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## A GLOBAL FRAMEWORK FOR YOUTH MENTAL HEALTH

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### SUPPLEMENTARY MATERIAL 3

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## YOUTH MENTAL HEALTH CASE STUDIES

Case studies supplied by individual programs.

### 1.1 | HEADSPACE, AUSTRALIA

#### 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 (ehespace) where young people can chat with a mental health professional online or by phone with access to therapeutic care. This service operates from 9am to 1am, seven 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. The success of the headspace model has seen its expansion into other countries including Denmark, Israel, Netherlands, and Iceland. Similar programs have also been established in Ireland, USA, UK and New Zealand and Germany.

#### 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.

## REVOLUTION IN MIND

“headspace has revolutionised mental health care for young people and should be the gold standard for youth mental health globally.”

Professor Patrick McGorry, executive director of Orygen.

## 1.2 | WAVES FOR CHANGE SURF THERAPY, 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 Surf Therapy (W4C) 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 six 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.<sup>17</sup>

### How does it work?

W4C 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.

W4C 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 of participants have witnessed someone being shot, stabbed or attacked;
- 35 per cent of participants have had someone in their household die;
- 28 per cent of participants are often hungry and have no food to eat at home; and
- 21 per cent of participants have been physically assaulted by an adult.

“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.”

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

### 1.3 | JIGSAW, IRELAND

#### The problem

There were limited mental health supports available to young people in Ireland with state funded services largely available to those with a more severe mental illness. Where services were available there were significant barriers to entry and long wait times. As a result, young people with mild to moderate mental health concerns had nowhere to go.

#### The solution

Jigsaw evolved a model that seeks to deliver services, strengthen communities and influence change. Jigsaw is a charity at the forefront of understanding the mental health needs and experiences of young people and focuses on prevention and early intervention at the primary care level. Jigsaw's approach incorporates one to one clinical supports that is free and accessible to any young person aged 12 to 25 years of age when and where they need it most.

#### The impact

Over the last 14 years Jigsaw has established 12 services around the Republic of Ireland, with more in development. Internal and external evaluations have demonstrated the service is highly accessible, responsive and actively includes the voice of young people. With the success of the face to face model, Jigsaw is now preparing to offer online support outside of usual working hours

#### How does it work?

Jigsaw operates on a shopfront model whereby; services are located within the community in order to be accessible, visible, impactful, inclusive and timely. Young people do not need a medical referral to attend; they can self-refer or be referred by a parent, guardian or professional. Each service provides brief clinical interventions from mental health professionals focusing on mild to moderate mental health concerns.

In order to drive the change Jigsaw sees as essential in youth mental health, Jigsaw informs, supports, educates and empowers a wide section of communities, including schools, enabling a better understanding of our collective responsibility in supporting young people's mental health.

Jigsaw services are supported by a Youth Advisory Panel (YAP) who provide guidance and direction of the service locally and input nationally to shape the ways Jigsaw supports their mental health.

Jigsaw is primarily funded through the Health Services Executive (HSE), Ireland's public health service; additional supports are provided through local and national fundraising

**"I felt so relaxed and comfortable, felt like I could say anything and not be judged. The change in me is remarkable, all thanks to Jigsaw."**

Young person who attended Jigsaw

### 1.4 | IT'S OK TO TALK, INDIA

#### The problem

India has the world's largest population of young people aged 10-24 years and mental health problems are the leading health concern for this group. Lack of awareness and stigma around mental health prevent young people from getting the care they need.

## The solution

It's Ok To Talk is a public engagement program set up in 2016 that works through new media and the arts, community-based events, training and leadership building and social media campaigns to highlight young peoples' lived experiences of mental health needs and build their capacities to address mental health challenges.

## The impact

The program has reached 7000+ directly through 75+ community events and workshops; worked with 280 volunteers, trained 50 youth advocates in mental health leadership and reached more than 2.5 million users on social media. In 2019, It's Ok To Talk was recognised as one of the 10 most prominent international youth mental health campaigns by Facebook and included in a Facebook-led donation campaign.

The success of It's Ok To Talk has seen its expansion through a new national public engagement project, Mann Mela (Festival of the Mind), an immersive multi-media travelling museum that shares stories of real individuals' lived experiences with mental health needs. The museum will be showcased at five Indian cities in 2020 and will serve as a mental health resource for individuals and organisations.

## How does it work?

The program works through:

- an English and Hindi story-telling website ([www.itsoktotalk.in](http://www.itsoktotalk.in)) emphasising the central role of disclosure in breaking stigma;
- mental health leadership training for young people; and
- events and workshops targeting students in schools and universities.

It's Ok To Talk is supported by the Wellcome Trust and small events are locally fundraised.

“Telling one’s personal story has a long tradition of being a powerful tool for enabling people to understand and empathise with the other, with humanity, and ultimately with oneself. It’s Ok To Talk follows this tradition with an emphasis on young people’s stories about the centrality of mental health for well-being, the vulnerabilities which some experience, and the routes to resilience and recovery, to be told and heard throughout India, a country with the largest number of young people in the world.”

Professor Vikram Patel, Founder, Sangath

Youth collaboration and co-design is at the heart of It's Ok To Talk's strategy – involving youth from in the conceptualisation to evaluation of project activities.

“I hope that reading my story might help others feel less alone. It is important to know that other people are fighting the same battles. This is for anyone who feels stuck, overwhelmed or hopeless. You are not alone, just try to hold on.”

Youth contributor, 24, Female, India

## 1.5 | HEADSPACE DENMARK

### The problem

Danish young people enjoy reasonably good mental health. However, for those young people ages 12 to 25 years of age with mild to moderate mental health concerns, there was no service system for them to access support. State funded mental health programs are primarily for those young people with more severe problems and generally not easy to access.

### The solution

The Danes were intrigued by the headspace model established in Australia. They knew, however, that in order to succeed locally, a new program would have to be established outside of the health system that engages civil society. headspace Denmark is an open, anonymous and free counselling and support service that provides young people with someone to talk to in an environment welcoming for young people.

### The impact

headspace currently has 19 centres across Denmark and a national chat-centre with a plan to expand to a further 10 over the next two years. An independent evaluation in 2019 highlighted that young people attending headspace feel seen, heard and welcomed and that their satisfaction with both life and their wellbeing increased during their engagement. Importantly, headspace connects one in five young people to other public and NGO-based support services for more complex presentations.

### How does it work?

headspace Denmark utilises the centre-based model, with centres across the country which are easily accessible to young people. They use a volunteer model which sees primarily young people themselves trained as volunteers to provide support and guidance to young people accessing the service. Under the motto 'someone to talk to', headspace provides its services to young people at their convenience, which means they can make appointments in advance, walk in off the street, text or chat online with one of the youth counsellors.

Every headspace centre works closely with the local and regional authorities, and most centres employ a local representative from the municipality to ensure close collaboration with the public health system.

The volunteer counsellor model ensures that young people don't feel like they are attending a traditional clinical mental health service but rather a welcoming and supportive service that will put the young person's needs at the centre of their work. Clinical support is available through staff who are employed to work in the centres when volunteers are seeing young people. In addition, all volunteer counsellors work in pairs which provides additional benefits to the young person.

headspace Denmark receives funding from the Danish health department and the local municipality within which the headspace centre is located. This is usually in the form of a building or space in which the headspace centre is located.

**"We simply cannot wait for the young people to become so sick that they emerge in the health care system. They need help here and now – We listen to them, on their own terms in a safe space, giving them their self-esteem back and helping them further in life with the assistance of our professionals and wonderful volunteers. headspace Denmark is the civil society at its best and most well-organised."**

poul Nyrup Rasmussen, former Prime Minister of Denmark and founder and protector of Det Sociale Netværk/headspace Denmark

“I don’t know what I would do without headspace. They’ve helped me with both practical and mental challenges. The help and guidance I’ve received in headspace has given me a new framework for my life, which I’m now learning to fill out with things that make me happy and give me positive energy.”

Sandra, age 17

## 1.6 | ESKASONI FIRST NATIONS ACCESS OPEN MINDS, CANADA

### The problem

The Eskasoni Access Open Minds service is part of Eskasoni Mental Health Services (EMHS) which provide care to the Mi’kmaq people of the Eskasoni community of Cape Breton Nova Scotia. The community consists of about 4500 people. 50 per cent are aged under 25 years. A significant number of people in the community and many if not all families have been affected by the Residential Schools policy which persisted in Canada until 1996. Under this policy, children were removed from their parents. The stated aim of this policy was to eliminate the First Nations people. The trauma of this is alive and present in the communities. Many of the people removed to residential schools were also subject to physical and sexual abuse. The residential schools destroyed language and culture, links to family and place. When people came back they were shunned because they had no language, no culture and didn’t know their families. Many of these people closed down emotionally to survive. Additionally, when they did have their own children they had no role model of parenting to take from. This is the environment in which EMHS operates. EMHS started after a suicide cluster occurred in the community in 2008-9 in which 11 people died. At the same time a further 38 people also died and the community decided that they needed to mount a response.

### The solution

EMHS provides integrated physical, mental and substance use care. The model that has been developed is one that reaches out to and provides care to the whole community. After the cluster of deaths by suicide, the community co-ordinated services, amalgamated the crisis team, the adult team, and case management team. Prior to this it had often taken three months from seeing someone in the crisis team to seeing someone in the adult team. Identifying the need for a specific response to young people, after the initial amalgamation a youth team was created. The model that was developed seeks to “provide high-quality mental health and addiction services, across the lifespan, that are culturally appropriate, community-based and community-led. We [EMHS] aim to achieve excellence in mental health and addiction service delivery by working as individuals, as a team, and as a community to create healthy people and a healthy community.” (from <https://www.eskasonimentalhealth.org/about>). The model that is used to do this is called the Fish Net model. The fishnet model is holistic and community-based. By having many services and activities, they weave into a net. The metaphor is that the net is thrown across the whole community. It is a strength-based model in which the community and everyone in it is seen as the client whether well or not. This is culturally important.

### The impact

The youth team average age client is 20-years-old, 68 per cent of clients are seen within 72 hours of contact, 87.5 per cent have a responsible adult, 34.5 per cent have financial struggles (themselves or their family) to meet basic needs. The service has been involved in a lot of research. It was also noted that there is a need to continuously monitor data and respond to trends in it. For example, it was noted that there was an increase in presentations around anxiety and so extra programs targeting this were run.

### How does it work?

Eskasoni Access Open Minds is a subcomponent of EMHS and provides services specifically for young people. These services are provided at a centre that was converted from being an old pool hall.

The environment of the centre has been co-designed with young people. The centre consists of a kitchen, a large area that is able to be used for many different purposes, a chill-out mezzanine space, a front desk and five offices for therapy. The centre is closely linked to the bigger EMHS about one kilometre away, where a bigger range of services are available.

Services consist of counselling, nursing and physical health. The model that is used emphasises a womb-to-tomb approach. Given that many of the young people attending the youth service are also parents this makes a lot of sense. It also speaks to the need for the services to cater to the developmental needs of the client group.

Youth and family participate in everything. In fact, many of the people working in the service are former or current clients. This is part necessity to manage workforce issues but also provides employment and development opportunities for young people.

The service has staff evolutionary meetings to look at how the model and the services provided need to evolve. Key questions include:

- Do we need to change?
- What are our training gaps?
- Do we need to change our profile of services, service providers etc.?

Considerations in these meetings are culture and youth driven.

There is also scope for staff to engage in passion projects. These are where staff are given time to develop a program around a passion that they may have. For example, a project may be based on gardening. Participants may grow their own food and link this to healthy eating, culture, delayed gratification, etc. Other programs may be about engaging with other cultural activities such as hunting or trapping. This also shows the value in which the service holds staff and the skills that they bring beyond their qualifications.

One such program that has developed well has been gaming night. The centre has about 30 screens and young people come to game. It moves gaming from being an individual activity to a social one and has been responsible for a lot of young people who were socially isolated developing friends in the community in real life. It also requires staff to be willing to work out of hours.

Funding has been a major issue. Across the six streams of service there are 28 sources of funding. All the services are provided on a total annual budget of \$1.756M. Many of the contracts for staff are short term – sometimes 14 or 28 weeks.

Factors contributing to success:

- deep engagement with and ownership by the community;
- strength focus;
- Focus on community as clients;
- support of Community Chief;
- valuing staff;
- involving young people;
- “two eyed seeing” blending western and First Nations ways of seeing; and
- creating balanced individuals with connections to each other.

## 1.7 | FOUNDRY, CANADA

### The problem

In Canada, an estimated 70 per cent of mental health problems begin during childhood or adolescence. While one in five young people aged 15-24 years report experiencing mental ill-health or substance use problems, fewer than 25 per cent actually receive appropriate services.

Encouragingly, more young people are seeking help as mental health literacy increases and stigma fades. But there remains an absence of accessible, low-barrier services, which results in young people and their families not knowing where to go, and often resorting to walk-in clinics or their local emergency departments. A significant portion of youth remain unattached to primary care. In some British Columbia regions, there has been an 85 per cent increase in emergency department visits over five years (2009-2013) for youth aged 15-19-years-old.

### The solution

Foundry focuses on wellness, empowering young people aged 12-24 years in British Columbia (BC) to live a balanced and fulfilling life. We bring health (mental health, substance use, primary care and sexual health) care and social services, delivered by as many as two dozen organisations, under one roof, to make it easier for young people to find help and support. In Foundry centres, a team of care and service providers work with each young person to create a plan to help equip them with the tools, support and strategies they need. Foundry strives to reach young people earlier to help with issues before they become bigger and impact their relationships, school, work or other aspects of their lives.

### The impact

Since its inception in 2015, nine Foundry centres across BC have opened, with another 10 centres on the way. With over 140 partners province-wide, the Foundry network is a supportive, dynamic group of individuals and organisations working together under a shared vision to make BC an ideal place for young people to grow up, and to thrive.

### How does it work?

Foundry believes that transformational change can only be achieved by working alongside young people and families in their communities. From the creation of Foundry's name and identity, to the look and feel of the centres, to the development of Foundry's online space — young people, families and community organisations are included in the process. And it doesn't end there; their voices are embedded throughout Foundry's journey, ensuring that young people and families continue to have their needs met by community organisations working together rather than in siloes.

As part of Foundry's core services, all existing centres across BC have implemented walk-in services, including counselling, primary care, and peer support, where youth can access same-day help. As well, Foundry provides the right support for what each young person needs, when they need it, by delivering care and supports in an integrated stepped care model, which matches the level of service to the level of need, aligning various community organisations and their services. If a young person's needs increase, the level of support services increase as well. If a young person's situation improves, the intensity and level of support can be decreased. This way Foundry use resources in the most efficient and effective way and meets young people where they're at.

Foundry also strives to ensure services meet the changing needs of young people by using an electronic data collection platform at all of its centres. This involves a tablet-based set of surveys and clinical tools used by young people as well as providers, to help providers get to know each young person and track their progress. This allows Foundry to evaluate centres and programs and respond quickly to meet the changing needs of young people and families.



“Having a space in which I don’t have to keep my guard up all the time is liberating, and truly enhances and completes their intention of helping youth find independence and empowerment in their community.”

Tooth, Provincial Youth Advisory Member, Foundry North Shore