Developing Australia’s headspece Program in the United States

Stanford Psychiatry’s Center for Youth Mental Health and Wellbeing

Steven Adelsheim, MD, Director
sadelsheim@stanford.edu
650-725-3757
Stanford Psychiatry’s Center for Youth Mental Health and Wellbeing

- Expanding Clinical Support
- Partnerships with Schools and Community
- Technology and Social Media Expansion
Incidence of Disease across the Lifespan

![Graph showing incidence of disease across the lifespan with age on the x-axis and incidence YLD rate per 1,000 population on the y-axis. Different categories are color-coded: Other, Musculoskeletal, Injuries, Chronic respiratory, Neurological & sense, Mental disorders, Cancer, Cardiovascular. The graph shows a rise in incidence with age, with a notable peak in the 20s, and categories like Cardiovascular and Cancer showing the highest incidence.]

Courtesy P. McGorry, MD
FACTS ABOUT CHILDREN’S MENTAL HEALTH

29.8% of young adults ages 18 to 25 reported having experienced a mental, behavioral, or emotional disorder in the past year.

1 in 5 U.S. children and teens have a diagnosable psychiatric disorder.

$247 billion spent annually on mental, emotional & behavioral disorders among youth including for mental health services, lost productivity and crime.

1/2 of all lifetime cases of mental illness begin by age 14.

1 in 4 parents finds it difficult to obtain mental health services for their child.

American Academy of Child & Adolescent Psychiatry
www.aacap.org
Estimated Cost of Child/Adolescent Mental Disorders in 2015 (based on analysis of US National Household Survey on Drug Use and Health)

- **9 Million** young people in the US have mental health problems
- **$20.5 Billion** was spent on direct mental health services for young people
- **$120 Billion** was spent on direct costs + loss of earnings + disability costs for children and youth ages 5-25 (not even including costs of homelessness, incarceration, co-morbid conditions or mortality costs)
Developing A Continuum of Care for Youth Mental Health
WHERE DO I TURN TO FOR HELP?
existing US models considered

School-Based Health Centers (SBHCs)
- Access population in schools and through high school age only
- Prioritize primary care and reproductive health with less access to mental health services
- HIPAA-FERPA issues

Adolescent Health Centers
- Prioritize reproductive health due to reimbursement possibilities; minimal mental health supports
- Many connected to academic medical centers
- Lower access to transition age and young adult populations

Federally Qualified Health Centers (FQHCs)
- Generally target clinical programs to other ages and not stand alone or adolescent-young adult friendly
- Integration of primary care and mental health in early development
- Do have enhanced reimbursement rate through Medicaid
• **headspace centers** – a one stop shop of youth health care. Key elements of primary care, mental health, alcohol and drug and vocational and educational support are all present.

• **headspace youth early psychosis program (hYEPP)**
  • strengthens existing programs
  • currently 4 hubs and 4 spokes (target 8 hubs/24 spokes)

• **eheadspace** – Confidential, free and secure online space where young people or their families can chat, email or speak on the phone with a qualified youth mental health professional

• **School support** – developed in 2011 and is a world first service in the area of support for schools affected by suicide.

• **more than 150,000 young people helped**
headspace sites—The first stop in a public mental health system of care

- Stand alone one stop shops for young people ages 12-25
- Provide 4 core components in youth developed and friendly environment:
  - Mental health support for those with mild-moderate issues
  - Primary Care Support
  - Alcohol and other Drug early intervention
  - Supported education and employment
Headspace model sites internationally

- headspace Australia - 89 sites
- headspace Denmark - 8 sites
- headspace Israel - 1 site
- Headstrong Ireland - 10 Jigsaw sites
- Canada - BC - 5 sites and soon more in Ontario and Quebec
Our approach

headspace has streamlined the system of support for young people

- “single door” approach integrated into existing community services
- offering holistic mental health and wellbeing services at the earliest stage possible

Our model is underpinned by

- youth participation
- family and friends
- the best available evidence
- and delivered by people who are passionate about what we do

Internationally recognised as a world first model
The headspace success story

headspace has helped thousands of young people since our doors opened in 2006

• 85 centres and 2 funded outposts in operation (target 100)
• over 222,000 young people helped*
• over 1,326,000 services provided to young people*
• three other major programs; Youth Early Psychosis Program, eheadspace, and headspace School Support program

*Statistics includes young people accessing services via centres and eheadspace from inception of these two programs until 30 September 2015.
Confidentiality

Youth Access Clinician

What to expect

IPad survey

Plan to get you back on track
Appropriate

**PRESENTING TO THE CENTRE**
Young people presented to the centre with these issues ...

- **DEPRESSION** 28%
- **PHYSICAL/SEXUAL HEALTH** 7%
- **SITUATIONAL**
  - home conflict - relationships - bullying - homelessness - 13%
- **OTHER MENTAL ISSUES** 23%
- **ANXIETY** 22%
- **ALCOHOL & OTHER DRUGS** 3%
- **WORK & STUDY** 2%
- **OTHER** 2%
headspace works

• wide range of health and wellbeing support, including
  • mental health
  • general health
  • alcohol and other drugs
  • sexual health
  • vocational support
  • educational support

• internal evaluations show that young people using services reported a
  • 56% reduction in psychological distress
  • 62% improvements in quality of life
Campaigns
Video ads headspace

- https://www.youtube.com/watch?v=f8DQ-aCW_Xg
- https://www.youtube.com/watch?v=xt_70_JhR8A
- https://www.youtube.com/watch?v=Gjmu-IsnrhY
- https://www.youtube.com/watch?v=RM6jym0Eg0U
Partnerships with national sports teams!

- Norm Smith Medal Winner 2015!
- AFL Grand Final MVP!
- Indigenous player from the Tiwi Islands
- Picture Steph Curry on a national mental health clinic poster...
1.6 million visits to the headspace website this year

32 per cent
The increase in Aboriginal and Torres Strait Islander young people accessing headspace centres in the 12 months since the campaign launched

61 per cent
Total headspace brand awareness amongst young people grew from 34 per cent since 2012

46 per cent
Percentage of family and friends that recognise headspace when prompted
Prepare, Respond, Recover

headsplace School Support (hSS)

Australia's first school postvention service

Suicide postvention services to Australian Secondary schools
School postvention support is prevention of future harm and further suicide

School postvention is an intervention conducted after a suicide, that provides comprehensive support to entire school communities including young people, staff and parents. This must be tailored to the context, evidenced based to reduce further harm, and timely to aid recovery.

The greatest predictor of effective postvention is preplanning.

Current international research indicates that young people who have exposure to suicide can significantly increase the risk of mental illness, suicide ideation, suicide attempt, and death by suicide. This may lead to contagion.
220 suicide responses in 2015

<table>
<thead>
<tr>
<th>State</th>
<th>NSW</th>
<th>Vic</th>
<th>Tas</th>
<th>SA</th>
<th>WA</th>
<th>NT</th>
<th>QLD</th>
<th>ACT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Count</td>
<td>56</td>
<td>61</td>
<td>13</td>
<td>9</td>
<td>21</td>
<td>10</td>
<td>47</td>
<td>3</td>
</tr>
</tbody>
</table>

Who notified school support of a suicide

- Education department/sector rep: 31%
- headspace centre: 23%
- Other partners: 16%
- School leader/staff member: 29%
hSS Service Delivery to Australian schools in 2015 (1895 schools)

- Postvention Planning: 877
- Gatekeeper/Training: 320
- Response: 220
- Recovery: 478
eheadspace

Creating a digital support for all young people
Key features

Individually tailored mental health interventions

• Webchat
• Email
• Telephone
• Vocational
• Family
• Live info sessions
• hYEPP

7 days a week 9am - 1am
Access and Support

Since 2011:
45,000 young people
162,000 occasions of service

2015:
Approximately 17,000 young people
Approximately 63,000 occasions of service

Demand increasing – minimal marketing

50% first time access to mental health support
Next Steps in headspace US Development and Implementation

- Partnership with RWJ on planning process to develop 3 headspace sites in US
- Development of National and Regional Advisory Boards
- Development of National and Local Public/Private Funding Partnerships
- Development of community clinical and youth partnerships for first sites
- https://med.stanford.edu/psychiatry/about_us/special-initiatives/youthwellbeing.html
HEADCENTRE CENTRE JOURNEY

ACCESSING THE SERVICE
Waiting Time
80% of young people waited 2 WEEKS or less for their first appointment

PRESENTING TO THE CENTRE
Young people presented to the centre with these issues...
- DEPRESSION 28%
- PHYSICAL/Sexual health 7%
- SITUATIONAL Issues like home conflict, relationships, bullying, homelessness 13%
- OTHER MENTAL ISSUES 23%
- ANXIETY 22%
- ALCOHOL & OTHER DRUGS 3%
- WORK & STUDY 2%
- OTHER 2%

TREATMENT
The average young person has 4.1 sessions with headspace which includes:
- Mental health services
- Physical health services
- Alcohol & drug services
- Work & study services

OUTCOMES
Young people rate headspace at
- Overall 4.0
- Staff 4.2
- 60% clients show significant improvement
- Other 40% may have made smaller improvements that didn’t reach significance or are still receiving services at headspace or other services that they were referred to.