

Ain't no mountain high enough

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IMPACT PARAGRAPH

Aim and main conclusions

The overall aim of this dissertation was to explore novel ways to enhance mental health of young people by investigating service accessibility, service reform and early detection. The research described in this dissertation demonstrates the need for such an enhancement as the burden of (emerging) mental health problems amongst the youth is high and numerous barriers prevent them from receiving the care they require. Despite great effort and initiatives, it remains challenging to reach young people at risk for, or already confronted with, (emerging) mental disorders. Young people often present diverse symptoms, fluctuating in severity. This makes it hard to diagnose a specific mental disorder, while a diagnosis is traditionally required to receive treatment. Even when young people receive help from the health care system, the provided care is not always appropriate. Therefore, the growing attention for innovative youth mental health services and early detection strategies is encouraging as well as crucial. In addition to the urgency, this dissertation showed the feasibility of easier access and youth-friendly mental health services in the Netherlands as well as further possibilities for early detection of mental health problems.

Scientific and societal impact

A key characteristic of this dissertation is the interconnectedness of scientific research and innovative (clinical) practice. Knowledge from the international research community formed the basis to set up both the @ease youth walk-in centres (www.ease.nl, **chapter 3**) and the Youth Mental Health team (**chapter 5**). From the start, the development of these services was monitored and evaluated, providing insights for further improvement. A strength of this dissertation is the combination of expertise and methods from different fields, including medicine, psychology and health economics. A product of this cooperation is the burden of disease study, discussed in **chapter 4**.

Furthermore, this dissertation combines qualitative and quantitative research methodologies to zoom in on individual young people seeking help (**chapter 2**), whilst simultaneously zooming out to investigate groups at risk deserving extra attention (**chapter 3, 6, 7**). Moreover, traditional retrospective measurements were combined with daily diary techniques (Experience Sampling Method, **chapter 6**) to measure the impact of mental health problems on social

functioning in daily life. In addition, the development of @ease brought together a variety of stakeholders in the field of youth wellbeing, including young people, experts by experience, social and mental health care professionals, municipalities and schools. This resulted in (i) numerous presentations at symposia and service training sessions for a wide public of healthcare professionals in the Netherlands, Belgium, Germany and Australia, (ii) the working method and results continuously being discussed with municipalities, national governmental bodies and policy makers and (iii) the organisation of interactive workshops about mental health and wellbeing at schools.

@ease

@ease was successfully developed and has shown its added value by being youth driven, professionally supported and scientifically embedded. The mental health problems that young people who consulted @ease deal with, had a considerable impact on their quality of life and an economic impact on society, yet almost 75% was not receiving care. A lack of interventions in this critical period in life may have major lifelong consequences. The first results of the @ease service provided insight in the group of young people with mental health problems and their associated burden. However, besides being study participants, these young persons were offered actual help by @ease: 291 young persons received peer-to-peer counselling. This counselling was provided by volunteers, including experts by experience, who were supervised by a diverse group of healthcare professionals. All volunteers and staff members were trained in listening, motivational interviewing, solution focused strategies and suicide prevention. The societal aspect of the @ease-training may have a broader impact as the use of knowledge and skills within the setting of @ease is considered to be applicable to a variety of contexts. A significant part of the group of volunteers studied to become a health care professional. They might take their knowledge and experiences from @ease to future working environments and may apply it there as well. The @ease-training was regularly updated using the information from new research data, enabling interaction between research and practice. The high burden of mental health problems amongst young people combined with the experienced barriers preventing them from receiving the required care, demonstrates the need for accessible youth mental health services such as @ease. It also shows that the @ease model we developed overcomes several

help seeking barriers for this group of young people. It is particularly interesting to observe that one third of @ease visitors mentioned having at least one parent with a mental disorder, resulting in having up to 50% chance to develop mental health problems themselves. Therefore, they form an important group for preventive interventions but are however often not identified and offered help. @ease at least partly matched their needs but further research is needed to improve identification, prevention and early interventions for this vulnerable group.

Where most burden of disease studies focus on either young children or adults, often with full-blown mental disorders, our burden of disease study had scientific impact by investigating adolescents of whom most were not (yet) receiving care. However, our calculation was limited to the current quality of life and costs of illness. Further research could investigate the long-term burden of mental health problems amongst young people on both an individual as well as a societal level. Thereafter, possible long-term reduction in societal costs and individual burden could be investigated.

Youth Mental Health team

Knowledge about accessibility and youth-friendly care is not only relevant for innovative initiatives, but also transferrable into traditional mental health services. Recognising the importance of continuity of care around the age of 18, a specialised Youth Mental Health (YMH) team was set up within a large mental health facility, providing both Child & Adolescent as well as Adult Mental Healthcare (**chapter 5**). Treatments were performed by a multidisciplinary team of professionals. Key elements were working transcending diagnoses, flexibility and collaboration with other care providers. The group of emerging adults accessing the YMH-team presented a high diversity and complexity of problems and highly prevalent co-morbidities. Results showed that treatments were successfully performed and continuity of care was met when patients turned 18. This argues for a broader implementation of YMH-teams across the country, aiming for a better match between traditional mental health services and the needs of their young patients. A condition for this match seemed to be the transdiagnostic approach; the flexibility to meet the complex dynamics of psychopathology that young people with (emerging) mental disorders often present. A contributing factor of the YMH-team was the success to bridge the gap

between Child & Adolescent and Adult Mental Healthcare. In addition, this dissertation sets valuable steps towards an improved connection between initiatives outside as well as within the clinical context.

Dissemination of knowledge

Results of this dissertation were nationally shared at symposia and via workshops with colleagues in both the research and practical field, besides other stakeholders such as policymakers. A broader audience was reached via national and regional television and radio broadcasts, and through reports in Dutch newspapers and journals. Examples of Dutch television programs in which parts of this dissertation were discussed are: EenVandaag, NOS journaal, RTLZ Samen Sterk Tijdens Corona, Avondgasten and Limburg Centraal.

Internationally, the results of this dissertation were published in scientific journals and presented to colleagues at the International Association of Youth Mental Health (IAYMH) conference in 2019, Brisbane (Australia), the IAYMH conference in 2017, Dublin (Ireland), the Early Intervention in Mental Health conference in 2018, Boston (USA) and the DGPPN Kongress in 2018, Berlin (Germany). The working method and first results were deliberated on with international colleagues during work visits to headspace youth centres in Denmark and Australia, the University of Canberra and Orygen National Centre of Excellence in Youth Mental Health, Australia.

Future research

As described above, further research should investigate the effectiveness and long term-effects of youth mental health initiatives such as @ease. In addition, the inclusion of parents, teachers and friends of young people could provide helpful information for early detection and to further increase resilience. It would be interesting to learn about the experiences of volunteers involved and how staff members would describe the added value of @ease to their parent organisation. A deeper knowledge regarding the needs of young people in vulnerable groups including people with lower intellectual capacities and children of parents with mental disorders is essential as they are exposed to an increased risk of developing mental health problems. Last, transdiagnostic markers such as social functioning would provide the opportunity to assess the burden of mental health problems independently from specific psychiatric symptoms or disorders,

also outside the clinical context. Therefore, a further understanding regarding the predictive value of transdiagnostic markers and daily life measurements is required.

Suggestions for improvement

The results of this dissertation argue for a broader implementation of easily accessible youth mental health services. Young people should always be involved in the developments of these services, as they are experts on their own lives. Future development of youth mental health services should focus on reaching a wider extent of young people under the age of 18, including their parents and significant others, people with lower intellectual capacities and children of parents with mental disorders as increased risk groups. Mental health care organisations should invest in informal settings with walk-in options and personalised care, working transcending diagnoses and removing barriers at age 18, to facilitate access to appropriate care after entering the system. Healthcare insurers could play a facilitating role by making information about care related costs more youth-friendly and easier accessible. Governmental bodies should invest in mental health awareness amongst the youth and clear information about treatment options.