Mental Health Delivery: The Global Forefront

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Thank you, Dr. Pan, members of the Committee, and Steinberg Institute leaders for the opportunity to participate in this presentation with this highly esteemed panel. It is an honor. I am a child psychiatrist by training, and a Clinical Professor at the Stanford Department of Psychiatry, where I direct our Center for Youth Mental Health and Wellbeing and serve as the Associate Chair for Community Engagement. Before coming to Stanford 4 years ago I spend 28 years in New Mexico, where I served part of that time as the state psychiatric medical director and also led a university Center for Rural and Community Behavioral Health. My work has focused on school mental health, youth suicide prevention, early psychosis, integrated behavioral health, telebehavioral health, tribal mental health, and mental health policy. Today I am pleased to speak with you about critical issues in early intervention services for young people.

The Data:

The clinical need is clear to recognize and intervene early across the age spectrum from youth to young adult:

- 50% of all mental health issues start by age 14 and 75% by age 24.
- The primary morbidity for young people 10-30 are mental health related.
- 20% of young people 12-18 face mental health problems and 30% of those 18-25.
- Most young people facing these mental health issues still go untreated, with 13% of young men and 31% of young women accessing care.
- Young men 16-24 have the lowest help seeing of any age group.

The Lack of a Public Mental Health Model in the US:

For many years, national policy guidance has called for a movement toward a “public health” framework for mental health care. Some states are now moving in this direction:

- The Institute of Medicine years ago developed a continuum of public health:
  - health promotion
  - 3 types of prevention
  - case finding and early identification/early intervention
  - treatment
  - long term care
• This public health continuum doesn’t actually exist for mental health care in the US. When there is funding for mental health care, it mostly goes to support treatment for more serious and persistent mental health conditions.
• At the same time, the 2009 Institute of Medicine report recommended stronger focus for early identification and intervention for young people with mental, emotional and behavioral disorders (MEB).
• Data for multiple mental health conditions shows the long-term benefit for early intervention and treatment. One key example is for those with psychotic illness and the duration of untreated psychosis (DUP). For those with shorter DUP the long terms outcomes 10-15 years later are much better in terms of education, employment, less relapse and less medication needed. Recent national funding for first episode psychosis programs reflect the value of this early intervention.
• The question is: how early can we identify young people and what services do we have in place for early detection and early support?

California Efforts:

California’s Mental Health Services Act (MHSA) has developed prevention and early intervention funds (PEI) and Innovation funds to support these types of programs.
• While these funding streams support school mental health and early psychosis services, an early identification and intervention bridge is still needed in addition to these services.
• Many young people don’t always feel schools are a safe place to get mental health care and many schools struggle with their roles, responsibilities, and legal issues of care.
• When youth leave secondary school for various reasons they have no easy place to access early mental health support in a safe and comfortable, non-stigmatizing place.
• Early psychosis programs provide valuable services once the young person has been identified who needs the treatment, but don’t have easy places to go for early identification.

International Models:

Many countries are now creating accessible early identification and early intervention sites & services directly marketed to young people 12-25 to come in for early mental health support.
• These services provide integrated mental health-primary health care that is available to all youth in a one-stop-shop framework, and include substance use early intervention, supported education/employment, group support, etc.
• Australia has over 100 headspace sites, Canada is developing the Foundry model, and Ireland has Jigsaw. France, Denmark, UK and other countries also have similar models.
• These sites are designed for and by young people to come in early or with a friend or family for early mental health support that is non-stigmatizing, youth friendly and designed, and before mental health issues get more serious or complex. Referral to more intensive or high-end services are available.
• It is time to create this entire continuum of public mental health services in our state for our 12-25 year old young people, who need accessible, comfortable non-stigmatized integrated care when they face mental health challenges.

**Next Steps:**

• Santa Clara County is taking the innovative step of starting the first two US “headspace-model” programs, with the use of Innovation funds through MHSA.

• Other counties throughout California have expressed interest in also developing this model for early intervention for young people.

• Building this early intervention continuum from school mental health to integrated youth mental health programs to early psychosis services creates the full continuum of early mental health identification and intervention for young people to be able to easily access early support, stay in school or on their jobs, and remain productive community members.
Lessons from Abroad: Investing in Youth Mental Health

October 2017

Steven Adelsheim, Director, Stanford Center for Youth Mental Health and Wellbeing
Jennifer Ng’andu, Senior Program Officer, Robert Wood Johnson Foundation

High school hit Jarrad hard. Outgoing and active as child, in his teens he became overwhelmed by crippling anxiety, to the point where he wandered back and forth between the bathrooms at opposite ends of the school just to avoid interacting with others. Although Jarrad tried to ignore what was going on, his mother finally convinced him to seek help. He got the support he needed from a youth-friendly community mental health program and learned how to manage his anxieties.

Jarrad’s story is similar to that of many young people in the United States, except for one thing: he actually got help. Nearly 60 percent of youth with mental health problems do not, Jarrad is not American, He lives in Australia, which has a national program for supporting youth with early mental health needs.

Unfortunately, in the United States, we tend to view feelings like Jarrad’s as part of the normal ups and downs of adolescence, and assume that teens will grow out of them. The human brain is still developing very actively during these years, thus it is critical for young people to receive early support. But there aren’t enough options in the United States that promote mental health and well-being, or provide early intervention and treatment.

Now, more than ever, America stands to gain important insights from other countries that have developed comprehensive and effective approaches to youth mental health. Roughly half of all U.S. teens experience a mental health disorder at some point, and one in five suffers severe impairment. Mental health disorders are far more prevalent during adolescence; approximately 50 percent of disorders develop by age 14 and 75 percent by age 24.

While many adolescents may not experience the most serious mental illnesses, many have challenges that affect their ability to carry out daily functions. In a 2013 survey, teens reported higher stress levels than adults, and many said they felt overwhelmed or depressed because of stress. Additionally, an alarming number of U.S. youth have had traumatic experiences involving violence, abuse, neglect, or parents who have divorced or abused alcohol or drugs.

Left unaddressed, young people’s mental health problems affect their lives in other ways. Compared to youth in other industrialized countries, American youth are less likely to go to college and graduate. Our national youth suicide rate continues to increase, especially in early adolescence. Twenty percent regularly abuse alcohol, and rates of marijuana use by young people are at an all-time high. The United States has higher rates of teen pregnancy and sexually transmitted diseases than any other industrialized nation, and we continue to jail large numbers of young people for non-violent offenses.

Despite the extent of mental health challenges among teens and their potential effects, our country still has no comprehensive system for providing young people with early social-emotional support. When it comes to supporting youth mental health, other countries—including Australia, Ireland, Canada, Israel, and Denmark—are rejecting the norm that adolescents need to wade through these challenges on their own.

For example, headspace, the program that helped Jarrad, has become an important part of Australia’s mental health services landscape. headspace originated in response to calls from mental health experts concerned about the lack of services for Australian youth in the 12-to-25 age bracket. Australia was experiencing a youth mental health crisis, yet young people were not seeking help and they were not getting the care they needed. There are many reasons why young people don’t seek mental health services when they need them: not knowing where to go, fear of stigma, concerns about confidentiality, doubts about treatment effectiveness, lack of transportation, and cost. A youth-friendly mental health system must address these factors.

headspace focuses on reaching young people with mild to moderate symptoms, many of whom present initially with depression or anxiety. Program workers provide young people access to early mental health services within an integrated care structure—in a setting that is youth-friendly, accessible, confidential, and free. The 100-plus headspace sites across Australia are one-stop, full-service shops designed specifically for young people with mental health issues, and include primary care, early addiction support, and help with education and employment.

headspace also operates an integrated, clinically-supervised, youth-friendly telephone and online therapeutic counseling and information service; a support service for secondary schools where students have been affected by suicide; and a service program for young people experiencing or at risk of developing early psychosis. Data show that headspace works, with improvements in 60 percent of clients. Most clients can get an appointment within two weeks of contacting headspace. This quick response is critical to young people who are averse to seeking care in the first place; it means fewer lost opportunities to provide support.

http://www.gh.org/Publications/ViewsDetail.cfm?ItemNumber=9092
Australia and other countries recognized that their young people were in trouble and realized that most would benefit from early intervention mental health services. The United States can do the same. Physical health issues such as childhood obesity receive tremendous attention—and rightfully so. But youth mental health problems deserve the same level of attention.

Recently, several national media stories in this country have focused on the potentially negative impact of the Netflix series “13 Reasons Why,” which deals with the suicide of a high school student and how her friends’ behaviors contributed to her decision. The concern that teenagers watching this show might be at increased risk for self-harm or suicide contagion speaks to the emotional fragility of so many young people who are depressed, anxious, lonely, confused, and potentially resistant to getting help.

The good news is that we have a unique opportunity to build a robust mental health support system for young people in America. We have a strong body of research on which to draw, and we have successful programs from other countries for inspiration. With support from the Robert Wood Johnson Foundation, Stanford’s Center for Youth Mental Health and Well-Being is working to establish headspace-like programs in California. A new proposal being developed in partnership with Santa Clara County would open two such sites over the next 18 months, including one in San Jose and another near Palo Alto.

The turmoil that many adolescents experience is not just a phase. We have the opportunity to join the rest of the world in recognizing the unmet mental health needs of our young people. Let us invest in building a system that supports their healthy development into strong, resilient adults.

Subject Areas: Behavioral Health

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Incidence of Disease across the Lifespan

![Graph showing incidence of disease across the lifespan.](image)

Courtesy P. McGorry, MD

Young people don’t seek or get professional help!!

Only 13% of young men and 31% of young women access professional mental health care

Young men aged 16-24 have the lowest professional help-seeking of any age group

Orygen
The Silicon Valley Suicides
Why are so many kids killing themselves in Palo Alto?
By Hanna Rosin

Future-Proofing Youth Mental Health
4th International Conference on Youth Mental Health
24th to 26th Sept 2017
The Long Room, Trinity College, Dublin
Prevention And Promotion (IOM)

A Public Mental Health Continuum for Youth

- Early Mental Health Support
- Primary care
- Supported education and employment
- Early Substance Use Tx
- Peer support

School health/mental health programs

Youth mental health/Integrated care headspace

Early psychosis programs
A Public Mental Health Care System for Youth: School Mental Health—"headspace"—Early Psychosis Continuum

- **Goal:** Earliest intervention across all diagnostic categories to ensure best quality of life:
  - **School health/mental health programs** provide opportunity to find those with early mental health needs and link to early support
  - **Headspace integrated youth mental health sites** provide community one stop shop for youth 12-25 to easily access early services that are comfortable, stigma-free and youth friendly
  - **Early psychosis programs** work to shorten duration of untreated psychosis (DUP), to improve quality of life, academic and employment success

One stop service for mental health, AOD, physical health, vocational assistance that is youth friendly and free or low cost
Next Steps in *headspace* site Development and Implementation

- Continued Funding Partnership Development
- 2 Youth Advisory Boards
- Developing 2 sites in Santa Clara County
  - Initial funds from Santa Clara County support youth and school/employment specialists
  - MHSA Innovation grant partnership with Santa Clara County for site start up
  - Working with IDEO.org on name and design
- We'd love one in every California County!
- March 7th state visit by Canadian partners from British Columbia

Contact information

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