

Ain't no mountain high enough

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Propositions accompanying the dissertation

Ain't no mountain high enough

How to improve access to youth mental health care

Sophie Leijdesdorff

1. Despite the individual and societal burden of their mental health problems, almost 75% of young people seeking help at youth walk-in centres is currently not receiving the required care (this dissertation).
2. Lack of mental health literacy, shame, and avoiding to place a burden on other people leads to late recognition and acceptance of mental health problems among young people (this dissertation).
3. Youth driven, professionally supported walk-in services offering peer-to-peer counselling -such as @ease- are urgently needed, appreciated by youth, and feasible (this dissertation).
4. Transitional psychiatry teams, working multidisciplinary, provide continuity of care around the age of 18 and achieve significant treatment effects (this dissertation).
5. Funding for longitudinal research into interventions for children of parents with mental disorders is essential for earlier detection and intervention of mental disorders (Nel Petilon et al., 2010).
6. A clinical staging model may help to validate the boundaries of current or newly defined clinical entities (Patrick McGorry et al., 2006).
7. Numbers are like a frosted glass window on reality: you only see the contours (Sanne Blauw).
8. Knowledge on accessibility and youth-friendly care can be transferred to traditional mental health services.
9. If you can think about quantum theory without getting dizzy, you don't get it (Niels Bohr).
10. Mens sana in corpore sano (Decimus Junius Juvenalis).
11. Je weet één ding zeker: het gaat nooit zoals je denkt (Herman Leijdesdorff).