

The International Declaration on Youth Mental Health

2011

Why a youth mental health declaration?

The World Health Organisation (2011) recognises mental health as one of the main health issues affecting young people and has called for the scaling up of efforts to promote mental health and to provide mental health services internationally (Mental health: strengthening our response, Fact sheet N°220, 2010). Moreover a growing body of evidence has identified mental ill-health as a major health issue for young people internationally and a recognition that services are too often failing to meet young people's mental health needs.

Most mental illnesses emerge in adolescence and young adulthood at a critical point of intellectual and social development. Indeed 75% of adults with mental ill-health will have developed those difficulties by the age of 24 years (Kessler *et al* 2005¹, McGorry 2007)² potentially setting these young people and their families onto a path to social isolation and unfulfilled potential, their experiences often blighted by negative stereotyping of those with mental illness. And yet despite this being such an important time of vulnerability commentators have argued (McGorry 2007) that mental health systems of care for young people are poorly resourced and are failing to understand and meet these young peoples' needs. For instance traditional service structures that use either 16 or 18 years as a point of transition from adolescence to adulthood are particularly problematic for many of these young people and families, leading to poor continuity, dissatisfaction with adult mental health services for young people, and high levels of service disengagement,

This underlines why we need a different way of thinking about the needs of these young people and how they might be better met. The recent conceptualisation of *emerging adulthood* (Arnett 2007³) recognises that the transition from childhood to adulthood is a gradual and variable process that takes place over an extended period of time from the age of approximately 12 years to the mid to late 20s and supports the new *youth mental health* paradigm that underpins this declaration.

Who are we?

The origins of this declaration were in a Youth Mental Health Summit that took place in Killarney, Ireland, on 19th May 2010. The Summit provided a forum for young people, family members, clinicians, researchers and policy makers to share practice innovation and research in the field of youth mental and to discuss and debate the content of this declaration. Over 80 people from Ireland, the UK, Australia, Canada, the USA, the Netherlands and New Zealand took part in the process and their feedback and input provided the basis of the declaration. This summit activated a process to develop a consensus statement on youth mental health that would identify measurable outcomes that were relevant to young people and their families.

The writing group was primarily made up of members of the Association of Child and Adolescent Mental Health (ACAMH) Special Interest Group in Youth Mental Health in Ireland, supported by

¹ Kessler, R.C., et al., *Age of onset of mental disorders: a review of recent literature*. Current Opinion In Psychiatry, 2007. **20**(4): p. 359-364.

² McGorry P, Purcell R, Hickie IB, Jorm AF (2007) Investing in youth mental health is a best buy Editorial MJA 2007; 187 (7 Suppl): S5-S7

³ Arnett, J. J. and Eisenberg, N. (2007), Introduction to the Special Section: Emerging Adulthood Around the World. Child Development Perspectives, 1: 66–67. doi: 10.1111/j.1750-8606.2007.00015.x

Patrick McGorry, Professor of Youth Mental Health, Australia, and David Shiers, GP from the UK and a key contributor to the previous Early Psychosis Declaration. Using feedback from the Killarney Summit a range of action areas and outcome targets were generated over a period of over 12 months resulting in the declaration as it stands today. The declaration contains the voice and views of young people and a number of Irish young people have contributed their views on the declaration during the writing process.

The issue of youth mental health: young people's view⁴

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.

Across the world common experiences of youth mental health services are either having no access at all to services, or long waiting lists for services where young people feel alienated and out of place once they get through the door. Young people feel they like they are generally treated in one of three ways in these services; i) like a child rather than an emerging adult; ii), as if they are just going through a stage and can be put into a neat little box labelled '*teen with problems*' rather than having their own unique feelings; or iii) they can be put into an adult facility which can seriously hinder rather than help their recovery. If a young person has a bad experience in this kind of service they will be reluctant to go again or encourage others to seek support.

Stigma is the other great barrier to young people seeking support. Although mental health is becoming less of a taboo subject 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 people, mental health is actually the opposite, meaning something positive. Mental ill-health is a more accurate and also flexible term, indicating that mental ill health occurs across a spectrum of severity and persistence, and which suggests that the change may be transient and that recovery is likely.

Poor access to quality services and supports are hindering 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 have no one to turn to for the support they need, we lose an opportunity to foster their spirit of resilience and the chance of recovery from mental ill health. But by reaching out to these young people and providing them with the space they need to find their path, we are creating 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 and be valued. What better experts can there be than the people who live through these things every day? How could 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 have the same right to access quality services and supports that can help them overcome their mental illness or mental health problem. This is why this declaration is of international significance and must be supported by all who value the contribution that

⁴ This section is based on a piece written for this Declaration by a member of the Youth Advisory Panel of Headstrong: the National Centre for Youth Mental Health, Ireland and incorporates comments of review from other Irish young people who have been involved in the mental health care system.

young people make to our communities. Improving mental health services and changing the way people think about mental health worldwide is our key to change.

The vision

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

The declaration challenges the present configuration of systems arguing they are currently weakest where they should be strongest. This goes beyond requiring more appropriate levels of resource, essential as this is. We believe it also requires a fundamental shift in how we think about and respond to the mental health needs of our young people. Paternalistic service-led approaches must give way to ones where young people themselves are included as respected equals in the process of designing and developing youth mental health services. Their expertise and that of their families is essential to achieve progressive service development and systemic change.

While the majority of the 10-year outcomes we describe focus on youth mental health service provision, the principles of this declaration reflect a broader mental health agenda that includes mental health promotion and prevention. We hope to contribute to a wider effort to challenge 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 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.

Principles

This declaration is underpinned by the following principles:

- Belief in young people and their potential
- Respect for all young people
- Protect young people's right to participate in processes and decisions that affect them
- Commitment to uncovering the strengths within young people, their families and communities
- Respect for the right to recovery and social inclusion for all young people
- Value the importance of personal, social, educational and employment outcomes
- Provide accessible, youth-focused services and supports when and where young people need them
- Respect for the rights of family and friends to participate and feel fully involved

From vision into action

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 15 target measures to be achieved over a 10-year period. The targets of this declaration are ambitious. They are ambitious but they are realistic and they reflect the minimum standards that young people and their families should expect from mental health services. As with the Early Psychosis Declaration⁵ 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.

There are five points of action within this declaration that represent the broad objectives that the targets have been designed to achieve:

1. Engage young people and their families meaningfully in service development
2. Improve understanding of youth mental health within communities
3. Ensure access to youth friendly services and support
4. Embrace a youth-focused, strengths based ethos of care
5. Focus on resilience, hope and recovery

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.

What should happen:

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

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

Thus we see implementation as an 'organic' process, stronger for not being controlled or owned by any one organisation or profession and one that will generate the resources it needs as it goes along. Rather than depending on highly defined guidance, we want to encourage a less rigid direction of travel which seeks to raise awareness, engage people, create ownership and build up collaborative relationships. This organic process will build on people, each bringing their own unique skills and relationships, and the incremental and cumulative effect of small changes.

⁵ Bertolote J, & McGorry P. (2005) Early intervention and recovery for young people with early psychosis: Consensus statement. *Br.J.Psychiatry* **187 (48)**, 116-119.

10-YEAR TARGETS

ACTION AREA	MEASURABLE 10-YEAR OUTCOME TARGETS
Engage young people & their families meaningfully in service development	<ol style="list-style-type: none"> 1. 100% of youth mental health services will be able to demonstrate evidence of engaging young people and families in the development of those services
Improve understanding of youth mental health within communities	<ol style="list-style-type: none"> 2. Every young person will know ways to stay mentally healthy, how to recognise mental ill-health and how to access help when they need it 3. 100% of young people who seek mental health support will report feeling no stigma or shame 4. 100% of community agencies, working routinely with young people will have received training in youth mental health 5. 100% of young people will be able to access quality-assured, safe and responsible online mental health supports and resources in their local community
Ensure access to youth-friendly services and support	<ol style="list-style-type: none"> 6. Specialist assessment and intervention will be immediately accessible to every young person who urgently needs them 7. 100% of young people who require specialist intervention between the ages of 12-25 years will experience continuity of care as they make the transition from adolescence to emerging adulthood 8. The waiting time for access to specialist mental health services will be less than 4 weeks 9. Access to high quality mental health services will not be prejudiced by whether a young person can afford to pay for the service or not 10. 100% of primary care services will have a youth mental health assessment protocol
Embrace a youth-focused, strengths based ethos of care	<ol style="list-style-type: none"> 11. 100% of young people with mental ill-health will be able to access specialist mental health assessment and intervention in youth-friendly locations 12. 90% of young people will report satisfaction with the choice and experience of the range of interventions offered to them 13. 90% of families will report satisfaction that they felt respected and valued as partners in care
Focus on resilience, hope and recovery	<ol style="list-style-type: none"> 14. 90% of young people will report being engaged in meaningful educational, vocational or social activity 2 years after first accessing specialist mental health intervention and support. 15. Suicide rates for young people will have reduced by a minimum of 50%