GLOBAL YOUTH MENTAL HEALTH
BRIEFING

orygen

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.

WHAT DO WE KNOW?

The most common problems are anxiety and depression – affecting 400 million people globally[1].

Young people's development is shaped by their genetic makeup, environment, family circumstance and community. Mental-ill health can severely disrupt their pathway to adult independence and functioning. Large scale surveys have shown a dramatic rise in the level of psychological distress and depression among young people over the last 10 years[2].

The mental health of young people is critical in shaping their future be it education, employment or capacity to engage socially. If young people experiencing the early stages of mental ill-health are connected to a significant adult in their life, coupled with access to appropriate supports via mental health programs and clinical treatment, they stand a far greater chance of recovering from a mental illness.

WHY DOES IT MATTER?

In 2011, the World Economic Forum found mental ill-health accounted for 35 per cent of the global economic burden of non-communicable diseases, more than cancer, diabetes and heart disease. It estimated that by 2030, this is forecast to cost US$16 trillion in lost economic output worldwide over a 20 year period[3].

Furthermore, evidence shows that enterprises and economies bear major mental ill-health related reductions in productivity[4][5]. Industries and businesses invest significantly in training and developing competencies in their workforce. This investment can be lost, or the potential unrealised, due to the adverse impacts of mental illness.

Targeting preventative measures and effective early interventions to young people presents the best opportunity to reduce the economic costs of mental ill-health, including unemployment, health and welfare spending and premature death, over the lifespan[6]. There are also implications of an ageing population in many countries thus requiring a younger and productive workforce.

OPPORTUNITIES FOR GOVERNMENT, GLOBAL INDUSTRIES AND BUSINESS

- Governments, industries and businesses worldwide stand to gain a significant return on investment in youth mental health through developing or restoring decades of productive life, much of which would otherwise be lost through untreated mental ill-health[7].

- In contrast, it will become economically unviable for countries to absorb the fiscal pressures (e.g. reduced productivity and increased health and welfare spending) resulting from experiences of severe mental ill-health that can be prevented or resolved during adolescence and young adulthood.

- Currently many low to middle income countries allocate less than two per cent of the total health budget to mental health, while in high-income countries that increases to only 5.1 per cent[8]. Even this spending is often ill-directed and disproportionately spent on consequences of chronic illness rather than early intervention and prevention where the return on investment would be considerable.

- There are significant challenges ahead, particularly in meeting the physical and mental health needs of an increasingly ageing population. Working now to ensure that downstream, acute and expensive mental health system costs are avoided by intervening effectively for young people is one future fiscal burden to health systems that can be mitigated.

- It is crucial that youth mental health is championed by policy makers, international agencies, philanthropists and businesses. Global recognition of the clear link between improved mental health outcomes for young people and the achievement of broader public health and economic policy priorities should spur collective investment and action at an international level.

THE ECONOMICS OF YOUTH MENTAL HEALTH

There appears to be some reluctance to think about youth mental health in terms of its economic impact, while proponents for better mental health would argue that the profound adverse impacts of poor mental health should be enough to lead to policy change. Indeed, focusing on the moral imperative to address mental health is sometimes enough, but more often than not the economic imperative is something that policy makers will have to consider. Ideally this should be an opportunity rather than a challenge. The economic imperative can go hand in hand with the moral imperative for action. Particularly when you factor in the economic costs that sit outside the health system such as employment, education and welfare payments.

A greater focus on linking mental health, or perhaps rather mental capital in the population, to innovation and economic development has begun to transform this thinking. For instance, the World Bank's World Development Report in 2015 entitled "*Mind, Society and Behaviour*" emphasised the links between economic development, cognitive capacity and mental capital[9]. Subsequently a high-level meeting hosted in Washington by the bank in partnership with the World Health Organisation called on governments and agencies to bring mental health 'out of the shadows', and to view as a global development priority[10].

WHAT DOES AN EFFECTIVE YOUTH MENTAL HEALTH RESPONSE LOOK LIKE?

Fortunately, there are a range of programs and approaches that can be implemented and scaled according to context that will provide the appropriate supports to young people irrespective of where they live.

Orygen's work with the World Economic Forum has produced a flexible global framework for youth mental health which considers different resource settings and contexts. The framework has its foundations in the evidence of 'what works' in youth mental health and frames access to appropriate mental health care from a human rights perspective. The framework has been developed through widespread consultation with clinical academics, service providers, policy makers and young people from over 20 different countries in different resource settings (a copy of the framework is attached, **updated versions can be downloaded here**).

Some of the most effective service responses for young people include:

- Integrated youth health care; whereby young people can access a range of primary care, mental health and psychosocial services (e.g. employment, housing assistance) in one place which is youth friendly, accessible and low or no cost. These services are co-designed with young people.

- Nordic Model; which uses civil society volunteers as peer workers who are trained to utilise active listening and problem-solving strategies for young people with mild problems that can be ameliorated.

- Enhanced primary care; develop structures within primary care settings to identify young people in need of mental health support for mild to moderate conditions which can be provided locally.

- Online platforms; which can act as an adjunct to face-to-face counselling and psychological interventions through enhanced support options and the capacity to provide services online once the young person is engaged with the service.

- Youth serving organisations; provide access to counselling and appropriate psychological therapies in a setting or model co-designed by young people, adapting approaches to suit different cultural contexts.

- Capacity building of lay workers; in settings where there may be limited or no professional health care workforce, community and spiritual leaders, cultural elders and teachers can be upskilled.

- Integration of mental health; specifically for humanitarian responses through frontline workers, working with local governments to ensure effectiveness and cultural relevance.

In response to the relative inaction of many governments to invest in this area, young people and youth mental health advocates have become the global champions for the need to prioritise mental health as an area they want to see both government and industry invest in.

CASE STUDIES

HEADSPACE IS AUSTRALIA'S YOUTH MENTAL HEALTH PROGRAM ESTABLISHED IN 2006.

The problem
Young people receive sub-optimal services through traditional Child and Adolescent Mental Health (CAMHS) and Adult Mental Health Services (AMHS) which very few can access. Many young people 'fall through the gap' in the transition to adult services at the age of 18.

The solution
The headspace model provides a youth friendly 'one stop shop' service for young people (aged 12-25) to access a range of mental health programs from primary care, psychological supports, vocational and educational support, and drug and alcohol services. headspace also provides a national online support service (eheadspace) where young people can chat with a mental health professional online or by phone with access to therapeutic care. The service operates from 9am to 1am, 7 days a week.

The impact
Since its inception, there are now 140 headspace centres across Australia with a strong brand awareness amongst young people. Up to 15 other countries have now adopted a headspace-like model that is specific to the cultural and workforce context of the country.

How does it work?
The program operates on an enhanced primary care model, providing a mixed staff care structure with close links to local community supports such as schools, youth facing organisations and specialist mental health care. Each site is led by an independent consortium of like-minded organisations, which is overseen by local primary health care networks (commissioning agencies of the Australian Government).

Evidence-based psychological interventions are used as first-line treatments to intervene early and prevent the onset of significant clinical symptoms. Medication may be used when the initial intervention does not work for the young person, or when more severe symptoms persist.

headspace centres and services are funded via the Australian Government's Department of Health which supports the centre and its infrastructure. In addition, clinical sessions are financed through Australia's Medical Benefits Scheme. Some centres receive additional funding to deliver specific programs from other sources outside of health.

> " **headspace has revolutionised mental health care for young people and should be the gold standard for youth mental health globally** "
>
> PROF. PAT MCGORRY

The success of the headspace model has seen its expansion into other countries including Denmark, Israel, Netherlands and Iceland and encouraged the development of similar models in Canada, Ireland, the USA and UK.

WAVES FOR CHANGE PROVIDES A MENTAL HEALTH SERVICE TO VULNERABLE YOUNG PEOPLE LIVING IN UNSTABLE COMMUNITIES IN CAPE TOWN, SOUTH AFRICA.

The problem

Daily exposure to violence and stress means many young South Africans experience acute emotional and psychological stress. In the absence of emotional support, the stress often manifests in anti-social and high-risk behaviour, placing many young people at risk.

The Solution

Waves for Change (W4C) Surf Therapy combines evidence-based mind and body therapy with the rush of surfing to improve mental, physical and social health concerns. The program is delivered through community coaches who have been trained to engage and support young people utilising the surfing environment.

The Impact

After 6 months of participation in the program, 97 per cent of young people felt happier in themselves, 90 per cent experienced improved school engagement, 87 per cent reported improved coping skills and 93 per cent felt more confident[11].

How does it work?

Waves for Change supports, trains and resources community-based mentors to lead W4C programs for their communities. Mentors are provided with a two-year training contract ensuring consistent delivery of the program, while also improving local infrastructure for children and young people, and job readiness for mentors. This facilitates work opportunities post-training.

Young people are referred from schools, community services and government agencies. They connect with the program for 12 months and participate in weekly surf clinics which see the young people establish a rapport and engage with their mentor during that period.

Waves for Change is primarily funded through philanthropic grants which cover a small staff group and program related costs.

Young people referred to the program experience any number of adverse childhood events which impact significantly on their mental health. These include:

- 37 per cent who have witnessed someone being shot, stabbed or attacked.
- 35 per cent have had someone in their household die.
- 28 per cent are often hungry and have no food to eat at home.
- 21 per cent have been physically assaulted by an adult.

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Waves for Change taught me to be independent and have a hope for tomorrow. If I fall, I know that I can rise again. Life is full of challenges, but I will not give up 99

W4C PARTICIPANT

Given the experiences of these young people, most participants after 12 months demonstrate improved emotional regulation, are more optimistic and both teachers and parents observe participants are calmer, more engaged at school, and more resilient to stress[12].

The program has expanded to five locations across South Africa with a new program recently established in Liberia.

MORE INNOVATIONS IN YOUTH MENTAL HEALTH

Jigsaw Ireland – Irelands early intervention mental health program for young people aged 12 to 25.

https://jigsaw.ie

headspace Denmark – The Danish program for young people with emerging mental health challenges.

http://headspace.dk

It's ok to talk – an entry point for young people in India who want to share their story online and connect to support should they require it.

http://itsoktotalk.in

The Friendship Bench (FB) – now incorporates a program for young people in Zimbabwe using youth FB counsellors in the community.

http://friendshipbenchzimbabwe.org/youthbench

ADVOCATING FOR YOUTH MENTAL HEALTH

An advocacy resource has been developed alongside this briefing to assist young people, their families and local organisations to engage with leaders and funders and make the case for improving youth mental health care in their communities. This resource can be **accessed here**. A comprehensive youth mental health advocacy toolkit will be available online in May 2020.

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IMPROVING THE STATE
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GLOBAL FRAMEWORK FOR YOUTH MENTAL HEALTH

Orygen, in Australia, is partnering with the World Economic Forum to put youth mental health on the global agenda for the World Economic Forum Annual Meeting in Davos 2020.

Consistent with the World Health Organization definition of mental health,[1] the project takes the point of view that being mentally healthy involves the individual being able to function (such as work/study) to achieve their full potential, cope with daily stress, be involved in their community and live their life in a satisfying way.[2] Mental ill-health is a collection of experiences that mean an individual is not functioning at their best, and affects the way they think, feel and act.[3] The project defines youth as being between 12 and 25 years. This is the period of life when most mental ill-health has its onset.

The purpose of the project is to develop three products:

- a global framework for youth mental health care
- an investment framework that will take into account differences between high, middle and low resource settings
- an advocacy toolkit to support local communities make the case for investment in youth mental health within their own regions.

On the basis of a large literature review and face-to-face consultations with young people, families, clinicians, economists, policy makers and others from North and South America, Asia, Europe, Australia, New Zealand and Africa the project has developed a draft framework model. The framework is based on eight principles of youth mental health:

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

Each of these principles is operationalised through a range of practices. Although the exact practices used to operationalise a principle will vary with the local context.

Because the framework has to have the capacity to be flexible across myriad settings, local factors are crucial. These could include culture, funding, political will, popular will, existing infrastructure and availability and skill level of workforce among many possible others. The principles need to be operationalised in the context of these local factors. The result of this local operationalisation of the general principles should be youth mental health care that is ambitious and innovative within the constraints of the local context.

The locally operationalised youth mental health model needs to work with the existing health system, at whatever level that that exists in each setting, as well as work with existing youth facing agencies such as schools, sporting groups, police and other welfare agencies.
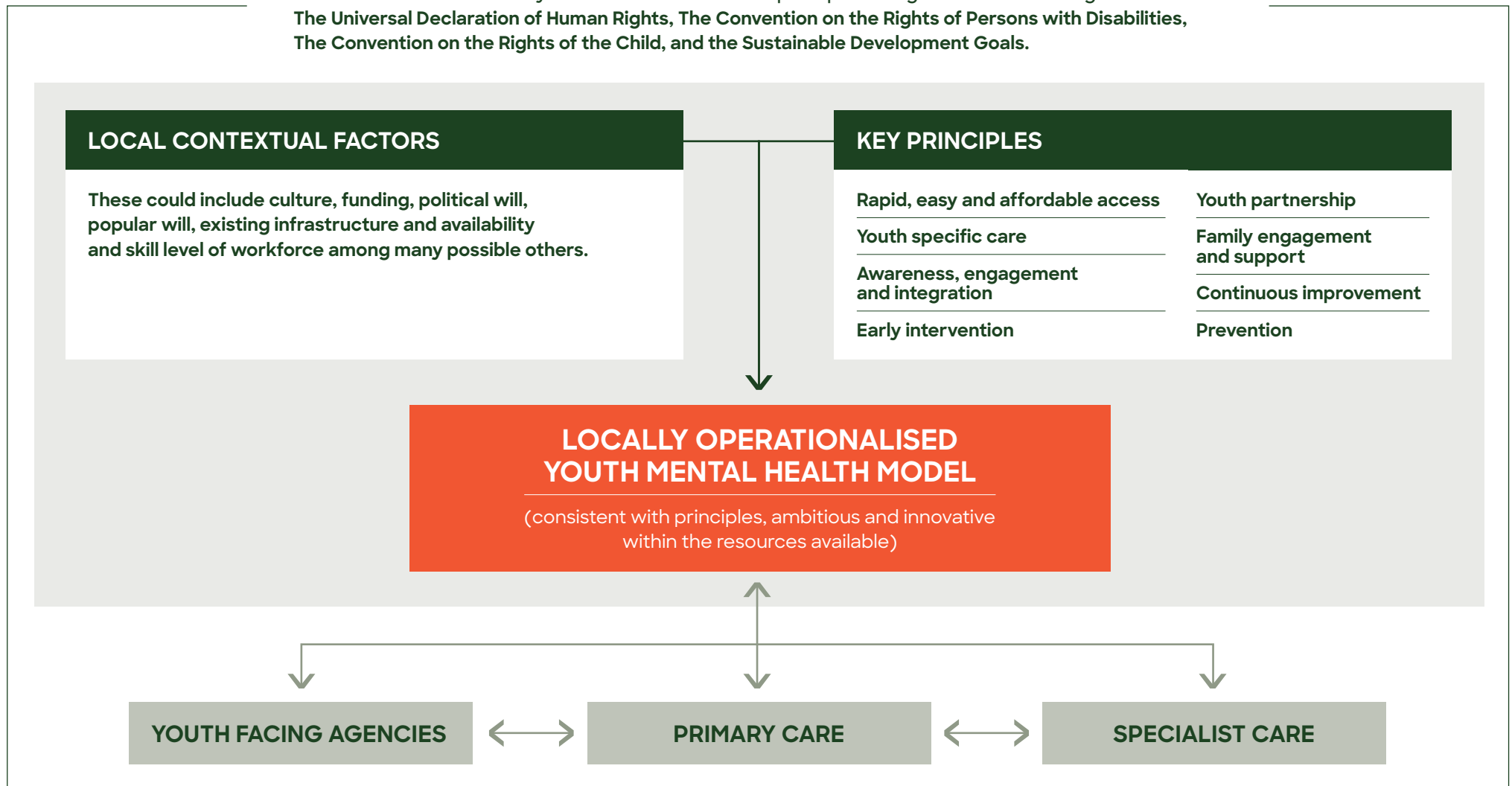
The framework will continue to be refined on the basis of consultation until late 2019 to allow time for final production for presentation in Davos in January 2020.

1   https://www.who.int/features/factfiles/mental_health/en/
2   headspace. What is mental health & mental illness? Factsheet 2019; https://headspace.org.au/assets/Uploads/19-What-is-mental-health-headspace-fact-sheet-PRINT.pdf, 2019.
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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.**

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 specific care

**Awareness, engagement
and integration**

Early intervention

Youth partnership

**Family engagement
and support**

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**

Examples of practices that operationalise each principle, bearing in mind that this will depend on local contextual factors.

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

Youth specific care

Holistic care including functional recovery

Guidelines for youth practice with consideration of developmental stage

Evidence informed, individually tailored interventions

Broad consideration of individual's context

Youth specific services

Consultation with youth about service environment

Developmentally appropriate transitions into and out of care

Inclusive environment

Shared decision making

Utilising technology

Awareness, engagement and integration

Stakeholder mapping and engagement

Develop relationships with stakeholders

Education of community

Education of referrers

Integration across services and systems

Anti-stigma measures

Advocacy

Cross sector partnerships

Early intervention

Development and use of screening tools

Active community partnerships

High-risk group awareness

Community outreach

Training

Community setting

Community education

Crisis intervention for suicide risk

Examples of practices that operationalise each principle, bearing in mind that this will depend on local contextual factors.

Youth partnership and engagement

- Youth empowerment
- Youth advisory group
- Shared decision making
- Workforce training
- Co-design
- Peer workers

Family engagement and support

- Psychoeducation
- Family therapy
- Family support
- Self-care
- Family peer workers

Continuous improvement

- Workforce development and training
- Supervision
- Needs-based programs
- Auditing systems
- Young person and family feedback
- Clinical governance
- Change management
- Evaluation informing improvement
- Utilise technology
- Map needs before developing program

Prevention

- Health promotion
- Anti-stigma measures
- Suicide prevention
- High-risk group focus
- Addressing social determinants