
A National Opportunity:

Improving the Mental Health and Wellbeing of Adolescents and Young Adults

Proposal by Stanford Psychiatry's Center for Youth Mental Health and Wellbeing
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Stanford Psychiatry's Center for Youth Mental Health and Wellbeing was established in 2015 with the commitment to spearhead a new national vision for adolescent and young adult wellness and mental health support, with a strong emphasis on early intervention.

Currently, the United States lacks a comprehensive, reliable system of early socio-emotional care and support for our young people. We do not have a “mental health home” where adolescents and young adults can easily access early health and mental health services in an environment that speaks to their unique developmental and cultural needs. This situation is creating tragic—and expensive—outcomes for our country. In 2013, the estimated cost (including health care, use of services such as special education and juvenile justice, and decreased productivity) of mental disorders among persons under 24 years of age in the United States was \$247 billion.

Adolescence and young adulthood (ages 12-25) comprise a critical developmental period in a person’s life. The brain is highly malleable, so forming healthy habits of mind and body can have a powerful, life-long impact on the overall wellness of each child. Recent research demonstrates how especially important it is to establish this foundation during adolescence and young adulthood. Without it, the statistics are sobering:

- Half of adolescents meet the criteria for a mental disorder at some point
- 79 percent of youth and young adults with mental health issues do not access care
- 17 percent of students seriously considered attempting suicide in the prior 12 month period
- 70-80% of adolescents with a drug or alcohol issue also have a co-occurring mental health issue
- 20 percent of youth abuse alcohol on a monthly basis
- Rates of youth marijuana use have reached the highest levels in history

In short, adolescent mental health in the United States has reached a state of crisis.

The Barriers to Mental Health Support for Young People

Unfortunately, the current U.S. mental health system is not resourced to work with young people who have mild to moderate mental health issues like depression and anxiety; it is focused on treating children or adults with complex mental health problems. Early detection and prevention efforts are now standard medical practice for issues such as asthma, obesity, and diabetes. But no comparable efforts exist within our health systems to detect and prevent emerging and mild to moderate mental health issues, despite their high prevalence.

Young people with emerging mental health issues have difficulty finding timely treatment and a service system that can respond to their needs. Young people also rarely receive integrated services even though mental health problems often coexist with other physical, social, and emotional problems. Because of this lack of early identification and intervention services, young people often do not reach health, social service, or justice systems until their mental health problems have become more severe and often more difficult and costly to treat.

Further complicating the critical mental health service crisis for young people is the reality that most adolescents and young adults are reluctant to seek help, for a variety of reasons:

- Lack of awareness and understanding of mental illness
- Stigma associated with mental illness
- Lack of age-appropriate, youth friendly mental health services
- Concerns about confidentiality and embarrassment in disclosing mental health concerns
- Doubts about the effectiveness of the treatment available
- Lack of affordable services and inadequate transportation to service locations

The Stanford Psychiatry's Center for Youth Mental Health and Wellbeing

The Stanford Psychiatry's Center for Youth Mental Health and Wellbeing recognizes that we are in the midst of a national public health crisis among U.S. youth and is committed to spearheading a new national vision for adolescent and young adult wellness and mental health support. The clinical and research experts within the Department of Psychiatry and Behavioral Sciences at Stanford University School of Medicine have laid the groundwork for the creation of a national initiative for youth through their expertise in early mental health support, development of self-regulation tools, school mental health, and suicide prevention. Three core components comprise this foundation:

- Early mental health support and exceptional clinical care
- Educational and community partnerships and
- Technology programs to support youth and create linkages to clinical care

By creating an innovative health system, and a new culture of health for the adolescent and young adult population, Stanford hopes to create a model for the country in how to better support our young people to navigate the transition to adulthood and realize their full potential as adults. Part of our proposed response to the mental health challenges facing American youth is to develop a United States-based *headspace* model.

The *headspace* Model (Australia)

The *headspace* program is an Australian model for treating adolescents with mild-to-moderate mental health needs and has quickly become a significant component of that nation's mental health landscape. The program was created in response to calls from national experts in the mental health field for a new service delivery approach to bring early mental health services to the 12-25 year old population across Australia. In 2005, the Australian government allocated \$54 million to establish a new nationwide youth mental health service.

Since its launch in 2006, *headspace* has been a huge national success linking young people to early mental health services in an integrated care structure. The *headspace* program has grown to 86 sites across the country with a plan for 100 total sites by the end of 2016 and a national investment of more than \$250 million over four years. By now, *headspace* sites have easily overtaken the remainder of the public health system by several factors as the place for young people across Australia to go for a full range of health services. Due to its success, *headspace* models are being replicated in Denmark, Israel, Ireland and Canada. It is time for the United States to join this international effort to build a culture of health for adolescents by expanding early intervention services and breaking down the stigma of accessing mental health support.

Feasibility of a United States-based headspace Model

In the fall of 2014, the Robert Wood Johnson Foundation funded a small group of investigators in Stanford's Department of Psychiatry and Behavioral Sciences to consider the feasibility of applying the *headspace* model in Australia to the complex healthcare landscape in the United States. After completing in-depth reviews of multiple adolescent mental health service models, including visits to several sites and conversations with many U.S. and Australian adolescent health experts, the team concluded that the need is great and the replication of *headspace* presents a unique opportunity to capitalize on a tried and tested approach, while also creating a new national culture of adolescent health to the U.S.

A National Opportunity: The Pilot Program

The Center's first priority is to establish at least two *headspace* pilot sites in the U.S. by 2017 that would each run for four years. With support from the Robert Wood Johnson Foundation, the Stanford Center for Youth Mental Health and Wellbeing is establishing a national infrastructure for governance, pilot site selection and oversight. Other necessary next steps include identifying clinical providers in pilot communities, establishing community-based local youth and adult advisory committees and planning groups, and securing funding through public/private partnerships to launch and operationalize the program within each identified community.

Beginning with two pilot sites in the Bay area, potentially with one targeting the predominantly privately-insured population in the Palo Alto/Menlo Park area and the other linked to a county mental health services provider in Alameda, San Mateo, or Santa Clara County, our mission is to adapt the Australian *headspace* model in order to improve the mental and social well-being of young people in the United States through the provision of high quality intervention services that are welcoming, youth-friendly, free from stigma, clinically appropriate, and supportive. This pilot will yield many important insights for implementation in the United States, including financial models, cultural adaptations, governance, and infrastructure. Each pilot site will participate in a coordinated evaluation of service implementation, financial modeling, and marketing success to inform the long-term viability of the model.

The United States *headspace* Model

Our U.S. *headspace* model will approach youth wellness in an innovative, comprehensive, and youth-friendly way, reaching adolescents and young adults in clinical sites, and ultimately online and in schools. Through a targeted media campaign developed with extensive youth input, the program will be marketed in a way that appeals to adolescents and young adults: the language and messaging will be relevant and engaging to them.

The core components of the model are

- A focus on mild to moderate mental health issues, including anxiety and depression
- A one-stop site for access to integrated care services (mental health, physical health, substance use, and education/vocational support)
- Accessibility—the services are affordable, de-stigmatized, appealing to youth, and confidential (according to California and United States law)

The focus on mild to moderate mental health issues is a key component of what sets *headspace* apart from existing sources of mental health care. The current U.S. mental health system is not resourced to work with young people who have issues in this range of the spectrum, even though depression and anxiety are among the highest prevalence for this age group and early intervention is essential to preventing more serious health and academic outcomes which come at a higher financial cost.

Offering integrated services enhances accessibility, in addition to convenience. The “one-stop shop” approach can reduce the stigma associated with seeking help because the specific reason for any visit can be masked by the range of issues treated at the clinic.

The location of our clinic will be easy to access, the staff—and even the look and feel of the “office”—will be youth-focused, warm, and welcoming to everyone who enters, service staff will be appropriately trained and able to provide culturally safe, professional services; and the services will be kept confidential to protect each person’s privacy and reduce any social barrier to care. Everyone entering the clinic will be treated with respect, free from stigma and supported.

Our program seeks to create a new culture of adolescent wellness that, through early identification and support, builds skills, resilience, and opportunities for a healthy path into adulthood. The U.S. needs a *headspace* model to help build a national culture of adolescent health and to improve access to care for young people with mild to moderate mental health conditions, which would decrease the accompanying morbidities of suicide, substance abuse, teen pregnancy, violence, and low educational achievement.

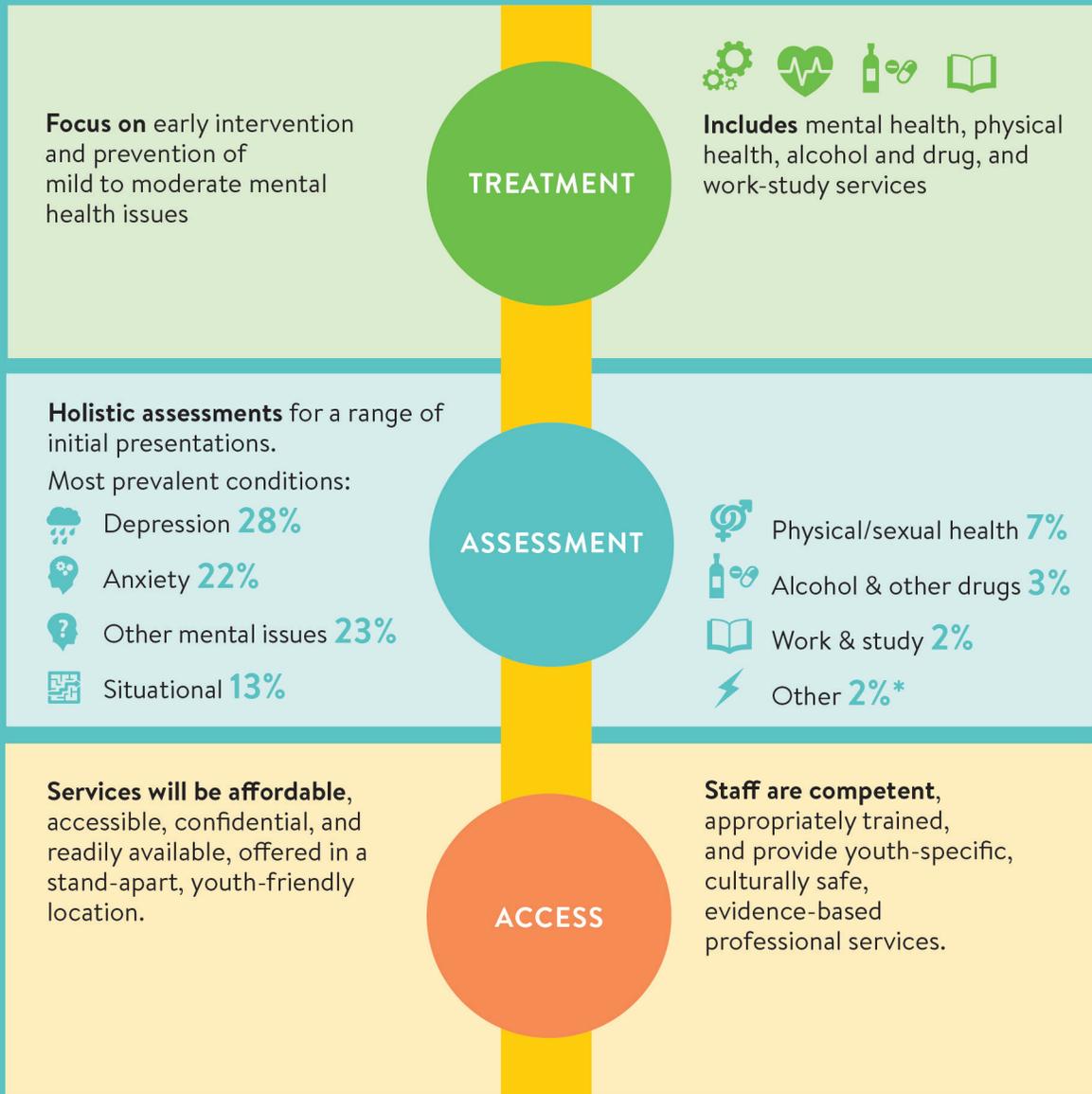
How it Works

Young people seeking support and services will be able to enter our storefront clinic, located in a youth-friendly setting, such as a shopping district, and be greeted by someone in a welcoming and age-appropriate way. Whether they are experiencing a difficult break-up, depression, anxiety, or a stressful home conflict, they will receive a holistic assessment, and a pathway of care will be established for them, either within the clinic or through referrals to community healthcare agencies. The clinic will provide mental health, physical health, alcohol and drug, and work-study services. For more complex or acute conditions, clients will receive referrals to the appropriate healthcare facility.

In order to determine the long-term viability of this model of service delivery and its potential for national dissemination, we have embedded research and evaluation strategies drawing on high-quality standardized quantitative measures, combined with qualitative methods, to address outcomes on multiple levels and from diverse stakeholder perspectives. This provides continuous performance feedback for practice development. Using these tools, we will conduct a coordinated evaluation of service implementation, financial modeling, and marketing success to reinforce the accessibility, appropriateness, effectiveness, and sustainability of this program.

Our goal for this two-site pilot implementation is to demonstrate that the *headspace* model can successfully attract a large number of young people to its services, that the clinical services can effectively support adolescents’ clinical needs, and that there is a mix of reimbursement and fundraising that can make this business model sustainable. If proven, such an innovative approach could lead to the expansion of *headspace* sites across the U.S. and ultimately transform the ineffective system of care currently in place for our nation’s youth.

HEADSPACE US: PATHWAYS OF CARE



* Statistics based on the *headspace* model in Australia.

Pathways of care will be provided through referral and service plans for all young people who walk through the door, including those with complex or unique needs.

We are dedicated to introducing a culture of adolescent wellness that, through early identification and support, builds skills, resilience, and opportunities for a happier, healthier path into adulthood. Our team of experts stands ready to lead the way in turning this vision into a new reality for our children, adolescents and young adults.

We invite you to join us in making this critical cultural transformation.

Stanford Psychiatry's Center for Youth Mental Health and Wellbeing

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