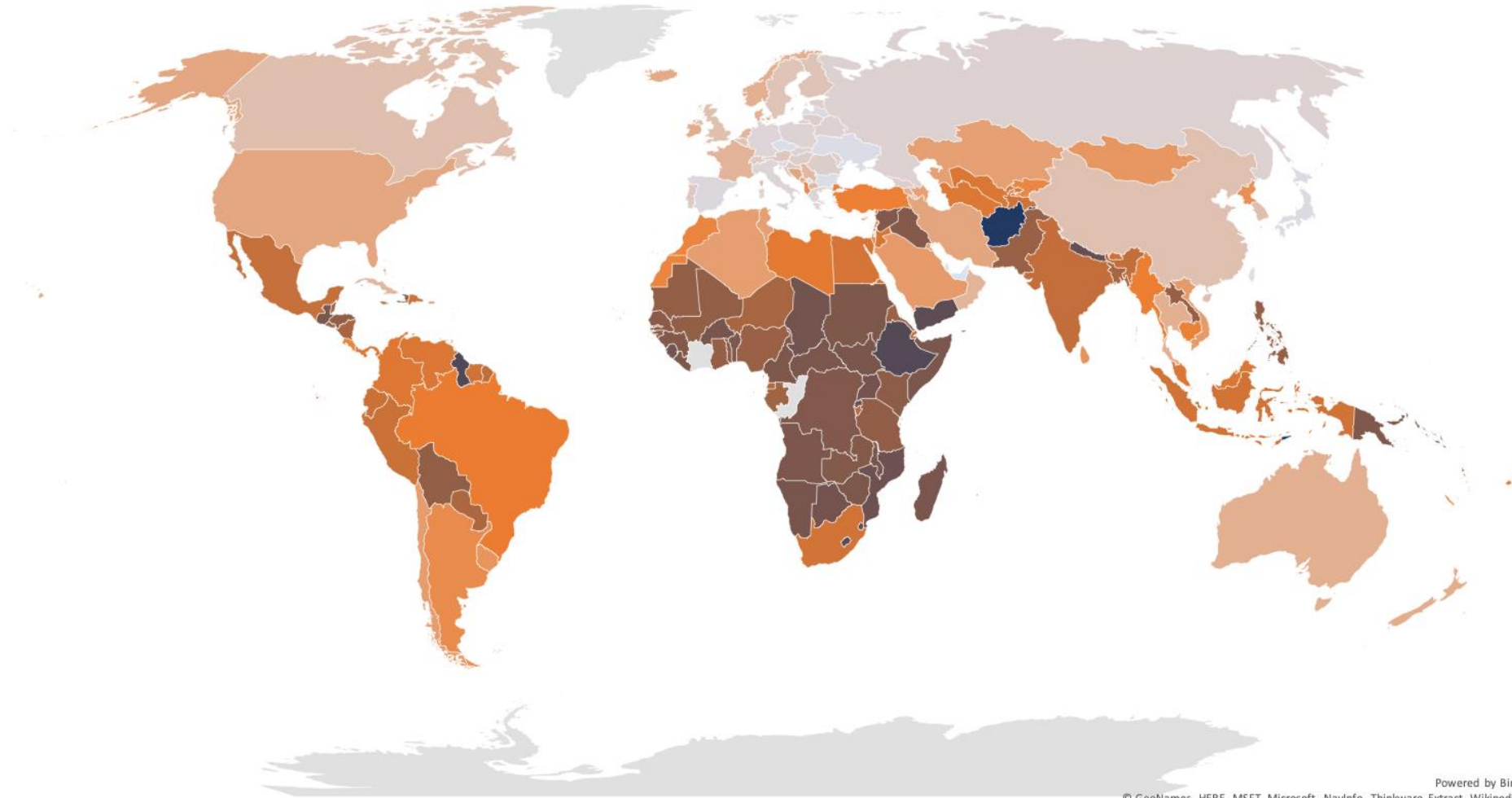
Youth Mental Health Programs

Jigsaw - Ireland

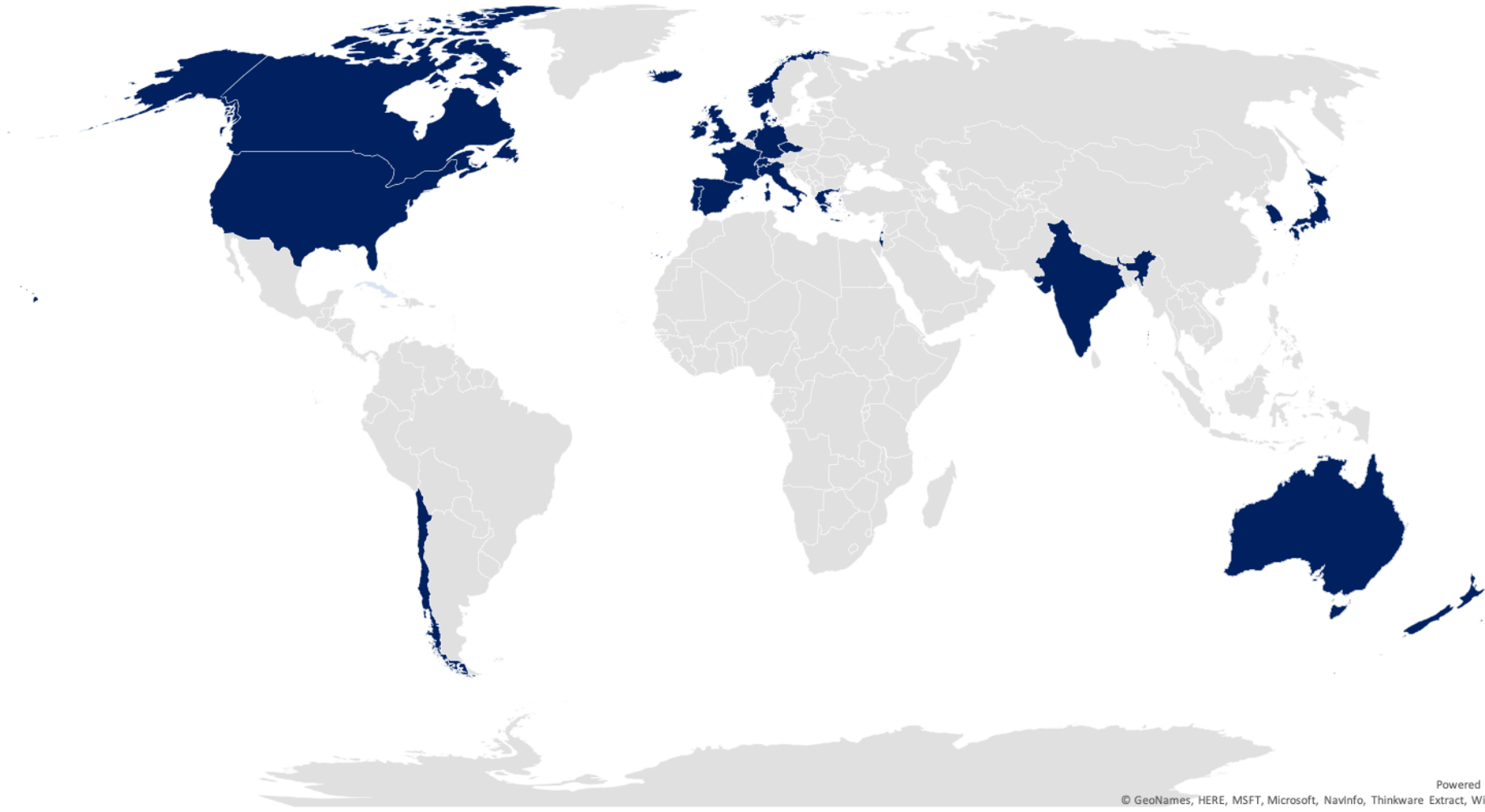


Global youth mental health?

Proportion of Population aged 15-24, 2020



Countries with some youth mental health services



The framework

THIS PROJECT WILL PRODUCE



Global youth mental health framework

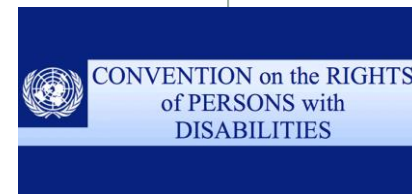
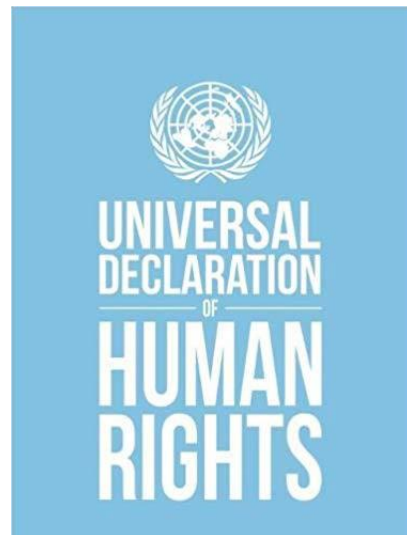
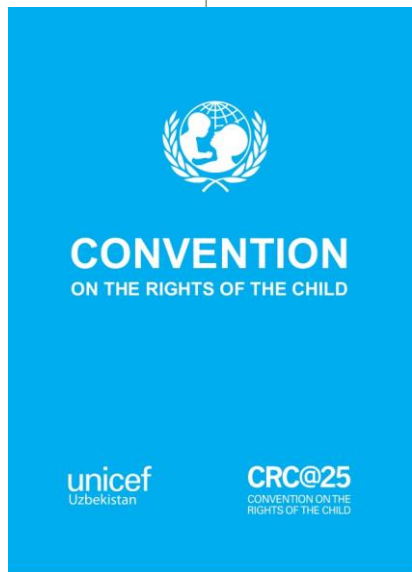


Investment case for youth mental health



Advocacy toolkit

The youth mental health framework assumes an environment in which it is safe to seek help for mental illness. 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.



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

Rapid, easy and affordable access	Youth specific care	Awareness, engagement and integration	Early intervention
No referral required	Holistic care including functional recovery	Stakeholder mapping and engagement	Development and use of screening tools
Low physical or geographic barriers	Guidelines for youth practice with consideration of developmental stage	Develop relationships with stakeholders	Active community partnerships
Low or no cost barriers	Evidence informed, individually tailored interventions	Education of community	High-risk group awareness
Low stigma setting	Broad consideration of individual's context	Education of referrers	Community outreach
Create awareness of service	Youth specific services	Integration across services and systems	Training
Mapping of referral pathways	Consultation with youth about service environment	Anti-stigma measures	Community setting
Simple means of contact	Developmentally appropriate transitions into and out of care	Advocacy	Community education
	Inclusive environment	Cross sector partnerships	Crisis intervention for suicide risk
	Shared decision making		
	Utilising technology		

Youth partnership and engagement	Family engagement and support	Continuous improvement	Prevention
Youth empowerment	Psychoeducation	Workforce development and training	Health promotion
Youth advisory group	Family therapy	Supervision	Anti-stigma measures
Shared decision making	Family support	Needs-based programs	Suicide prevention
Workforce training	Self-care	Auditing systems	High-risk group focus
Co-design	Family peer workers	Young person and family feedback	Addressing social determinants
Peer workers		Clinical governance	
		Change management	
		Evaluation informing improvement	
		Utilise technology	
		Map needs before developing program	

PRACTICES: RAPID, EASY AND AFFORDABLE ACCESS

 No referral required

 Low physical or geographic barriers

 Low or no cost barriers

 Low stigma setting

 Create awareness of service

 Mapping of referral pathways

 Simple means of contact

 Simple interventions for simple presentations

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.

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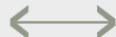
Continuous improvement

Prevention

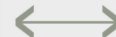
LOCALLY OPERATIONALISED YOUTH MENTAL HEALTH MODEL

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

YOUTH FACING AGENCIES



PRIMARY CARE



SPECIALIST CARE



YOUTH ENGAGEMENT



Two young people appointed to Project Steering Group – Nataya and Maddi.



Youth Partnerships Facilitator – Ella Gow.



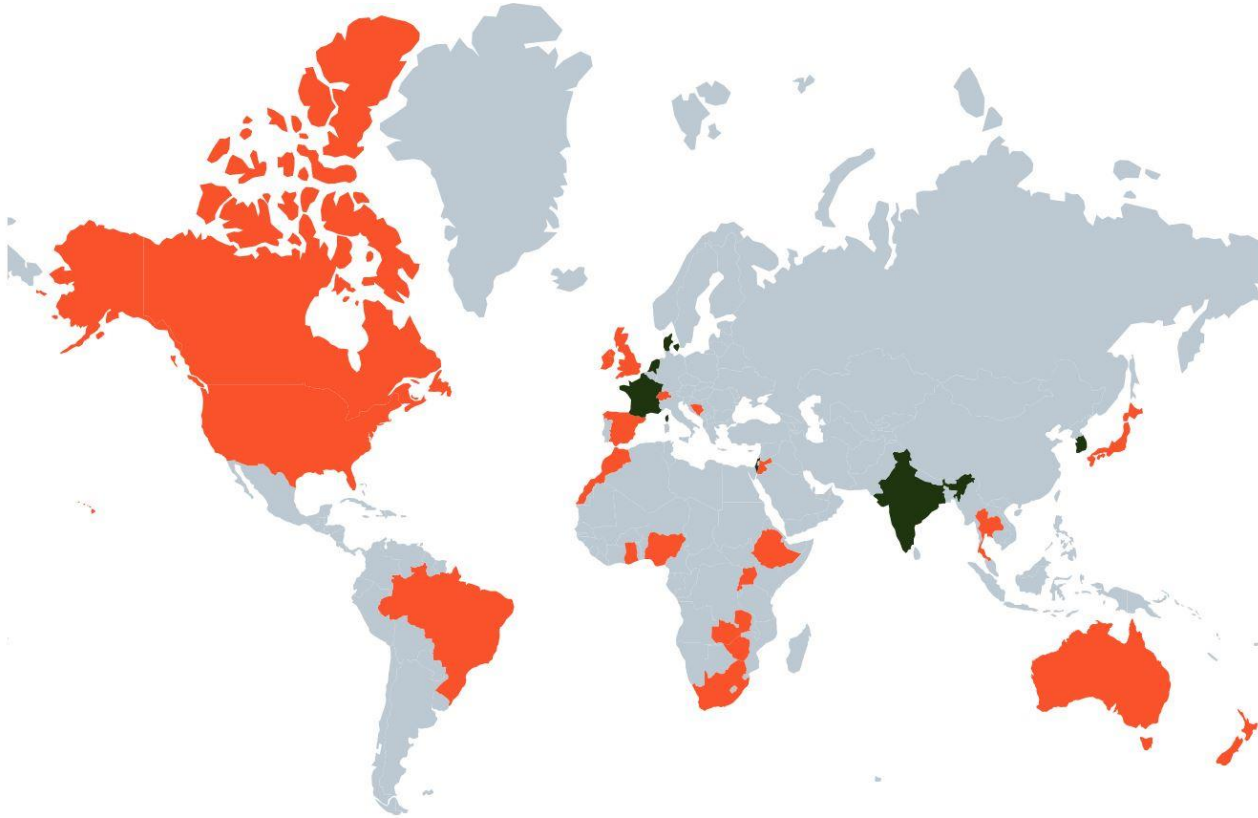
Working with the Forums Global Shapers Network to engage young people from a range of different countries and contexts.



Engage young people in consultations in their community, to provide input into the model and advocacy toolkit being developed.

YOUNG PEOPLE INVOLVED IN CONSULTATIONS TO DATE

Australia
Bosnia and
Herzegovina
Brazil
Canada
Denmark
England
Ethiopia
Ghana
Ireland
Jordan



Morocco
New Zealand
Nigeria
Nigeria
Scotland
South Africa
Thailand
Uganda
USA
Zambia
Zimbabwe

WHAT DOES MENTAL HEALTH LOOK LIKE FOR YOUNG PEOPLE IN BOSNIA HERZEGOVINA?

- Family connections and childhood experiences - impact of parental separation and divorce
- Financial issues
- Pessimism about the future (individual prospects of staying in Bosnia & the potential for another war)*
- *Greater optimism in rural areas – instead, concerned about finishing school and getting into university
- Perception of injustices and other political concerns
- Negative consequences of drug use



WHAT WOULD A GOOD RESPONSE TO YOUTH MENTAL HEALTH IN BOSNIA LOOK LIKE?

- Address issues of stigma and judgement as a priority.
- Focus on education and awareness in the community and among young people.
- Build peer support – people who have been through similar issues who can provide advice or friendship networks.
- Build trust between outside organisations and schools/students.
- Provide a phone line for someone to talk to could be useful.



WHAT DOES MENTAL HEALTH LOOK LIKE FOR YOUNG PEOPLE IN NEW ZEALAND?

- Strong reliance on whānau to support each other
- Increased academic pressure causing stress
- Negative impact of technology and social media
- Experiences of bullying impacting mental health



“When one of us stands up, we all stand up behind them”

WHAT WOULD A GOOD RESPONSE TO YOUTH MENTAL HEALTH IN NEW ZEALAND LOOK LIKE?

- Strengthening the capacity for young people to support each other
- Saw a strong support role for schools and teachers to build trusting relationships and care (not in a clinical sense)
- Supporting young people to connect to their culture and history through song, dance, language



WHAT DOES MENTAL HEALTH LOOK LIKE FOR YOUNG PEOPLE IN SOUTH AFRICA?

- Increasing awareness/knowledge, but still not widely talked about
- Significant stigma, especially in parents generation
- Seen to be a 'white person's illness'
- Often not a priority against immediate needs
- Many manage MH through participation in exercise, sport, community activities and recreation; rather than accessing services or other supports



WHAT WOULD A GOOD RESPONSE TO YOUTH MENTAL HEALTH IN SOUTH AFRICA LOOK LIKE?

- More informal spaces to have discussions; such as schools, sporting clubs, the beach
- Greater education on what mental health and mental illness is among the community
- Provision of school-based supports and services, educate teachers to support students
- More young people to provide peer support
- Develop local responses that are culturally relevant and consider impact of trauma



WHAT DOES MENTAL HEALTH LOOK LIKE FOR YOUNG PEOPLE IN IRELAND?

- Greater awareness of mental health, but it's not well understood by the community
- Ongoing stigma in parent's generation, not as much for young people now
- Services are not integrated and often don't work together e.g.: mental health & drug and alcohol services
- Irish culture of self-deprecation impacts mental health, but is improving



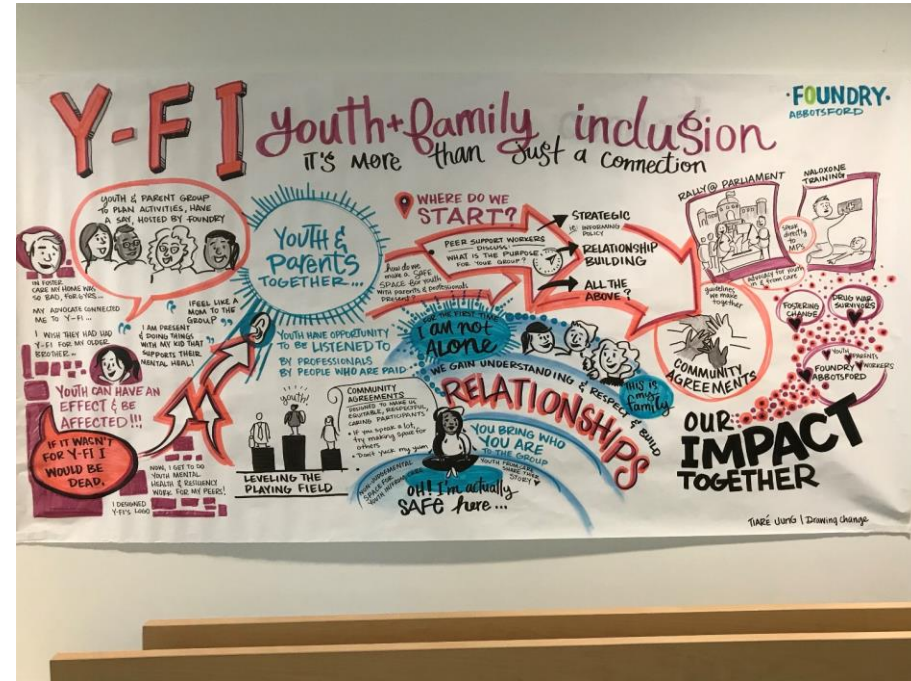
WHAT WOULD A GOOD RESPONSE TO YOUTH MENTAL HEALTH IN IRELAND LOOK LIKE?

- More funding for youth engagement activities
- Expand youth engagement activities & incorporate peer support workers into service model
- Target and work with parents to improve mental health education and awareness
- Make sure there are no barriers for people from different cultural groups such as asylum seekers



WHAT DOES MENTAL HEALTH LOOK LIKE FOR YOUNG PEOPLE IN CANADA?

- Huge development and improvement in services in the past few years
- Co-location of service with other care needs, holistic approach with other services in the community
- Improved community awareness of mental health and services available
- Concerns about technology, negative experiences online



WHAT WOULD A GOOD RESPONSE TO YOUTH MENTAL HEALTH IN CANADA LOOK LIKE?

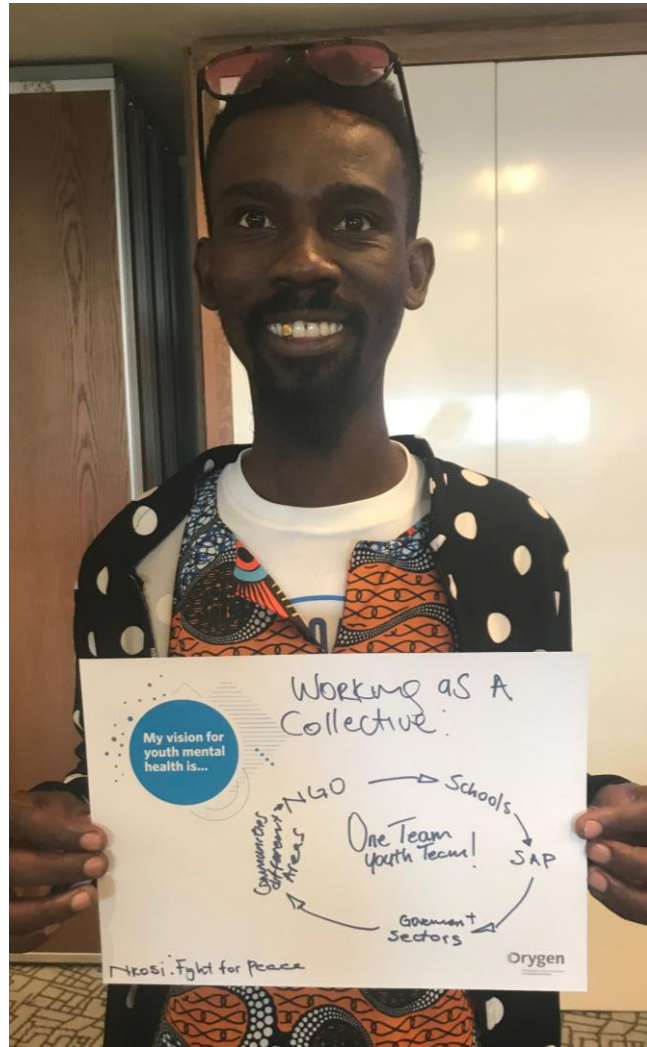
- Give young people a voice and offer options for engagement, including having youth-led teams
- Provide options for young people and honor their choices – make sure they are involved in the decision-making process
- Ensure the service environment is welcoming and accessible, including for people who are neuro-atypical
- Human connection is key to engagement.
- Need continued efforts to destigmatise mental health



ADVOCACY TOOLKIT

- Aims to support local advocates to engage the public and private sectors and increase investment in youth mental health supports and services
- Key themes from consultations:
 - Safety and support
 - Engaging key decision-makers
 - Key facts and stats
 - Templates and tools
 - Stories of success
 - Images, infographics, online and shareable
- Being co-produced with an international working group of young people





THANK YOU!



globalymh@orygen.org.au

