

# The International Declaration on Youth Mental Health 2011

A shared vision, principles and action plan for mental health service provision for young people aged 12–25 years



## Why a youth mental health declaration?

This declaration stems from a body of evidence that points to an urgent need to change how we think about young people's mental health and transform how mental health services for young people are planned and delivered. It represents a new youth mental health paradigm within the field of mental health. It views the transition from childhood to adulthood as a gradual and variable process that takes place between the early teens and the mid to late 20s and argues that youth mental health services need to reflect this extended developmental phase in young people's lives.

Most mental illnesses emerge in adolescence and early adulthood, a critical point of intellectual and social development. For 75% of adults with mental disorders the onset of mental ill-health will have occurred by the age of 24 years (Kessler et al 2005, McGorry et al 2007). This potentially sets young people who develop mental ill-health onto a path to social isolation and unfulfilled potential. Their experiences are often blighted by negative stereotyping of those with mental illness. The impact of mental ill-health among the young also affects their families and wider society.

Despite youth being such a critical time of vulnerability (Eckersley 2011), commentators have argued that mental health systems of care for young people are failing to understand and meet their needs (see, for example, McGorry et al 2007). Traditional service structures that use an age of 16 or 18 years as a point of transition from adolescence to adulthood are particularly problematic for many young people and families, leading to poor continuity, dissatisfaction with adult mental health services for young people, and high levels of service disengagement (Singh et al 2010).

The World Health Organisation (2010) has called for the scaling up of efforts to promote mental health and to provide mental health services internationally. This declaration sets out a range of targets towards which all efforts can be directed to provide equitable and quality mental health services for young people and against which those efforts can be measured.

## Who are we?

This declaration originated at a Youth Mental Health Summit 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 health.

An early draft of the declaration was tabled at the summit by David Shiers and Patrick McGorry, both of whom had been key contributors to the Early Psychosis Declaration (Bertolote & McGorry 2005). A vigorous debate about the content of the proposed youth mental health declaration then ensued. Over 80 people from Ireland, the UK, Australia, Canada, the USA, the Netherlands and New Zealand took part in the process. Their feedback and input activated a broader consultation process to formulate a consensus statement on youth mental health that would identify measurable outcomes that were relevant to young people and their families.

The declaration 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 Patrick McGorry and David Shiers. Using feedback from the Killarney Summit a range of action areas and outcome points 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 views<sup>1</sup>

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.

Poor access to quality mental health services and supports is hindering many 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 has no one to turn to for the support they need, an opportunity to foster their spirit of resilience and the chance of recovery from mental ill-health is lost.

Stigma is another barrier to young people seeking support. Although mental health is becoming less of a taboo 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 young people and the language used to explain mental ill-health can be daunting for them. It is important that the language of recovery is part of every young person's experience of mental health services and supports. Young people need to feel a sense of hope about their own ability to recover and to live a meaningful life.

By reaching out to young people and providing them with the space they need to find their path, it is possible to create 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. We want our participation in the process to be assured and valued. What better experts can there be than the people who live through these things every day? How can 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, has the same right to access quality services and supports that can help them overcome their experience of mental ill-health. This is why this declaration is of international significance and must be supported by all who value the contribution that young people make to our communities. Improving mental health services and changing the way people think about youth mental health worldwide is our key to change.

<sup>1</sup> 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 and reviews from other young people from Ireland

### 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 stigma, discrimination and prejudice and to ensure that no young person is disadvantaged or socially excluded because of 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 that is achievable within the time frame that has been set. The targets reflect minimum standards that young people with mental ill-health and their families should expect.

## Objectives & targets

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

### ACTION AREA

### TARGETS

#### 1. PUBLIC HEALTH TARGET TO REDUCE PREVENTABLE MORTALITY

**Objective:**

Reduce mortality rates correlated with mental ill-health among the youth population.

1. Suicide rates for young people aged 12-25 years will have reduced by a minimum of 50% over the next ten years

*NOTE: We cannot accurately predict what rates of suicide reduction will be possible over a 10-year period. However, we believe that an ambitious target is necessary to mobilise proactive efforts to tackle the unacceptably high suicide rates among young people. Critically, this minimum target means that we do not accept that the death of any young person by suicide is inevitable.*

#### 2. MENTAL HEALTH LITERACY

**Objectives:**

Raise awareness among young people, families and communities of the determinants of mental health and the mental health needs of young people aged 12-25 years.

Minimise any impediments to young people with mental ill-health integrating fully into their communities and society.

2. Every young person will be educated in ways to stay mentally healthy, will be able to recognise signs of mental health difficulties and will know how to access mental health support if they need it

#### 3. RECOGNITION

**Objective:**

Organise training for health and social care professionals in optimal approaches for detecting and responding to young people with mental health needs.

3. Youth mental health training will be a standard curriculum component of all health, youth and social care training programmes
4. All primary care services will use youth mental health assessment and intervention protocols

#### 4. ACCESS TO SPECIALIST SUPPORT

**Objectives:**

Create, enhance and evaluate comprehensive and dedicated youth mental health services provided by professionals with specialist knowledge in youth mental health and interventions for young people aged 12-25 years.

Ensure that youth mental health services, including on-line services, are equitable, universally available and accessible to young people and their families when they need them.

5. All young people and their families or carers will have access to early mental health support and intervention through accessible, youth-friendly community settings (e.g. drop-in centres) and youth-serving organisations with clear pathways to more specialised support when that is required
6. Specialist mental health assessment and intervention will be immediately accessible to every young person who urgently needs them
7. All young people aged 12-25 years who require specialist intervention will experience continuity of care as they move through the phases of adolescence and emerging adulthood. Transitions from one service to another will always involve a formal face-to-face transfer of care meeting involving the young person, his or her family/carers and each service involved in his or her care.
8. 2 years after accessing specialist mental health support, 90% of young people will report being engaged in meaningful educational, vocational or social activity

#### 5. YOUTH AND FAMILY PARTICIPATION IN SERVICE DEVELOPMENT

**Objective:**

Provide opportunities for young people and their families to participate fully in the planning, design and delivery of youth mental health services and promote partnership with young people and families within primary and specialist mental health care services.

9. Every newly developed specialist youth mental health service will demonstrate evidence of youth participation in the process of planning and developing those services
10. A minimum of 80% of young people will report satisfaction with their experience of mental health service provision
11. A minimum of 80% of families will report satisfaction that they felt respected and included as partners in care

## What should happen

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

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. By reaching out to young people and providing them with the space they need to find their path, it is possible to create a strong population of future leaders who have the skills to overcome the problems they will face along their journey.



To download the  
Declaration go to  
[www.iaymh.org](http://www.iaymh.org)

### REFERENCES

Bertolote J & McGorry P (2005) *Early Intervention and Recovery for Young People with Early Psychosis: consensus statement* BJP 187 (suppl. 48): pp.S116-S119

Eckersley, R (2011) *Troubled Youth: an island of misery in an ocean of happiness, or the tip of an iceberg of suffering?* EIP 5 (Suppl. 1): pp. 6-11

Kessler R, Berglund P, Demler O, Jin R, Merikangas K & Walters E (2005) *Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication* Arch Gen Psychiatry, 62: pp. 593-602

McGorry P, Purcell R, Hickie I & Jorm A (2007) *Investing in Youth Mental Health is a Best Buy* MJA 187(7): pp. S5-S7

Singh S, Paul M, Ford T, Weaver T, McLaren S, Hovish K, Islam Z, Belling R & White S (2010) *Process, Outcome and Experience of Transition from Child to Adult Mental Healthcare: multiperspective study* BJP 197: pp. 305-312

World Health Organisation (2010) *Mental Health: strengthening our response* Factsheet No 220

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