We’re working side-by-side with young people to transform youth mental health through research, policy, education and innovations in care. We never settle for less than what young people need and deserve.

Thank you for joining us at IAYMH 2019 – United for Global Change.

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Tip 3. create connections

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Ms. Marianthi Fadakis (headspace National), Ms. Kellie Shore (headspace National), Ms. Kristal Chenery (headspace)

Examining Dropout in Jigsaw - An Irish Youth Mental Health Service
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Ms. Niamh Dooley (Royal College of Surgeons in Ireland), Dr. Mary Clarke (Royal College of Surgeons in Ireland), Prof. Mary Cannon (Royal College of Surgeons in Ireland)

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Ms. Paris Jeffcoat (YRC, Orygen the National Centre of Excellence in Youth Mental Health), Ms. Adele Romagnano (YRC, Orygen the National Centre of Excellence in Youth Mental Health), Ms. Kate Obst (YRC, Orygen the National Centre of Excellence in Youth Mental Health), Ms. Lilian Ma (YRC, Orygen the National Centre of Excellence in Youth Mental Health), Ms. Lucy Williams (YRC, Orygen the National Centre of Excellence in Youth Mental Health), Ms. Sarah Langley (YRC, Orygen the National Centre of Excellence in Youth Mental Health), Ms. Somayra Mamsa (YRC, Orygen the National Centre of Excellence in Youth Mental Health), Mr. Taylor Johnstone (YRC, Orygen the National Centre of Excellence in Youth Mental Health), Ms. Sarah White (Quit, Cancer Council Victoria), Prof. Eoin Killackey (Orygen, The National Centre for Excellence in Youth Mental Health)

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Ms. Tabby Besley (InsideOUT), Mr. Alex Ker (InsideOUT)

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Mr. Harry Koelyn (Youth Affairs Council of Victoria & Office for Youth)

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Dr. Jennifer McMahon (University of Limerick), Ms. Eadaoin Slattery (The University of Limerick), Ms. Laura Neenan (The University of Limerick)

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Dr. Petter Viksveen (University of Stavanger), Ms. Anita Camilla Kvamsøe (Department of Health and Welfare, City of Stavanger), Ms. Nicole Elizabeth Cardenas (University of Aberdeen), Ms. Julia Game (Ansgar Bibelskole, Kristiansand), Mr. Oliver Cuddeford (St. Olav high school, Stavanger), Prof. Jo Roislien (University of Stavanger)

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Prof. Deb Rickwood (headspace National Youth Mental Health Foundation)

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Ms. Bettina Moltrecht (Anna Freud Centre for Children and Families & University College London), Dr. Julian Childs (Anna Freud National Centre for Children and Families & University College London), Dr. Praveetha Patalay (University College London), Dr. Jessica Deighton (Anna Freud National Centre for Children and Families & University College London)

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Dr. Larisa McLoughlin (University of the Sunshine Coast), Prof. Daniel Hermens (University of the Sunshine Coast), Dr. Kathryn Broadhouse (University of the Sunshine Coast), Ms. Natalie Winks (University of the Sunshine Coast), Dr. Gabrielle Simcock (University of the Sunshine Coast), Prof. Jim Lagopoulos (University of the Sunshine Coast)

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Ms. Lee Yi Ping (Community Health Assessment Team (CHAT) / Early Psychosis Intervention Programme (EPIP) / Institute of Mental Health (IMH)), Ms. Selvarani Murugesan (Community Health Assessment Team (CHAT) / Early Psychosis Intervention Programme (EPIP) / Institute of Mental Health (IMH)), Ms. Yee Huei Yong (Community Health Assessment Team (CHAT) / Early Psychosis Intervention Programme (EPIP) / Institute of Mental Health (IMH)), Dr. Swapna Verma (Community Health Assessment Team (CHAT) / Early Psychosis Intervention Programme (EPIP) / Institute of Mental Health (IMH))

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Dr. Glen Wiesner (Victoria University), Mr. Matthew Hamilton (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Petra Piencnerova (Victoria University), Prof. Alex Parker (Victoria University), Prof. Cathrine Mihalopoulos (Deakin University), Prof. Jon Karnon (Flinders University)

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An eHealth intervention to improve physical and mental health in adolescence and beyond: The Health4Life Initiative

Dr. Katrina Champion (Centre of Research Excellence in Mental Health and Substance Use, UNSW Sydney), Prof. Maree Teesson (Centre of Research Excellence in Mental Health and Substance Use, UNSW Sydney), Dr. Nicola Newton (Centre of Research Excellence in Mental Health and Substance Use, UNSW Sydney), Prof. Frances Kay-lambkin (University of Newcastle), Dr. Cath Chapman (Centre of Research Excellence in Mental Health and Substance Use, UNSW Sydney), Dr. Louise Thornton (Centre of Research Excellence in Mental Health and Substance Use, UNSW Sydney), Prof. A/Prof Tim Slade (Centre of Research Excellence in Mental Health and Substance Use, UNSW Sydney), Prof. Katherine Mills (Centre of Research Excellence in Mental Health and Substance Use, UNSW Sydney), Dr. Matthew Sunderland (Centre of Research Excellence in Mental Health and Substance Use, UNSW Sydney), Ms. Scarlett Smout (The Matilda Centre, The University of Sydney)

The at-risk for psychosis terminology: The perspective of young people

Dr. Andrea Polari (Orygen Youth Health), Dr. Suzie Lavoie (Orygen, The National Centre for Excellence in Youth Mental Health), Mr. Adam Finkelstein (Orygen Youth Health), Dr. Jessica Hartmann (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Sung-wan Kim (Department of Psychiatry, Chonnam National University Medical School, Gwangju), Dr. Magenta Simmons (Orygen, The National Centre for Excellence in Youth Mental Health), Mr. John Stratford (Orygen Youth Health), Ms. Rebekah Street (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Patrick McGorry (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Barnaby Nelson (Orygen, The National Centre for Excellence in Youth Mental Health)

Every voice counts - using nominal group techniques in research advisory meetings

Dr. Nicola Evans (Cardiff University)

INVESTing in youth with borderline personality disorder: a randomised controlled trial protocol for individualised vocational support.

Ms. Ashleigh Salmon (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Katie Nicol (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Andrew Chanen (Orygen, The National Centre for Excellence in Youth Mental Health)

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Prof. Lawrence Murphy (WorldWide Therapy Online)

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Dr. Claudia Scully (University College Dublin), Dr. Jacintha McLaughlin (University College Dublin), Dr. Amanda Fitzgerald (University College Dublin)

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Ms. Kate Gossip (The University of Queensland), Ms. Imogen Page (The University of Queensland), Ms. Charlotte Woody (The University of Queensland), Ms. Sandra Diminic (The University of Queensland)

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Dr. Sarah Bailey (Fiona Stanley Hospital)
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Mrs. Rose Papadopoullos (University of East Anglia), Dr. Jo Hodgekins (University of East Anglia), Dr. Adrian Leddy (University of East Anglia), Mrs. Aisya Musa (University of East Anglia), Dr. Brioney Gee (Norfolk and Suffolk NHS Foundation Trust)

Finding the sweet spot- Can antipsychotic dose reduction lead to better functional recovery in first-episode psychosis? An RCT comparing a dose reduction anti-psychotic medication strategy to maintenance treatment- The Reduce Trial.

Ms. Alexandra Stainton (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Amber Weller (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Carli Ellinghaus (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Sarah Bendall (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Mario Alvarez-Jiminez (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Barnaby Nelson (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Kelly Allott (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Cali Bartholomeusz (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Patrick McGorry (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Eoin Killackey (Orygen, The National Centre for Excellence in Youth Mental Health)

Sleep Disturbances in Youth At-Risk for Serious Mental Illness

Dr. Jean Addington (University of Calgary), Ms. Jacqueline Stowkowy (University of Calgary), Ms. Kali Brummitt (University of Calgary), Dr. Benjamin Goldstein (University of Toronto), Dr. Glenda MacQueen (University of Calgary)

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Dr. Simon Rice (Orygen, The National Centre of Excellence in Youth Mental Health), Prof. Mario Alvarez-jimenez (Orygen, The National Centre for Excellence in Youth Mental Health), Mr. Matthew Hamilton (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Michelle Lim (Swinburne University), Dr. Sarah Bendall (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. John Gleeson (Australian Catholic University), Prof. Patrick McGorry (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Simon D’alfonso (University of Melbourne), Mr. Christopher Miles (Orygen, The National Centre for Excellence in Youth Mental Health), Mr. Marc Pearson (Orygen, The National Centre for Excellence in Youth Mental Health)

The association between child maltreatment and depressive disorders and anxiety disorders: evidence for recognition on the global stage

Ms. Madeleine Gardner (School of Public Health, The University of Queensland), Dr. Hannah Thomas (Centre for Clinical Research, Faculty of Medicine, The University of Queensland), Dr. Holly Erskine (School of Public Health, The University of Queensland)

Elite Athlete Mental Health as a Driver for Early Intervention in the Community

Dr. Courtney Walton (University of Queensland), Prof. Rosie Purcell (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Simon Rice (Orygen the National Centre of Excellence in Youth Mental Health)
Young consumers’ experiences seeking help from emergency departments for self-harm
Ms. Sadhbh Byrne (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Jo Robinson (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Simon Rice (Orygen the National Centre of Excellence in Youth Mental Health), Dr. Sarah Bendall (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Michelle Lamblin (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Nina Stefanac (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. India Bellairs-Walsh (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Meghan O’Keefe (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Brianna McGregor (Orygen, The National Centre of Excellence in Youth Mental Health)

Positive Choices: Addressing the evidence-practice gap in alcohol and other drug prevention
Ms. Lucy Grummitt (The Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney), Dr. Lexine Stapinski (The Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney), Dr. Nicola Newton (The Matilda Centre, The University of Sydney), Ms. Siobhan Lawler (The Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney), Dr. Cath Chapman (The Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney), Prof. Maree Teesson (The Matilda Centre, The University of Sydney), Ms. Chloe Conroy (The Matilda Centre, University of Sydney)

Identifying the key features and outcomes of navigation services for youth with mental health and/or addictions concerns and their families: A Delphi study
Dr. Roula Markoulakis (Family Navigation Project), Ms. Samantha Chan (Family Navigation Project), Dr. Anthony Levitt (Family Navigation Project)

The STEP Trial: A Sequential Multiple Assignment Randomised Trial (SMART) of interventions for ultra-high risk of psychosis patients – Study Rationale, Design and Recruitment
Ms. Melissa Kerr (Orygen, The National Centre of Excellence in Youth Mental Health), Prof. Barnaby Nelson (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Paul Amminger (Orygen, The National Centre for Excellence in Youth Mental Health), Mr. Hok Pan Yuen (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Jessica Spark (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Nicky Wallis (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Cameron Carter (Department of Psychiatry and Behavioral Sciences, University of California Davis, Davis, California), Dr. Tara Niendam (Department of Psychiatry and Behavioral Sciences, University of California Davis, Davis, California), Dr. Rachel Loewy (Department of Psychiatry, University of California San Francisco, San Francisco, California), Prof. Patrick McGorry (Orygen, The National Centre for Excellence in Youth Mental Health)

Implementing Individual Placement Support (IPS) an Evidenced Based Model into a Youth Early Psychosis Service
Ms. Katie Llewell (Black Swan Health headspace Youth Early Psychosis Program (hYEPP))

Specificity of Basic Self-Disturbance to the Schizophrenia Spectrum
Ms. Jessica Spark (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Emily Li (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Melissa Kerr (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Suzie Lavoie (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Jessica Hartmann (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Thomas Whitford (NHMRC Centre of Research Excellence in Mental Health and Substance Use (CREMS), University of New South Wales, Sydney), Prof. Barnaby Nelson (Orygen, The National Centre for Excellence in Youth Mental Health)

A Naturalistic Study Examining Substance Use in Youth At-risk for Serious Mental Illness
Dr. Jean Addington (University of Calgary), Ms. Megan Farris (University of Calgary), Dr. Benjamin Goldstein (University of Toronto), Dr. Glenda MacQueen (University of Calgary)
An Innovative Approach to a Youth Mental Health Reference Group

Ms. Jennifer Griffiths (YouthLink, Youth Mental Health, North Metropolitan Health Service, Mental Health, Dental Health And Public Health, Health Department of Western Australia), Ms. Sam Waldeck (Youth Reference Group member/ Consumer Advisory Council Youth Representative (NMHS) - Youth Mental Health, WA), Ms. Lili Grygiel (Youth Reference Group member - Youth Mental Health, North Metro Health Service, WA)

Problematic smartphone use and related factors in young patients with schizophrenia

Prof. Ju Yeon Lee (Department of Psychiatry, Chonnam National University Medical School, Gwangju, Republic of Korea), Prof. Young-Chul Chung (Department of Psychiatry, Chonbuk National University Medical School, Jeonju), Prof. Seon-Young Kim (Department of Psychiatry, Chonnam National University Medical School, Gwangju, Republic of Korea), Prof. Jae-Min Kim (Department of Psychiatry, Chonnam National University Medical School, Gwangju, Republic of Korea), Prof. Il-Seon Shin (Department of Psychiatry, Chonnam National University Medical School, Gwangju, Republic of Korea), Prof. Jin-Sang Yoon (Department of Psychiatry, Chonnam National University Medical School, Gwangju, Republic of Korea), Prof. Sung-wan Kim (Department of Psychiatry, Chonnam National University Medical School, Gwangju)

Longitudinal Cohort Survey of Substance Use and Mental Health Problems from Early to Late Adolescents in a School-Based Sample

Dr. Leanne Wilkins (CAMH - McCain Centre), Dr. Lisa D. Hawke (CAMH - McCain Centre), Dr. Joanna Henderson (CAMH - McCain Centre), Dr. Elizabeth Brownlie (CAMH - McCain Centre), Ms. Gloria Chaim (CAMH - McCain Centre), Dr. Joseph Beitchman (CAMH), Dr. David Wolfe (CAMH), Dr. Brian Rush (CAMH)

Scanning the Field - What are Integrated Youth Services and how do they work?

Ms. Meriem Benlamri (Frayme), Ms. Kaylyn Dixon (Frayme), Ms. Emily Alexander (Mental Health Commission of Canada; Frayme), Ms. Nancy Zhao (Foundry), Dr. Ian Manion (The Royal’s Institute of Mental Health Research affiliated with the University of Ottawa), Dr. Joanna Henderson (CAMH - McCain Centre), Ms. Paula Robeson (Frayme), Dr. Srividya Iyer (ACCESS Open Minds/Esprits Ouverts), Prof. Rosie Purcell (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Steve Mathias (Foundry BC)

Can System Navigation Lead to Better Outcomes for Youth with Mental Health and/or Addictions Concerns and their Families? Results from a Pilot Randomized Controlled Trial

Dr. Roula Markoulakis (Family Navigation Project), Ms. Christina Plagiannakos (Family Navigation Project), Dr. Anthony Levitt (Family Navigation Project)

Suicide Risk in Australian Second-Generation Immigrant Youth with Moderate-Severe Major Depressive Disorder

Ms. Lotus Ye (University of Melbourne), Prof. Lisa Phillips (University of Melbourne), Prof. Sue Cotton (Orygen the National Centre of Excellence in Youth Mental Health), Dr. Simon Rice (Orygen the National Centre of Excellence in Youth Mental Health), Prof. Christopher Davey (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Michael Berk (Barwon Health)

Declining Rates of Transition to Psychosis in Ultra-High-Risk Populations: The Possible Contribution of Treatment Changes

Ms. Melanie Formica (Orygen, The National Centre of Excellence in Youth Mental Health), Prof. Lisa Phillips (The University of Melbourne), Dr. Jessica Hartmann (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Alison Yung (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Stephen Wood (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Ashleigh Lin (Telethon Kids Institute), Prof. Patrick McGorry (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Barnaby Nelson (Orygen, The National Centre for Excellence in Youth Mental Health)
Emerging Borderline Personality Disorder or “Shit Life Syndrome”? Clinical experiences of Diagnosing Borderline Personality Disorder in Children and Adolescents

Mrs. Rose Papadopoullos (University of East Anglia), Dr. Jo Hodgekins (University of East Anglia), Dr. Paul Fisher (University of East Anglia), Dr. Sarah Maxwell (Norfolk and Suffolk NHS Foundation Trust), Dr. Adrian Leddy (University of East Anglia), Dr. Brioney Gee (Norfolk and Suffolk NHS Foundation Trust)

Comorbidities Associated with Psychotic Symptoms in Borderline Personality Disorder: A Systematic Review

Mrs. Aisya Musa (University of East Anglia), Prof. Sian Coker (University of East Anglia), Mrs. Rose Papadopoullos (University of East Anglia), Dr. Jo Hodgekins (University of East Anglia), Dr. Brioney Gee (Nor)

Persistent Negative Symptoms and Premorbid Adjustment in Youth at Clinical High Risk for Psychosis

Mr. Dan Devoe (University of Calgary), Mrs. Lu Lui (University of Calgary), Dr. Kristin Cadenhead (University of California San Diego), Dr. Tyrone Cannon (Yale University), Dr. Barbara Cornblatt (The Zucker Hillside Hospital), Dr. Diana Perkins (The University of North Carolina), Dr. Larry Seidman (Harvard University), Dr. Elaine Walker (Emory), Dr. Scott Woods (Yale University), Dr. Jean Addington (University of Calgary)

Social Networking and Psychological Well-Being: A Correlational Study

Ms. Sanubar Ali (Shaheed Zulfiquar Ali Bhutto Institute of Science and Technology)

Selection of Leucine as a Potential Antagonist From In Silico Analysis of µ-Opioid Receptor In the Treatment of Subjects with Heroin and Opiate Addiction

Olalekan Oladimeji (Ahmadu Bello University, Zaria), Dr. Olayemi Olajide (University of Ilorin), Dr. Udak Umana (Ahmadu Bello University, Zaria), Dr. Abel Agbon (Ahmadu Bello University, Zaria), Mr. Oche Ambrose (University of Ilorin)

VEEP: A feasibility and acceptability trial of social cognitive therapy in young people with early psychosis delivered through a virtual world

Dr. Andrew Thompson (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Farah Elahi (The University of Warwick), Dr. Alba Reape (University of Bristol), Prof. Max Birchwood (The University of Warwick), Prof. Ivo Vlaev (The University of Warwick), Dr. David Taylor (Imperial College), Dr. Fiona Leahy (University of Warwick), Dr. Sandra Bucci (University of Manchester)

Help when needed: Preliminary Results of an Evaluation of Walk-in Counselling for Youth at Foundry

Dr. Warren Helfrich (Foundry BC), Dr. Karen Tee (Foundry), Ms. Terry Bulych (Vancouver Coastal Health)

Moderated Online Social Therapy for family and friends of youth with Borderline Personality Disorder features: Main outcomes from the Kindred pilot study

Ms. Sumudu Mallawaarachchi (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. John Gleeson (Australian Catholic University), Prof. Mario Alvarez-Jimenez (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Jennifer Betts (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Louise McCutcheon (Orygen Youth Health), Dr. Martina Jovev (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Sue Cotton (Orygen the National Centre of Excellence in Youth Mental Health), Dr. Sarah Bendall (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Emma Burke (Orygen Youth Health), Prof. Andrew Chanen (Orygen, The National Centre for Excellence in Youth Mental Health)

An Australian University Mental Health Framework

Ms. Penny Carlson (Orygen, The National Centre for Excellence in Youth Mental Health), Mr. Will Edwards (National Union of Students)
Local service, national brand - assessing model integrity in headspace centres
Mr. Nathan Hobbs (headspace National Youth Mental Health Foundation), Prof. Deb Rickwood (headspace National Youth Mental Health Foundation)

Adventures in problem solving: Participatory design of a game-based smartphone app for adolescents with common mental health problems
Ms. Pattie Gonsalves (Sangath), Dr. Eleanor Sara Hodgson (Sangath), Dr. Daniel Michelson (University of Sussex), Ms. Rhea Sharma (Sangath), Dr. Vikram Patel (Harvard Medical School)

A qualitative study to compare youth who seek and do not seek psychotherapy
Dr. Kamna Mehra (Centre for Addiction and Mental Health), Dr. Priya Watson (Centre for Addiction and Mental Health), Dr. Lisa D. Hawke (CAMH - McCain Centre), Dr. Joanna Henderson (CAMH - McCain Centre)

Experiences and satisfaction of children, young people and their parents with accessing mental health crisis services and alternative mental health models to inpatient settings
Mr. Frane Vusio (The University of Warwick), Ms. Latoya Clarke (The University of Warwick), Prof. Max Birchwood (The University of Warwick), Dr. Andrew Thompson (The University of Warwick)

Youth Voice: The Mental Health priorities of 2500 young advocates
Mr. Pratik Nair (Jack.org), Mr. Shayan Yazdanpanah (Jack.org)

Assessing Systemic Barriers to Youth Mental Health in Post Secondary Institutions
Mr. Pratik Nair (Jack.org), Mr. Bryan Young (Jack.org), Ms. Melanie Asselin (Jack.org)

INTEGRATE: Protocol for a randomised controlled trial of an integrated psychological treatment for young people with psychological distress and substance use
Ms. Amelia L. Quinn (Orygen), Ms. Amber Weller (Orygen), Prof. Patrick McGorry (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Andrew Chanen (Orygen the National Centre of Excellence in Youth Mental Health), Prof. Frances Kay-lambkin (University of Newcastle), Dr. Nicholas T. Van Dam (University of Melbourne), Prof. Leanne Hides (Centre for Substance Abuse Research, University of Queensland), Dr. Nicola Newton (The Matilda Centre, The University of Sydney), Prof. Maree Teesson (The Matilda Centre, The University of Sydney), Dr. Gillinder Bedi (Orygen the National Centre of Excellence in Youth Mental Health)

Psychotic-Like Experiences in Help Seeking Young People with Borderline Personality Traits: An Interpretative Phenomenological Analysis of Experiences
Mrs. Aisya Musa (University of East Anglia), Dr. Paul Fisher (University of East Anglia), Prof. Sian Coker (University of East Anglia), Dr. Sarah Maxwell (Norfolk and Waveney Mental Health Trust), Dr. Jo Hodgkins (University of East Anglia), Dr. Brioney Gee (Norfolk and Suffolk NHS Foundation Trust)

How the headspace Youth Early Psychosis Program is providing an integrated, accessible service for young people: evidenced by national program data.
Ms. Cerissa Papanastasiou (headspace National Youth Mental Health Foundation), Ms. Cristiane Cunial (headspace National Youth Mental Health Foundation)

A retrospective of developing and evaluating MindMax, a sport-themed mental wellbeing app incorporating applied games, psychoeducation, and social connectedness
Ms. Vanessa Wan Sze Cheng (University of Sydney)
The Longitudinal Adolescent Brain Study (LABS): A first look at the data

Dr. Larisa McLoughlin (University of the Sunshine Coast), Dr. Kathryn Broadhouse (University of the Sunshine Coast), Ms. Natalie Winks (University of the Sunshine Coast), Dr. Gabrielle Simcock (University of the Sunshine Coast), Dr. Denise Beaudequin (University of the Sunshine Coast), Ms. Susan Schiotz (University of the Sunshine Coast), Ms. Marcelia Parker (University of the Sunshine Coast), Ms. Amanda Boyes (University of the Sunshine Coast), Prof. Jim Lagopoulos (University of the Sunshine Coast), Prof. Daniel Hermens (University of the Sunshine Coast)

A systematic review of trauma-informed care in community and counselling youth health settings: What is it and what should it achieve?

Mr. Oliver Eastwood (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Faye Scanlan (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Georgina Cox (University of Melbourne), Ms. Anna Farrelly-Rosch (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Helen Nicoll (Orygen, The National Centre for Excellence in Youth Mental Health), Mr. Alan Bailey (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Sarah Bendall (Orygen, The National Centre for Excellence in Youth Mental Health)


Dr. Amy Salmon (CHEOS/ UBC), Ms. Mai Berger (CHEOS/ UBC), Ms. Saranee Fernando (CHEOS), Dr. Karen Tee (Foundry), Ms. Pamela Liversidge (Foundry BC), Dr. Warren Helfrich (Foundry BC)

How To Find Trusted Digital Mental Health Apps And Online Programs

Ms. Heidi Sturk (Institute for Biomedical Health and Innovation, Queensland University of Technology), Dr. Ruth Crowther (Institute for Biomedical Health and Innovation, Queensland University of Technology)

Development of an evaluation framework for an adolescent mental health service

Ms. Madeleine Gardner (The University of Queensland), Dr. Carina Capra (The University of Queensland), Dr. Holly Erskine (The University of Queensland), Prof. James Scott (UQ Centre for Clinical Research), Dr. Harvey Whiteford (The University of Queensland)

Mapping the evidence for interventions in youth mental health

Ms. Alicia Randell (Orygen the National Centre of Excellence in Youth Mental Health/ headspace the National Youth Mental Health Foundation), Mr. Alan Bailey (Orygen, The National Centre for Excellence in Youth Mental Health/ headspace, the National Youth Mental Health Foundation), Dr. Samantha Cooke (Orygen, the National Centre of Excellence in Youth Mental Health/headspace the National Youth Mental Health Foundation), Prof. Rosie Purcell (Orygen, The National Centre for Excellence in Youth Mental Health)

Who comes to eheadspace?

Ms. Gretel O'Loughlin (headspace National Youth Mental Health Foundation), Ms. Vanessa Kennedy (headspace, the National Centre of Excellence in Youth Mental Health), Ms. Katherine Sewell (headspace National Youth Mental Health Foundation)

eheadspace: Developing a Family and Friends online psychosocial intervention

Ms. Gretel O'Loughlin (headspace National Youth Mental Health Foundation), Mr. Brendan O’Hanlon (La Trobe University- Bouverie Centre), Dr. Carol Harvey (melbourne university - PRC)

Working With Complex Young People At eheadspace

Ms. Gretel O'Loughlin (headspace National Youth Mental Health Foundation), Ms. Ashley Sheridan (headspace National Youth Mental Health Foundation), Ms. Harpreet Kaur (headspace National Youth Mental Health Foundation)
Engaging stakeholders to develop a conceptual model of resilience with practical policymaking utility
Dr. Petra Plencnerova (Victoria University), Mr. Matthew Hamilton (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Glen Wiesner (Victoria University), Prof. Catherine Mihalopoulos (Deakin University), Prof. Jon Karnon (Flinders University), Prof. Alex Parker (Victoria University)

A novel, open source evidence synthesis and simulation toolkit to represent the changing spatial environment in which mental health policy is implemented.
Mr. Matthew Hamilton (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Alexandra Macdonald (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Ruby Callanan (Orygen, National Centre of Excellence in Youth Mental Health), Ms. Sophie Prober (Orygen), Dr. Glen Wiesner (Victoria University), Dr. Petra Plencnerova (Victoria University), Prof. Alex Parker (Victoria University), Mrs. Heather Stavely (Orygen the National Centre of Excellence in Youth Mental Health), Prof. Jon Karnon (Flinders University), Prof. Catherine Mihalopoulos (Deakin University)

Evaluating the Positive Minds Program: Highlighting the experience of facilitators
Dr. Dimity Crisp (University of Canberra), Prof. Debra Rickwood (University of Canberra), Dr. Nicola Byrom (Kings College)

Clinical stage transitions and functional outcomes for young people attending early intervention mental health services
Dr. Frank Iorfino (Brain and Mind Centre, University of Sydney), Dr. Shane Cross (Brain and Mind Centre, University of Sydney), Prof. Elizabeth Scott (University of Notre Dame), Prof. Daniel Hermens (University of the Sunshine Coast), Prof. Adam Guastella (Brain and Mind Centre, University of Sydney), Prof. Ian Scott (Institute of Neuroscience, Newcastle University), Prof. Patrick McGorry (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Ian Hickie (University of Sydney)

“We Are No Longer Tokens.” ACCESS Open Minds National Youth Council: A Pan-Canadian Youth Partnership Strategy
Ms. Alyssa Frampton-Fudge (ACCESS Open Minds / Esprits Ouverts), Mr. Jimmy Tan (ACCESS Open Minds / Esprits Ouverts), Mr. Feodor Poukhovskii-Sheremetyev (ACCESS Open Minds / Esprits Ouverts), Ms. Sara Jalali (ACCESS Open Minds / Esprits Ouverts), Ms. Brittany Daifen (ACCESS Open Minds / Esprits Ouverts), Ms. Chantelle Mireault (ACCESS Open Minds / Esprits Ouverts), Dr. Vidya Iyer (ACCESS Open Minds / Esprits Ouverts)

Early Evaluation of integrated youth mental health services models for severe and complex young people
Mr. Joel Robins (Eastern Melbourne PHN), Ms. Frances McMurtrie (Urbis), Ms. Eishia Harding (Urbis)

headcoach: minds need training too
Mr. Brett Reardon (headspace National Youth Mental Health Foundation)

RECOVER: a randomised controlled trial of a tailored psychological intervention for first episode bipolar disorder
Prof. Sue Cotton (Orygen the National Centre of Excellence in Youth Mental Health), Prof. Henry Jackson (The University of Melbourne), Prof. Greg Murray (Swinburne University), Dr. Michael Berk (Barwon Health), Dr. Kate Filia (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Melissa Hasty (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Christopher Davey (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Barnaby Nelson (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Aswin Ratheesh (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Craig Macneil (Orygen Youth Health)

Mental Health services for Culturally and Linguistically Diverse Young people
Ms. Swathi Shammukhasundaram (Centre for Multicultural Youth)
User involvement in adolescents’ mental healthcare: A systematic review
Dr. Petter Viksveen (University of Stavanger), Mr. Stig E. Bjønness (University of Stavanger, Stavanger University Hospital), Ms. Nicole Elizabeth Cardenas (University of Aberdeen), Ms. Julia Game (Ansarg Bibelskole, Kristiansand), Ms. Siv Hilde Berg (University of Stavanger, Stavanger University Hospital), Dr. Anita Salamonsen (UiT The Arctic University of Norway), Prof. Karina Aase (University of Stavanger), Prof. Marianne Storm (University of Stavanger)

A scoping review of issues and processes related to emerging adults experiencing psychosis preparing for, seeking, obtaining, keeping and re-obtaining work
Mrs. Melissa Aguey-Zinsou (Australian Catholic University), Prof. Anne Cusick (The University of Sydney), Dr. Justin Scanlan (The University of Sydney)

A digital platform designed to enhance youth mental health service quality through person-centred and measurement-based care
Dr. Shane Cross (Brain and Mind Centre, University of Sydney), Dr. Frank Iorfino (University of Sydney), Ms. Tracey Davenport (University of Sydney), Prof. Ian Hickie (University of Sydney)

MyTeen - A mobile-based intervention to support parents of teenagers
Dr. Joanna Chu (The University of Auckland), Mrs. Angela Wadham (The University of Auckland), Dr. Yannan Jiang (The University of Auckland), Dr. Robyn Whittaker (The University of Auckland), Prof. Chris Bullen (The University of AU)

Online Counselling for Youth: Comparing Services around the Globe
Prof. Lawrence Murphy (WorldWide Therapy Online), Dr. Colin Clark (University of Tasmania), Ms. Jennifer Mulcaster (WES for Youth Online), Ms. Lee Yi Ping (Singapore Institute of Mental Health)

Development and feasibility of a school-hosted digital tool for early intervention in adolescent mental health
Dr. Sarah Kendal (University of Leeds), Dr. Siobhan Hugh-Jones (University of Leeds), Dr. Kirsty Pert (University of Leeds), Dr. Simon Eltringham (Wakefield District CAMHS, South West Yorkshire Partnership NHS Foundation Trust), Prof. Robert West (University of Leeds)

Social Media Use and Youth Mental Health – Findings from My World Survey 2
Dr. Cliodhna O’Connor (University College Dublin), Dr. Amanda Fitzgerald (University College Dublin), Dr. Aileen O’Reilly (Jigsaw: The National Centre for Youth Mental Health), Mr. David Hayes (University College Dublin), Ms. Maeve Scully (University College Dublin), Prof. Barbara Dooley (University College Dublin)

Slowing down to your pace: Experiences of providing an online mental health engagement service in Singapore
Ms. Kai Xin Doris Cheong (Institute of Mental Health), Ms. Lee Yi Ping (Singapore Institute of Mental Health), Dr. Swapna Verma (Community Health Assessment Team (CHAT) / Early Psychosis Intervention Programme (EPIP) / Institute of Mental Health (IMH))
Early interventions for reducing risk of future alcohol related-illnesses/injuries in young people accessing emergency department and rest/recovery services

Prof. Leanne Hides (School of Psychology, Lives Lived Well Group, Centre for Youth Substance Abuse Research (CYSAR), University of Queensland), Prof. David Kavanagh (School of Psychology & Counselling, Centre for Children's Health Research and Institute of Health & Biomedical Innovation, Queensland University of Technology), Dr. Catherine Quinn (School of Psychology, Lives Lived Well Group, Centre for Youth Substance Abuse Research (CYSAR), University of Queensland), Dr. Gary Chan (Centre for Youth Substance Abuse Research (CYSAR), University of Queensland), Prof. Sue Cotton (Orygen Youth Health Research Centre, University of Melbourne), Dr. Mark Daglish (Hospital Alcohol and Drugs Service, Royal Brisbane and Women's Hospital), Mr. Lance Mergard (ChaplainWatch Ltd.), Prof. Ross Young (School of Psychology & Counselling, Centre for Children's Health Research, Institute of Health & Biomedical Innovation, Queensland University of Technology).

Cognitive re-training for anxiety and problem drinking among youth: Can it make a difference?

Dr. Katrina Prior (The Matilda Centre, The University of Sydney), Dr. Lexine Stapinski (The Matilda Centre, The University of Sydney), Prof. Reinout Wiers (University of Amsterdam), Dr. Nicola Newton (The Matilda Centre, The University of Sydney), Ms. Briana Lees (The Matilda Centre, The University of Sydney), Prof. Maree Teesson (The Matilda Centre, The University of Sydney), Prof. Andrew Baillie (The University of Sydney)

Data-Driven Subgroups of Help-Seeking Youth Based on Patterns of Substance Use

Ms. Sasha Malignaggi (University of Melbourne), Dr. Nicholas T. Van Dam (University of Melbourne), Ms. Jaimi Turnbull (University of Melbourne/Orygen the National Centre of Excellence in Youth Mental Health/ headspace the National Youth Mental Health Foundation), Prof. Rosie Purcell (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Patrick McGorry (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Ian Hickie (University of Sydney), Prof. Alison Yung (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Christos Pantelis (The University of Melbourne), Prof. Paul Amminger (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Gillinder Bedi (Orygen the National Centre of Excellence in Youth Mental Health)

Personality-targeted intervention for substance use and mental health: The Preventure program and its adaptation for Australia

Dr. Erin Kelly (The Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney), Ms. Lucy Grummitt (The Matilda Centre for Research in Mental Health and Substance Use), Dr. Emma Barrett (The Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney), Prof. Patricia Conrod (University of Montreal), Prof. Maree Teesson (The Matilda Centre, The University of Sydney), Dr. Nicola Newton (The Matilda Centre, The University of Sydney)

Drug & Alcohol Prevention Programs for Older Adolescents: The Illicit Project Pilot Study

Ms. Jennifer Debenham (The Matilda Centre, The University of Sydney), Dr. Nicola Newton (The Matilda Centre, The University of Sydney), Dr. Louise Birrell (The Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney)

Does cannabis use in adolescence affect cognitive performance later in life? - a systematic review of longitudinal studies

Dr. Emmet Power (Royal College of Surgeons in Ireland), Dr. Aisling O’Neill (Royal College of Surgeons in Ireland), Mr. Colm Healy (Royal College of Surgeons in Ireland), Prof. David Cotter (Royal College of Surgeons in Ireland), Prof. Mary Cannon (Royal College of Surgeons in Ireland)

Underlying causes of psychological distress in young women: Findings from focus groups with young people, parents, teachers and clinicians.

Dr. Alison Calear (The Australian National University), Ms. Alyssa Morse (The Australian National University)
The role of technology in marginalised young people’s health system navigation  
Ms. Fiona Robards (The University of Sydney), Prof. Melissa Kang (University of Technology Sydney), Dr. Georgina Lascombe (University of Sydney), Prof. Katharine Steinbeck (The University of Sydney), Prof. Lena Sanci (The University of Melbourne), Prof. Catherine Hawke (The University of Sydney), Prof. Stephen Jan (The George Institute for Global Health), Prof. Rachel Skinner (The University of Sydney), Ms. Cristyn Davies (University of Sydney), Prof. Tim Usherwood (The University of Sydney)

The Global Ambassadors Program - Filling the GAP in School-Based Cultural Awareness  
Mr. Tharindu Jayadeva (Orygen, The National Centre of Excellent in Youth Mental Health - headspace Werribee), Ms. Emily Boubis (Orygen, The National Centre of Excellent in Youth Mental Health - headspace Werribee), Ms. Madelyn Trinh (Orygen, The National Centre of Excellent in Youth Mental Health - headspace Werribee)

Maisons des Adolescents’ advocacy in France: the example of school refusal  
Ms. Claire Deschamps (APHP, Hôpital Cochin, Paris), Prof. Marie-Rose Moro (APHP, Hôpital Cochin; Université de Paris; Université Paris-Saclay), Dr. Guillaume Bronsard (Association Nationale des Maisons des Adolescents), Ms. Laelia Benoit (APHP, Hôpital Cochin; Université de Paris; Université Paris-Saclay)

Rates and predictors of relapse in first episode psychosis: An Australian cohort study  
Dr. Ellie Brown (Orygen, The National Centre for Excellence in Youth Mental Health)

What does it mean to activate and connect youth for global mental health?  
Mr. Lian Zeitz (citiesRISE)

Mental health of students in higher educational settings: data from My World Survey 2  
Prof. Barbara Dooley (University College Dublin), Dr. Cliodhna O’Connor (University College Dublin), Ms. Maive Scully (University College Dublin), Mr. David Hayes (University College Dublin), Dr. Amanda Fitzgerald (University College Dublin), Dr. Aileen O’Reilly (Jigsaw: The National Centre for Youth Mental Health)

Climate Schools Plus: An online intervention for adolescents and their parents to prevent substance use and related harms.  
Dr. Nicola Newton (Centre of Research Excellence in Mental Health and Substance Use UNSW Sydney), Ms. Chloe Conroy (NHMRC Centre of Research Excellence in Mental Health and Substance Use (CREMS), University of New South Wales, Sydney), Prof. A/Prof Tim Slade (Centre of Research Excellence in Mental Health and Substance Use, UNSW Sydney), Dr. Louise Thornton (Centre of Research Excellence in Mental Health and Substance Use, UNSW Sydney), Dr. Ina Koning (Centre of Research Excellence in Mental Health and Substance Use, UNSW Sydney: Northwestern University), Dr. Lexine Stapinski (Centre of Research Excellence in Mental Health and Substance Use, UNSW Sydney), Prof. Maree Teesson (Centre of Research Excellence in Mental Health and Substance Use, UNSW Sydney), Dr. Cath Chapman (Centre of Research Excellence in Mental Health and Substance Use, UNSW Sydney)

Mental health, educational outcomes and use of services in Australian adolescents  
Prof. James Scott (The University of Queensland Faculty of Medicine), Dr. Hannah Thomas (Queensland Centre for Mental Health Research (QCMHR)), Prof. David Lawrence (University of Western Australia), Ms. Jennifer Bartlett (University of Western Australia), Ms. Emily Hielscher (UQ Centre for Clinical Research)

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Everything is fine? A targeted campaign to encourage young males to access Foundry
Ms. Michelle Cianfrone (BC Children's Hospital)

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Ms. Alison Wallace (headspace National Youth Mental Health Foundation), Ms. Vanessa Kennedy (headspace National Youth Mental Health Foundation), Dr. Steven Leicester (headspace National Youth Mental Health Foundation)

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Ms. Belinda Carless (headspace), Ms. Lois Auld (headspace)

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Ms. Peggy Lim (TOUCH Community Services)

A qualitative study into using virtual reality to deliver social cognition training to those diagnosed with early psychosis (VEEP trial)
Ms. Farah Elahi (The University of Warwick), Dr. Alba Realpe (University of Bristol), Dr. Sandra Bucci (University of Manchester), Prof. Ivo Vlaev (The University of Warwick), Dr. David Taylor (Imperial College), Prof. Max Birchwood (The University of Warwick), Dr. Fiona Leahy (University of Warwick), Dr. Andrew Thompson (Orygen the National Centre of Excellence in Youth Mental Health)

Building the policy case for youth mental health services: Economic evaluations of three different transformations across Canada
Dr. Jai Shah (Department of Psychiatry, McGill University; Douglas Mental Health University Institute), Mr. Michael Groff (Douglas Hospital Research Centre), Dr. Eric Latimer (Department of Psychiatry, McGill University; Douglas Mental Health University Institute), Dr. Phil Jacobs (Institute of Health Economics), Dr. Kelly Anderson (Western University), Ms. Jill Kelland (Alberta Health Services), Dr. Paula Reaume-Zimmer (Access Open Minds), Ms. Daphne Hutt-MacLeod (Eskasoni Health), Dr. Vidya Iyer (Department of Psychiatry, McGill University; Douglas Mental Health University Institute), Dr. Ashok Malla (Department of Psychiatry, McGill University; Douglas Mental Health University Institute)

Modelling Global Service Coverage for Mental Disorders
Ms. Kara Jaeschke (University of Queensland), Dr. Fiona Charlson (University of Queensland), Dr. Tarun Dua (World Health Organisation), Dr. Fahmy Hanna (World Health Organisation), Dr. Harvey Whiteford (The University of Queensland)
All may not be well in the last Shangrila: mental health, substance use, and sexual behaviour of university students in Bhutan

Sunday, 27th October - 11:00: Poster session - Global & Individual Perspectives (Great Hall 3 & 4) - Poster - Abstract ID: 42

Dr. John Howard (National Drug and Alcohol Research Centre, Medicine, UNSW Australia), Prof. Kezang Sherab (Paro College of Education, Royal University of Bhutan), Ms. Sherub Tshomo (Paro College of Education, Royal University of Bhutan), Ms. Karma Tshering (UNFPA)

Introduction: The Kingdom of Bhutan is often characterised as ‘the last Shangrila’, and has adopted ‘Gross National Happiness’ (GNH) as the foundation of wellbeing and development. Exposure to other lifestyles and values have been embraced by many young Bhutanese creating tensions with traditional culture and values; much of this associated with concerns about substance use, sexual behaviour and mental health.

Method: This study employed a self-administered survey in eight college campuses across Bhutan (N = 2471) of substance use, mental health and sexual behaviour among the college students, and is the first of its kind.

Findings: Mental health concerns were identified by about 10%, suicidal ideation by 12.7% and suicide attempts by 3.6%. Substance use among the college students was relatively low, other than for cannabis (11.8%), and sexual risk behaviour by over 50% of sexually active students.

Implications for policy and practice: Although the current findings for the surveyed college students in Bhutan are not alarming, there are enough reasons for educators, health workers and policy makers to be concerned. The extent of mental health concerns (mainly anxiety and depression) and suicidal ideation, and potential problems associated with the use of substances such as doma (betel nut) and alcohol, and risky sexual behaviour, can negatively impact quality of life, and thereby the national vision of Gross National Happiness. On/near campus, and in community youth friendly health services are required that are capable of identifying, assessing and treating mental health issues, and providing preventive interventions.

Disclosure of Interest Statement: Nil
Rationale:

International knowledge exchange trips involve travelling to another country, appreciating their unique youth mental healthcare system, and then synthesizing that knowledge afterwards. By unifying international networks and exchanging ideas globally, we can transform youth mental health worldwide. Adults go on these exchange trips all the time. Yet, that raises a key question: Why can’t young people go on them too?

Objectives:
The aim of this presentation is to show that young people can, in fact, do them too! We will present a case study of a 23-year-old youth (named Jimmy) from Canada who completed an 8-weeks exchange trip to Australia. The two host organizations were ACCESS Open Minds (Canada) and Orygen (Australia). This presentation includes a step-by-step guide on how this opportunity was sought, the objectives of the visit, and how knowledge was mobilized afterwards. The goal is to inspire young people to complete international exchange trips and encourage adult allies to champion their journeys.

Approach:
A systematic approach guided the development and implementation of this visit:
First, Jimmy identified over 10 youth mental health projects he was/is involved with in Canada.
Next, Jimmy completed a needs assessment with his network to set learning objectives for the visit, including a gap identification analysis, stakeholder mapping exercise, and research into Australian programs. Focused consultations involved youth, family/caregivers, clinicians, researchers, and health policy staff.
After consultation, five learning objectives were identified: (1) Understanding the headspace model; (2) eMental Health solutions; (3) Stakeholder Engagement strategies; (4) Post-secondary mental health interventions; (5) Embracing diversity of mental healthcare in equity-seeking groups, including Indigenous and minority populations. These five objectives guided the 8-weeks exchange.
During the visit, a mix of semi-structured interviews, focused conversations, and in-person site visits guided the knowledge mobilization process. An Excel document of stakeholders recorded this consultation process.
Knowledge was synthesized and shared in three exciting ways: (1) A thematic analysis; (2) Engaging infographics; (3) Experiential, blog-style videos.

Findings:
This presentation will discuss how the five learning objectives were met, the challenges and how they were overcome, and how this exchange led to global change.

Practical Implications:
This knowledge will unify organizations within Australia and Canada, including ACCESS Open Minds, Orygen, headspace, and related youth mental health projects.
The second implication is inspiring young people to complete international exchange trips! Youth may believe in the myth that these visits are a huge undertaking and is reserved for adults only. That myth needs to be demystified, as Jimmy’s trip is living proof that young people can indeed initiate these trips, receive support from adult allies, and successfully complete them!

Conclusion:
To transform youth mental health services globally, we must exchange ideas as an international network. Just like everything else we do, youth need to be empowered in that process. Knowledge exchange visits are an excellent way to engage youth and unify ourselves for global change. Adults go on these trips all the time, but just as the title of this presentation reads, young people can go on them too!
A matter of health equity: are rural Australian adolescents with mental health needs using online health technologies to overcome limited service access?

Sunday, 27th October - 11:00: Poster session - Global & Individual Perspectives (Great Hall 3 & 4) - Poster - Abstract ID: 143

**Introduction:** Rural young people generally experience a greater burden of disease and more challenges accessing services than those living in major cities. The use of digital technology to support health (i.e. seeking information or accessing services online) has become increasingly common among young people. While these technologies have enormous potential for rural communities to overcome physical or other barriers to accessing services, little is known about whether or how rural young people use these technologies – particularly those with mental health needs.

**Objectives:** To compare how young people living rurally or in major cities use technology to support their health, and to explore whether technology uptake is higher among those with greater mental health needs.

**Methods:** The Access 3 study explored how young people aged 12-24 years in New South Wales, Australia, accessed healthcare and used technology to seek information on health and health services. Recruited using online and offline methods, there was purposive sampling of ‘marginalised’ young people (rural; at risk or currently homeless; sexuality and/or gender diverse; refugee background; and/or Aboriginal and/or Torres Strait Islander background). Data from the cross-sectional survey component of Access 3 were used to explore differences by location of residence and level of psychological distress measured by the K10.

**Results:** During 2016-17 1,416 young people completed questionnaires, with approximately a third (34%, n=478) living in regional or remote areas (‘rural’). Rates of self-reported chronic health conditions were similar between those who lived in the city (53%) and those who lived rurally (49%). Mental health, drug and alcohol and eating disorders were more commonly reported than physical chronic health conditions (37% and 18%, respectively), with no differences by location. Despite similar health profiles, city respondents were more likely to have visited a doctor or GP during the previous 6 months (83% vs 79%, p<0.05). Rural young people were significantly less likely to have internet access (93% vs 98%, p<0.001) or own a mobile phone with internet access (81% vs 90%, p<0.001). Using technology to source health information was consistently less common among rural youth compared with those living in urban areas. However, rural young people with high or very high psychological distress were significantly more likely than those with low or moderate levels to use the internet to get information about health problems they had experienced (58% v 34%, p<0.001), to get information about how to visit a health service (21% vs 14%, p<0.05) and to use internet based programs or apps to manage health issues themselves (35% vs 18%, p<0.001).

**Conclusions:** Digital technologies have been embraced by policymakers for their potential to mitigate barriers to healthcare, especially in rural areas. While use of technology to access health information and services was more common among rural youth with greater psychological distress, rates were still lower than for their city counterparts. Internet access is a matter of health equity and discussions and policy decisions around digital health must be considered in the context of the availability and quality of technological infrastructure, as well as current usage.
Eudaimonic wellbeing and the ethics of persuasive design

Ms. Jessica Phillips (Orygen, The National Centre for Excellence in Youth Mental Health), Mx. Lee Valentine (Orygen), Dr. Simon D’alfonso (University of Melbourne)

The modern omnipresence of social media and networking sites (SNS) brings with it a range of critically important research questions. One of these concerns the impact of SNS use on psychological wellbeing; a question that has been pursued in depth by scholars in psychology and the field of Human Computer Interaction (HCI). Despite growing multidisciplinary academic attention being devoted to questions concerning, for example, the “mental health outcomes associated with Facebook use” over the course of the last decade, a related question concerning the design of social networking platforms remains under-examined. That is, how do the design choices made by SNS programmers and related specialists contribute to the enhancement and or the deterioration of a person’s psychological wellbeing? It is the goal of this poster to present not only our own strategic design choices in developing an enclosed social networking platform for young people experiencing mental ill-health, but also to critique the understanding of wellbeing that is used in much of the existing literature to make claims about the impact of a given technology on wellbeing. We will argue that the conception of wellbeing used to evaluate the effects of a given technology is oftentimes vague, limited and inconsistent and may impair our understanding of how SNS do in fact impact the young people that use them. We will demonstrate how the holistic concept of eudaimonic wellbeing and ethical design of SNS can complement one another.
Traumatic Experiences in Youth At-Risk for Serious Mental Illness

Sunday, 27th October - 11:00: Poster session - Global & Individual Perspectives (Great Hall 3 & 4) - Poster - Abstract ID: 226

Dr. Jean Addington (University of Calgary), Ms. Jacqueline Stowkowy (University of Calgary), Dr. Benjamin Goldstein (University of Toronto), Dr. Glenda MacQueen (University of Calgary)

Introduction: Childhood trauma has been shown to have detrimental consequences on mental health. While there is an abundance of research showing the connection between early childhood trauma and later psychopathology, more recent research has begun to consider its impact on the early stages of serious mental illness (SMI). One way to identify youth considered to be at risk for SMI is through the use of clinical staging models.

Objective: The objective of this research is to estimate the baseline prevalence, perceived impact, and duration of trauma before the age of 18 in youth at-risk for SMI, using a transdiagnostic clinical staging model approach.

Methods: This study included 243 youth, ages 12 to 25 ((a) 42 healthy controls, (b) 43 non-help seeking youth with risk factors for mental illness such as a first-degree relative or multiple second-degree relatives with a SMI, low birthweight and preterm delivery or a developmental disorder (stage 0), (c) 52 help seeking youth experiencing distress and possibly mild symptoms of anxiety or depression (stage 1a) and (d) 108 youth with attenuated syndromes (stage 1b)). Stages were determined using the criteria of Hickie and McGorry (2012). The Structured Clinical Interview for DSM-5 (SCID-V) (First et al., 2015) was used to determine the presence of any Axis I disorder. The Structured Interview for Psychosis-Risk Syndromes (SIPS) was used to determine whether participants met criteria for psychosis risk. Severity of these symptoms was assessed using the accompanying Scale of Prodromal Symptoms (SOPS) (McGlashan et al., 2010). An adapted version of the Childhood Trauma and Abuse scale (Janssen & Krabbendam, 2004) was used to assess experience of trauma and abuse.

Results: There were high frequencies of reported trauma across all stages. More than 50% in each of the at-risk groups endorsed experiencing some kind of trauma. Both stages 1a and 1b experienced more overall trauma and overall bullying than stage 0 and healthy controls. Participants in stage 1b reported a higher prevalence of all traumas compared to HCs, and significantly more physical abuse than those in stages 0 and 1a. Stage 1b reported the greatest impact of psychological bullying compared to both stage 0 and HCs (H=23.21, p<0.0001). In regard to duration, there were more cases of psychological bullying occurring for longer than one year across all stages compared to HCs. In addition, stage 1b reported more cases of psychological bullying occurring longer than one year compared to those in stage 0.

Conclusion: These findings demonstrate a relatively high prevalence of trauma in youth considered to be at various stages of risk for SMI. To the best of our knowledge, this is the first study to examine trauma from the perspective of a transdiagnostic clinical staging model. Our results suggest that there is an increased frequency of trauma, as well as a greater perceived impact and duration of trauma, in youth at risk of SMI. This is particularly pronounced for physical abuse. Future work should aim to clarify the complex inter-relations between trauma and risk of SMI.
In Canada, there are more than 2 million students in post-secondary institutions, with the majority in the age range of 16-24. While acquiring a post-secondary education can be an exciting, transformative and demanding time, this is also a time when students are more susceptible to developing mental health issues—75% of people who receive a diagnosis of a mental health disorder first receive this diagnosis between the ages of 16 and 24. As a result, there is a huge opportunity— and responsibility— to provide prevention, promotion and intervention to this vulnerable population. This effort would not only support their mental health, but set them up for academic success.

Mental Health Commission of Canada is currently working collaboratively with the CSA Group to develop a Standard on Psychological Health and Safety for post-secondary students. This Standard, a first of its kind in the world, will act as a voluntary guideline to help Canada's academic institutions in the post-secondary sector to put in place policies, programs, and processes to successfully promote and support students' mental health and safety and students' success. This session will provide an overview of the mental health challenges facing this youth group and the highlights of the project. Mental health and academic success is everyone's business – let's make it a priority!
Introduction

“You can discover more about a person in an hour of play than in a year of conversation”; Plato’s quote was a main guiding point in two workshops that aimed to encourage Children and Young People (CYP) to actively participate in mental health research, utilising a method called LEGO® Serious Play®, which has not been previously applied to mental health care settings. The approach requires participants to physically build a model and explain it, which can lead to valuable, insightful and honest discussion (Gauntlett 2007). This is supported by previous research in psychology and neuroscience that has suggested people ‘think with their body’ as our brains are aided by being able to build visual reminders of different tasks, ideas, concepts, or even emotions. In addition, the recruitment and engagement of CYP in mental health research can be a particular challenge. Therefore, we believe that the utilisation of this creative and novel approach could help engage more CYP with mental health research, and lead to an improved understanding and appreciation of their satisfaction with the mental health care they received.

Aims/Objectives

The main aim of this research is to assess the accessibility and satisfaction of CYP and their parents with service providers of a 0-19 service model by utilising the LEGO Serious Play methodology.

Methods

The Lego models were used in in two separate workshops/focus groups settings to help facilitate conversation and discussion. To confirm the findings from the two workshops, an additional focus group was run without LEGO® Serious Play®. Our justification for utilising this method comes from research evidence which shows that the use of our bodies to interact with our environment has an impact on cognitive processes such as learning, and recollection.

Results

LEGO® Serious Play® enables CYP to give shape and form to their ideas, experiences and attitudes, by constructing and externalising concepts and making them tangible. The final poster will report on the accessibility and satisfaction of CYP service users and their parents of the 0-19 model, in addition to the effectiveness of the LEGO® Serious Play® approach.

Conclusion

In summary, it is challenging to engage CYP in mental health research. Utilising the LEGO® Serious Play® provides a medium through which they may feel more able to share their perceptions, opinions and experiences. We also believe that there is potential for LEGO® Serious Play® to be utilised in other CYP mental health research settings.
Helping young people thrive in community sport: The role of mental health

Mr. Michael Wilson (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Simon Rice (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Elon Gersh (Orygen, The National Centre for Excellence in Youth Mental Health), Mrs. Caroline Crlenjak (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Rosie Purcell (Orygen, The National Centre for Excellence in Youth Mental Health)

Introduction
Mental ill-health is the leading cause of disability among young people worldwide. New approaches are needed to encourage young people to engage with their mental health and normalise the experience of difficulty. Youth sport is increasingly becoming an avenue for mental health promotion among young people, particularly as adult leaders (coaching staff, HPE teachers) in this context are well-placed to notice the early signs of distress among young people.

A number of training packages have been developed, primarily designed to increase awareness and understanding of mental ill-health, the signs and symptoms of illness, and normalise help-seeking among young people. These have been delivered to young people, parents, coaches and teachers through school and community sport. Research has shown that such training is effective at increasing mental health literacy among community members, which represents a necessary first step in the pathway to service access.

Whilst awareness raising is effective, an important next step in this domain is developing training that can achieve lasting behaviour change around mental health promotion for young people involved in sport. This will be achieved through research to develop packages that address specific knowledge and skill gaps, identifiable through more extensive end-user involvement. There is consensus among young people, parents, coaching staff and teachers that youth sport is an effective medium for mental health promotion. Yet confidence to intervene and actually provide support to a young person is lacking, and more work is needed to establish a holistic approach to youth mental health promotion through sport.

Objectives
This project aims to conduct extensive consultation with all stakeholders involved in community sport (i.e., young people, parents, coaches and club staff, and HPE teachers) to develop recommendations for a tailored mental health promotion training package. The project will identify key knowledge gaps, particularly around mental health-promotion behaviours and implementation of raised awareness.

Approach
Stakeholder groups involved in community sport will be recruited via Orygen's established collaborations with local sporting organisations and schools. The training package will then be developed via in-depth qualitative consultation with all end-users; a detailed process of co-design; and a preliminary pilot and process evaluation of the training impact.

Results
This project will lead to the development and implementation of training that is tailored and based on real knowledge gaps. This is likely to achieve lasting impact on behaviour change towards mental health promotion in community sport. In future, such training could be coupled with other approaches to supporting youth through sport, such as training around inclusion of gender and sexual minority young people, such that youth sport becomes an avenue where all young people can thrive.

Conclusion
In order to continue promising momentum in the domain of mental health promotion through community
sport, further research is needed to develop tailored training packages for adult leaders involved with young people. This project represents an initial step in this necessary direction to ensure mental health promotion in youth sport can achieve lasting impact.
An evaluation of an innovative 0-19 service model that addresses the current gaps in mental health provision in the UK

Mr. Frane Vusio (The University of Warwick), Prof. Max Birchwood (The University of Warwick), Dr. Andrew Thompson (The University of Warwick)

Introduction:

In the UK, children and young people's (CYP) unmet mental health needs are becoming increasingly recognised as a problem that needs to be urgently addressed. Currently, there are numerous gaps in the current services provided across the UK, such as reduced access to community-based services, lack of 24/7 crisis care, poorly executed transitions, and variability of early intervention and prevention. These gaps, in turn, prevent timely access to appropriate levels of care, decrease CYP engagement with providers, and lead to increased pressures on urgent and emergency care.

To address these gaps, existing evidence suggests that the current models of service provision in the UK need to be transformed into ones that are based on integrated, whole systems and 'joint partnership' models between statutory and voluntary sectors with a single point of access. Therefore, this research project investigated a newly created 0-19 model and its crisis service that has been transformed into a fully integrated and 'joint partnership' service, in line with the recommendations of the Future in Mind and Five Year Forward View for Mental Health. The 0-19 service model aims to meet the aforementioned challenges by operating a tierless system which helps create an inclusive, compassionate and stigma-free environment. Additionally, the model aims to prioritise recovery, early intervention, prevention and the development of resilience.

Aims and objectives:

As part of this research, we also aimed to investigate the accessibility, acceptability, effectiveness and efficacy of the 0-19 service model. Additionally, we will describe the organisation and structure of the 0-19 model.

Methodology

A mixed methods approach was used to investigate the impact of this new 0-19 model and its crisis service. Our research design is based on a comprehensive, prospective and retrospective evaluation that includes staff experiences of engagement, and both the satisfaction and experiences of service users aged 5-19 and their families. Measures of service provision and outcome measures were also investigated to evaluate the effectiveness of the overall 0-19 model.

Results

This presentation will provide an overview of the 0-19 model and its current organisation, followed by a discussion of emerging findings from recently conducted evaluation. Specifically, the talk will highlight the needs and characteristics of children and young people being served, risk identification and management, patterns of service delivery, preliminary outcomes from the research project (accessibility, effectiveness, acceptability, satisfaction, follow-up). Models accomplishments, learning, and ongoing challenges will also be discussed.

Conclusion

In summary, this research documents the accessibility, acceptability, effectiveness and efficacy of a novel 0-19 model, and highlights the importance of joint partnership models that utilise different skill sets from both statutory and voluntary sectors to improve CYP mental health services and their provision.
Hiring the Best Candidate: A Concrete, Practical Way to Partner with Youth on Human Resource Hiring Decisions

Sunday, 27th October - 11:00: Poster session - Global & Individual Perspectives (Great Hall 3 & 4) - Poster - Abstract ID: 287

Mr. Jimmy Tan (ACCESS Open Minds / Espirits Ouverts), Ms. Chantelle Mireault (ACCESS Open Minds / Espirits Ouverts), Ms. Alyssa Frampton-Fudge (ACCESS Open Minds / Espirits Ouverts), Ms. Brittany Dalfen (ACCESS Open Minds / Espirits Ouverts), Ms. Sara Jalali (ACCESS Open Minds / Espirits Ouverts), Mr. Feodor Poukhovski-Shermetyev (ACCESS Open Minds / Espirits Ouverts), Dr. Vidya Iyer (ACCESS Open Minds / Espirits Ouverts)

Rationale:
‘Stakeholder engagement’. These words can easily become buzzwords if they are not applied to real-world settings. ACCESS Open Minds (AOM), a pan-Canadian youth mental health (YMH) research network, put these values to work through a youth-led executive committee motion that requires all network partners to involve youth, family/carers, Indigenous & other stakeholder groups in the hiring of all AOM staff. Stakeholders review resumes, participate in interview panels, and contribute to hiring decisions by sharing their recommendations.

Objectives:
The objectives of our presentation are threefold: (1) Illustrate the value add of involving stakeholders; (2) Describe the challenges and insights gained through this experience; (3) Provide strategies to implement multi-stakeholder hiring panels in various healthcare settings.

Approach:
In March 2016, AOM executive committee mandated teams across Canada to include stakeholders in hiring decisions. Methods varied between communities: youth co-wrote job descriptions, reviewed resumes, conducted interviews, and evaluated candidates. To evaluate this process, 16 AOM network members participated in interviews that explored four themes: (1) Inspiration for supporting and implementing this motion; (2) Experience participating in the hiring process; (3) Challenges encountered and how they were overcome; (4) Lessons learned from their experience.

To compile this experiential knowledge, we compiled interviews into a 45 minutes, four-part video series. Featured on YouTube, these videos highlight key takeaways from the four themes.

Link to video series: https://youtu.be/PvK0DDg_uqI

Findings:

1. Theme One: Inspiration: Service providers may struggle with knowing what youth really expect of their healthcare providers. Asking youth to interview healthcare and research providers can help to address this knowledge gap and increase the quality of youth friendly service provision. Without stakeholder inputs, organizations may make inappropriate hiring decisions.

2. Theme Two: Experience: For some youth hiring panel participants, it was ‘their first time feeling heard in a clinical setting’. Other panel participated questioned wondered why AOM “did not think of this idea earlier?”

3. Theme Three: Challenges: Various stakeholders expressed concerns about groupthink, group polarization, and managing the role of traditional power dynamics. The process revealed that stakeholders generally agreed on the candidate of choice.

4. Theme Four: Lessons Learned: Facilitating factors for implementing multi-stakeholder hiring panels include buy-in from senior leadership, additional time allocation, and sharing perspectives to mutually agree upon hiring decisions.

Practical Implications:
Having multi-stakeholder hiring panels empower youth on key organizational decisions and adds groundbreak-ing value to human resource planning. Specifically, this process ensures future healthcare teams reflect the needs of the population they will be serving. Insights gained through this experience are applicable to various settings across the globe. This hiring method was implemented in 14 diverse geographic settings, across six provinces and one territory in Canada. It included members of Indigenous communities, homeless youth, and LBGTQ2S+ communities from a range of cultural and economic backgrounds.

Conclusion:
Commitment to youth engagement requires concrete, real-world application. Considering the emerging global priority to authentically partner with youth, our lessons are generalizable in many YMH contexts. AOM has embedded practical strategies to empower youth by partnering with them on human resource hiring decisions.
A day in the life of Hope and Recovery

Ms. Giverne Kiamtia (Black Swan Health Ltd headspace Youth Early Psychosis Program), Mrs. Jessica Mooney (Black Swan Health headspace Youth Early Psychosis Program (hYEPP))

Introduction or Rationale
Peer support is vital in helping young people focus on their recovery, through empathy, support and respect. The Peer Support Program is a key component of the Black Swan Health run headspace Youth Early Psychosis Program’s (hYEPP), Functional Recovery Program (FRP) which operates across three Perth North Metro sites. Two Peer Support Workers deliver one-on-one interventions to clients experiencing early psychosis. Peer Support Workers come from a background of lived experience, which is a valued component of their skill set. Peer Support Workers share their lived experiences of mental health challenges with clients, contributing to the development of a therapeutic relationship which focuses on empowerment. Peer support is a valuable addition to the clinical approach. Peer workers are integrated within the clinical team and provide input into clinical decision making. Peer Support Workers provide social, emotional and practical support to clients, focusing on strengths and helping them to rebuild their lives in the aftermath of a psychotic episode. Whether it be accompanying clients to group programs, teaching clients how to cook healthy meals or simply going for a walk; clients and peer workers develop open and trusting relationships which complement the recovery journey.

Objectives
This presentation will describe Peer Support program, and showcase the journey of a client through the Peer Support Program. It will illustrate in a comic book format, the impact of Peer Support on the life of a young person and the positive results, such as increased self-image, which are a feature of the program.

Methods/results
The poster will feature the client's story through comic book format. This visual representation will assist in describing the key and important moments in the client's journey.

Conclusion
The Peer Support program makes a valued contribution to the recovery of clients experiencing first episode psychosis. The sharing of lived experience is assumed to contribute to this result, peer support is an emerging area recognised for its wide application and is powerful to support hope and recovery globally in youth mental health settings.
Transition from child to adult mental health services: a French retrospective survey

Introduction
Adolescents and young adults’ mental health problems are an important health issue. However, the current organization of the care pathway is not robust enough, and the transition between child and adolescent mental health services (CAMHS) and adult mental health services (AMHS) has been identified as a period of risk. In many countries, there is a gap between CAMHS and AMHS.

Objectives
Our study aimed to describe the organization of the transition between CAMHS and AMHS in our hospital. We wanted to identify the issues that are often reported by psychiatrists and patients in an attempt to resolve them and improve the quality of transition.

Methods
Our study was conducted in Montpellier University Hospital. Retrospective data were collected through semi-structured interviews of psychiatrists involved in transition cases between 2008 and 2009. The main objective was to check if transitions met the 4 optimal criteria defined by Singh et al. (2010): information continuity, relational continuity (period of parallel care and joint working), cross-boundary and team continuity (transition planning) and long-term continuity.

Results
Thirty-one transitions were included. Transition was accepted by AMHS in 90% of cases, but its organization was rarely optimal. Relational continuity and transition planning were absent in 80% of cases. The age boundary of 16 years old often justified the triggering of the transition regardless of patient’s needs. Discontinuity was observed in 48% of transition cases, with an average gap of 3 months without care. Psychiatrists reported difficulties in working together. Finally, at the moment of the survey (1 to 3 years later), 55% of patients were lost to follow-up.

Conclusion
At the CAMHS and AMHS interface, we observed an obvious discontinuity of care. A local protocol was created to try to cope with these care pathway problems. Theoretical and organizational differences between CAMHS and AMHS may result in a mutual incomprehension, emphasizing one focus of discussion in transition issue: psychiatrists’ education; how it allows them to create a common culture and to be united for Global Change.
Objective: Psychotic like experiences (PLE’s) form a continuum on the frequency and intensity of atypical experiences: from rare and mild intrusive experiences to clear and frequent psychotic symptoms below the threshold of psychotic illness. Independently of the level of risk for psychosis, PLE’s can have a negative effect on behaviour, mood and they can also cause anxiety. Even though cognitive behavioural therapy (CBT) has been shown to lead to symptom reduction in the treatment of psychosis and clinical high risk of psychosis in adults, there is little evidence of CBT for younger adolescents suffering of PLE’s. The focus in CBT is to restructure the distressing, dysfunctional beliefs regarding PLE’s to minimize their effect on anxiety, mood and behaviour.

Methods: In Helsinki University Hospital (HUH), Department of Adolescent Psychiatry, we developed a brief 10 (+ 3 booster) session treatment model for adolescents (13-17 years of age) with PLE’s, based on the French & Morrison CBT model for psychosis risk. Treatment strategies include individual formulation, identification of maladaptive beliefs, normalization, psychoeducation, reformulation and behavioural experiments. Meetings with parents are scheduled in the beginning and the end of the treatment.

Results: A treatment manual of CBT for PLE’s has now been published in Finnish and it is available for all professionals who work with adolescents. In an ongoing RCT-study (2018-2022) the model is compared with treatment as usual.

Conclusions: Implementation of the treatment model to the clinical services at HUH and results from the RCT will reveal the effectiveness of the developed CBT model for PLE’s in the near future.
SPEAK UP! Stay ChatTY works to promote positive mental health and prevent suicide by reducing stigma and encouraging people to seek help. It was created by Mitch McPherson following the loss of his brother to suicide in 2013. The organisation began with Mitch sharing his lived experience across Tasmania, and grew into evidence-informed mental health promotion initiatives with the support of Relationships Australia Tasmania. One such initiative is the Stay ChatTY Schools Program – funded by the Tasmanian Government Department of Education to strengthen mental health literacy and build resilience in students grades 9 – 12. Mental health literacy is an essential component for mental health promotion, prevention, early identification and intervention.[i]. However, young people report lower levels of mental health literacy and moderate levels of stigma towards mental illness.[ii]. A lack of knowledge of services, poor mental health literacy and stigma are key barriers for young people in seeking help for themselves and others.[iii]. Young people also tend to prefer to discuss mental health issues with peers rather than adults such as parents, teachers or support services [iv] but are ill-equipped to help to peers who are struggling.[v]. Developed in consultation with students, teachers and clinical staff, the Schools Program promotes mental health awareness, resilience, help-seeking and peer helping behaviours in school-based sessions built around a lived experience story. Sessions use lecture, discussion, multimedia and activities to engage students in the Tasmanian context. Evaluation of the Schools Program indicate positive change in student learning about mental health and recognising signs and symptoms of issues. Following sessions, 81% of students agree or strongly agree they feel more confident accessing support, and 96% feel more confident helping a friend (n=798). In addition, feedback from students, parents and teachers supports the notion that local lived experience is an essential component to engagement and motivation. The presentation will share key findings from program evaluation, insights from young people, teachers and parents, learning from mental health literacy work in Tasmania, and future program directions. [i] Mcluckie, A., et al. (2014). Sustained improvements in students' mental health literacy with use of a mental health curriculum in Canadian schools. *BMC Psychiatry, 14*(379). [ii] Pinto-Foltz, M., Logsdon, C., & Myers, J. (2011). Feasibility, acceptability and initial efficacy of a knowledge-contact program to reduce mental illness stigma and improve mental health literacy in adolescents. *Social Science Medicine, 72*(12), 2011 – 2019. [iii] Perry, Y., et al. (2014). Effects of a classroom-based educational resource on adolescent mental health literacy: A cluster randomised controlled trial. *Journal of Adolescence, 37*, 1143 – 1151. [iv] Pinto-Foltz, M., Logsdon, C., & Myers, J. (2011). Feasibility, acceptability and initial efficacy of a knowledge-contact program to reduce mental illness stigma and improve mental health literacy in adolescents. *Social Science Medicine, 72*(12), 2011 – 2019. [v] Kelly, C., Jorm, A., & Wright, A. (2007). Improving mental health literacy as a strategy to facilitate early intervention for mental disorders. *Medical Journal of Australia, 187*(7), 26 – 30.
Background: Although approximately one in five Canadian youth have a serious mental illness, only 20% are able to access treatment (Canadian Institute for Health Information, 2015). Moreover, up to 65% of youth that do receive psychiatric treatment require subsequent or ongoing services following initial hospitalization, which further exacerbates issues related to securing services and emphasizes the need for initial interventions to be maximally accessible and effective (Fontanella, 2008; James et al., 2010). Limited access to care for youth is driven heavily by constraints in the appropriateness, accessibility, and availability of psychiatric services (James et al., 2010), and these constraints are primarily controlled by service-providing organizations, rather than the youth themselves. As such, it is important to gain youth perspectives surrounding the barriers and complications to access inherent in a primarily service-provider-controlled mental health support system.

Methods: To investigate the barriers and facilitators of psychiatric service access and use, 37 semi-structured qualitative interviews were collected as part of the Atlantic Canada Children’s Effective Service Strategies Mental Health (ACCESS-MH) project (ACCESS-MH, 2017). Interviews were analyzed using the Psycho-social Ethnography of the Commonplaces (P-SEC) methodology, which brought to the forefront the struggle of marginalized individuals (i.e., youth in need of mental health services) in trying to navigate the relevant mental health systems. This methodology posits that the oppressed or those facing complications due to the systems in which they are embedded (e.g., provincial mental health services) are forced to recognize two realities—their own, and that of the overarching system (Poulin & Gouliquer, n.d.). Because of their unique dual perspectives, youth in need of support served as a valuable population from which to procure unique, influential, informative insight.

Results: Notable results were organized within the P-SEC methodology as instances in which the youth’s life was complicated by policies or practices specific to the provincial mental health system. A number of policies and practices were identified that complicated the care-seeking a difficult process for the youth. Common difficulties across participants included a tendency for youth to perceive themselves as “less sick” than others based on received treatment, increased frustration with limited routes to access based on inadequate service availability, and confusing hospital admission practices that resulted in perceived inappropriate levels of care.

Conclusions: The findings of this study provide a more comprehensive contextual perspective of the barriers youth face when seeking support services. Impact: The results of the current study could affect multiple levels of care delivery. A clarified image of the individual barriers youth face could allow providers to better address existing gaps and limitations in current service delivery practices, while overarching complications could shape future provincial policy regarding the way in which supports are made available.
Gender diverse youth across Australia are at elevated risk of suicide, self-harm, homelessness, and other mental health and psychosocial difficulties (Strauss et al., 2017). The Gender Pathways Service (GPS) within Youth Mental Health (North Metropolitan Health Service, Western Australian Department of Health), was developed to provide psychological assessments regarding readiness to commence gender-affirming medical interventions to WA gender diverse youth in Western Australia. This was a missing service in the WA public health system, meaning that gender diverse youth had to access private psychological or psychiatric services that were for many, unattainable.

The GPS is a free state-wide service for 17–24 year-olds, that provides assessments and takes a holistic approach to address vulnerabilities experienced by gender diverse young people such as homelessness and negative experiences with health providers. The service also provides specialist consultation, training, community development, and referral information related to supporting gender diverse youth. The creation of this service aims to increase access to quality gender affirming care and increase capacity within existing services to improve the mental, social and physical health outcomes for gender diverse young people in Western Australia.

The GPS commenced in December 2017, and is currently undergoing formal evaluation. A reduction in overall mental health symptoms for assessed patients has been noted, along with highly positive patient reviews. Numerous education and training sessions have been provided to various stakeholders and mental health service providers. These results provide preliminary evidence for the importance and efficacy of the service. This poster will present on the development of the GPS, and will provide a summary of contemporary evaluation data.
Evaluation of a non-diagnostic ‘Psychology of Emotions’ group intervention within a UK youth IAPT service: A mixed methods approach

Sunday, 27th October - 11:00: Poster session - Global & Individual Perspectives (Great Hall 3 & 4) - Poster - Abstract ID: 376

Dr. Lawrence Howells (Norfolk and Suffolk NHS Foundation Trust), Dr. Alice Rose (University of East Anglia), Dr. Brioney Gee (Norfolk and Suffolk NHS Foundation Trust), Dr. Tim Clarke (Norfolk and Suffolk NHS Foundation Trust), Mr. Ben Carroll (Norfolk and Suffolk NHS Foundation Trust), Mr. Sam Harbrow (Norfolk and Suffolk NHS Foundation Trust), Ms. Clio Oliver (Norfolk and Suffolk NHS Foundation Trust), Prof. Jon Wilson (Norfolk and Suffolk NHS Foundation Trust)

Introduction:
There are problems with traditional diagnostically-based psycho-educational programmes for young people. As a result, a novel cognitive behaviour therapy based intervention tailored for young people was developed. Psychology of Emotions workshops use a normative approach to emotional difficulty instead of a diagnostic framework.

Objectives:
To evaluate the acceptability and effect of Psychology of Emotions workshops within an Improving Access to Psychological Therapies (IAPT) service for young people aged 16-25.

Methods:
This was a mixed-methods study, evaluating routinely collected self-report measures of depression and anxiety, and qualitative feedback forms. The main outcomes were rates of attendance, change in symptom severity, and participant views of the intervention.

Results:
From January to September 2016, 595 young people were invited to attend the Psychology of Emotions workshops, of whom 350 (58.8%) attended at least one session. Young people who attended all six sessions experienced significant reductions in self-reported anxiety (d=.72) and depression (d=.58) and 35.5% were classified as recovered at completion. Those who attended at least two sessions reported smaller but significant improvements in anxiety (d=.42) and depression (d=.45); 22.0% were classified as recovered at the last session attended. Participants provided largely positive feedback about the intervention.

Conclusion:
Psychology of Emotions is a promising treatment option, delivered outside of a diagnostic framework, for young people with mild to moderate mental health difficulties seen within IAPT services. Better understanding reasons for non-attendance might enable the intervention to be made accessible to more young people.
The use of chatbot as a web-based mental health intervention for polytechnic students in Singapore.

Introduction
Mental health chatbots have been made available through various social media platforms or mobile phone applications. They have been introduced as a web-based mental health interventions in health agencies/institutions.

Objective of Project
The aim of this Project was to review the receptiveness of polytechnic students (age 17 to 21) towards the use of mental health chatbot as well as the effectiveness of the chatbot in providing mental health intervention.

Approach
Five polytechnics in Singapore, namely Nanyang Polytechnic, Ngee Ann Polytechnic, Republic Polytechnic, Singapore Polytechnic and Temasek Polytechnic, took part in a one-month mental health chatbot trial in December 2018, involving 580 students. There were no specific selection criteria for the students to participate in this trial and opted in on a first-come-first-served basis. Chatbot ‘Tess’, developed by X2Ai, was chosen for this trial and resided on the social media platform, Facebook Messenger. Tess has been tested at universities in other parts of the world. Tess allows crisis escalation to be customisable based on the participating polytechnics’ requirements. It is non-judgemental, available 24 hours and provides quick responses. The effectiveness of the chatbot was measured via participants’ PHQ and GAD scorings pre and post trial. User satisfaction was also tracked each time the chatbot provided interventions to users.

Results
A total of 580 students from the five polytechnics took part in the chatbot trial. A total of over 83,000 messages were exchanged, an equivalent of 2,775 hours of direct intervention work which could save the polytechnics’ US$180,375. There is potential savings by the polytechnics to deploy web-based health interventions. There is no significant difference on the users’ pre and post trial PHQ scorings. However, the Project saw a decrease of 1.75 basis point between the pre and post trial for the GAD scorings. The users’ GAD scorings decreased from moderate anxiety (11.33) to mild anxiety (9.58) with the chatbot interventions. Anxiety ranked 2nd top emotional concerns reported by the users. The overall user satisfaction on chatbot interventions was 79.72%.

Conclusion
The one-month chatbot trial demonstrated that polytechnic students in generally are receptive of receiving chatbot interventions as Mental health chatbot could provide as an additional help resources which is cost effective and easily accessible to students.
Eating disorder services for young people in Australia: review of service availability and barriers to access

Ms. Brittany Cole (Orygen), Ms. Helen Nicoll (Orygen, The National Centre of Excellence in Youth Mental Health), Mrs. Caroline Crlenjak (Orygen, The National Centre for Excellence in Youth Mental Health)

The present service system for young people with eating disorders in Australia is significantly lacking in its ability to respond early and effectively. With only 22% of all young people experiencing eating disorders accessing services throughout their illness it is critical that the service system is strengthened so as young people can more easily access the care they urgently require. This project reviewed the latest evidence on eating disorders including epidemiology, psychiatric comorbidity, aetiology, risk and protective factors, and early intervention. The current service landscape was investigated, focusing on available services and present barriers to access. This involved reviewing evidence and consulting with stakeholders within the field. Limited eating disorder services for young people exist and access is often restricted by workforce capabilities, cost, and stigma. Recommendations based on these findings were developed to guide Orygen's future work. The recommendations relate to future research opportunities, the translation of research to increase clinical workforce capabilities, and prospective collaborations. Eating disorders are extremely complex, requiring multidisciplinary care in a coordinated way. This study has revealed the need to reconsider the current service design, integrating eating disorder care and consequently improving access and availability for young people in Australia.
Childhood-onset Mental Disorders in 6 geographical regions in China: A Systematic Review and Meta-analysis on Attention Deficit Hyperactivity Disorder, Conduct Disorder, Autism Spectrum Disorder, and Autistic Disorder.

Rationale: Mental disorders are dominant health problems for children and adolescents in China. Previous systematic reviews on childhood-onset mental disorders have focused on country-level prevalence data in China, and none of them quantified difference in prevalence of childhood-onset mental disorders by geographical regions.

Objectives: We aim to conduct a systematic review summarising the prevalence as well as the data coverage of attention deficit hyperactivity disorder (ADHD), conduct disorder (CD), autism spectrum disorder (ASD), and autistic disorder (AD) by provincial, regional, and country levels in order to synopsize the variation of prevalence estimates within China.

Methods: We searched and retrieved peer-reviewed articles from four databases: PubMed, EMBASE, PsycINFO, and the China National Knowledge Infrastructure (CNKI). Meta-analysis was conducted weighting for population size of the study location represented according to the China Statistical Yearbook 2017. Data coverage was calculated by multiplying age proportion and location proportion represented by each study. Meta-regression was performed to investigate whether or not geographical region is a potential factor associated with variation of the prevalence estimates.

Results: We identified 59 eligible studies, six were in English, and 53 were in Chinese. Overall, Meta-analytic pooling of the estimates yielded the prevalence of ADHD to be 5.07% (3.49–6.92; 12 million cases); prevalence of CD to be 1.34% (0.73–2.13; 3 million cases); prevalence of ASD to be 0.35% (0.18–0.56; 1 million cases); prevalence of AD to be 0.12% (0.07–0.17; 370,000 cases). Results of meta-regression revealed that geographical location was a risk factor associated with variation in prevalence estimates. Furthermore, results of sub-group analysis showed that Northeast region was associated with lower prevalence of ADHD compared to North (B = 0.40, p < 0.01), East (B = 0.23, p < 0.01), South-central (B = 0.16, p < 0.05), and Northwest region (B = 0.40, p < 0.01); Southwest region was associated with lower prevalence of ASD (B = -0.08, p < 0.01), compared to Northeast region; East and Northwest region were associated with lower prevalence of AD, compared with Northeast region (B = -0.03, p < 0.01; B = -0.02, p < 0.01). Data coverage was low at 9.54% for ADHD, 4.47% for CD, 2.44% for ASD and 2.88% for AD. The provinces with the higher data coverage were municipalities such as Beijing, Tianjin, and Shanghai. Conversely, there were 10 provinces, which have no representative prevalence data on childhood-onset mental disorders since 1980.

Conclusion: Our findings show large provincial and regional variations in prevalence of childhood-onset mental disorders across China. The results can serve to highlight areas for academic researchers and Chinese health administrators. For instance, researchers focusing on epidemiology in China should be aware of the variations within the nation, which can be neglected while considering country-level findings. It will also be essential for planning and setting up adequate health services according to the specific situation of each region. Finally, the
low data coverage has indicated an urgent need for more nationally or sub-nationally representative surveys on these particular mental disorders using rigorous methodologies. This is especially needed in provinces where no prevalence childhood-onset mental disorders data are currently published.
Orygen, in partnership with a county health care network in the USA is supporting a First Episode Psychosis Program via a collaborative workforce development initiative. The outcome is to upskill the clinical workforce in the development of youth focused early psychosis interventions. The workforce initiative has a strong focus on a self-directed, andragogical learning opportunity including intensive input with approximately 100 hours of reading and interactive online materials, and 5 days of face to face workshops. The clinicians were able to browse the learning management system (LMS) in their own time, they could also connect to colleagues and educators in the forums where reflection of clinical practice occurred.

The themes on the LMS covered 10 topics as well as pre and post workshop activities. All themes also were split into foundation and advanced levels so that the learner could self-identify which level was more appropriate for them. There were also opportunities to connect via a general forum to discuss anonymised cases or organisational issues. The forum was moderated and supported by clinical educators at Orygen.

Data was collected in regard to the amount of activity in each theme. This included, accessing articles, watching interactive materials or engagement with activities or conversations on forums. This data is presented with recommendations for future planning of educational programs as well as an evaluation of learning modes clinicians found most useful.
Description of a multi-component education programme for First Episode Psychosis mental health services in The United States of America

Sunday, 27th October - 11:00: Poster session - Global & Individual Perspectives (Great Hall 3 & 4) - Poster - Abstract ID: 413

Ms. Helen Nicoll (Orygen, The National Centre of Excellence in Youth Mental Health), Mrs. Caroline Crlenjak (Orygen, The National Centre for Excellence in Youth Mental Health), Mr. Vijay Kollipara (Orygen, The National Centre for Excellence in Youth Mental Health), Mrs. Heather Stavely (Orygen the National Centre of Excellence in Youth Mental Health), Mr. Craig Hodges (Orygen, The National Centre for Excellence in Youth Mental Health)

Orygen, in partnership with a county health care network in the USA is supporting a First Episode Psychosis Program via a collaborative workforce development initiative. The outcome is to upskill the clinical workforce in the development of youth focused early psychosis interventions. The workforce initiative has a strong focus on a self-directed, andragogical learning opportunity including intensive input with over 100 hours of a variety of reading and interactive online materials, and 5 days of face to face early psychosis workshops. The workforce has the unique opportunity to share their clinical experiences, undertake homework activities and discussions on a specifically designed online forum. This work is supported by regular service development meetings for the leadership group.

Workforce data was collected via a self-assessment questionnaire which was sent out pre commencement and will also include post completion of the program. The participants were not able to access the LMS until they had initially completed the questionnaire as a way to promote their engagement and assist with valuable data collection that can be utilised for improving workforce and program performance.

The poster will describe the project and model in more detail along with recommendations for further education and training approaches.
Marijuana addiction is one of the serious problems that is faced by the youth. Drug addiction is an important factor that leads to crimes in many countries. The National Institute of Drug Abuse estimates that 52.70% of people aged 18-25 consume cannabis in the US. The Marijuana Industry itself is exposed to illegal trafficking and fatal activities, which affects millions of youth in cannabis producing countries. One of the biggest challenges in drug policy is to find better ways to reduce drug use that are compatible with modern values. Several efforts are being made by countries like Canada to legalise cannabis for medical and recreational use but they are still not very efficient in regulation. The blockchain technology is used to build systems that are based on trust and can establish consensus among the various stakeholders. The principle behind these systems is to make use of the immutable ledger of blockchain to record the various transactions among entities. A number of organisations have leveraged Blockchain Technologies to regulate Cannabis Industries worldwide. We have summarised the efforts of these organisations in this study.
The history of mental health care in what is now the state of Pakistan, the sixth most populous country in the world. A National Mental Health Policy (NMHP) was devised in 1986 but not fully implemented until 2001 (Karim et al. 2004). A National Mental Health Programme was also devised and implemented in 2001. In this situation we need evolution of mental health legislation that demonstrates the low priority given to mental health. But this is the era of technology and we make sure government policies of mental health legislation through improve the inevitability of technology collaboration, the situation of Pakistan’s policies system and the extent of success of government policies of mental health legislation including young people in Pakistan.

Researchers and policymakers will need to consider key issues, such as scaling up care services in areas affected by conflict and disaster; supporting and strengthening health systems; ensuring equity and quality of health interventions; and developing means of financing such programmes in a sustainable fashion. The needs of vulnerable groups, notably women, children and displaced populations, need to be given priority. Researchers/policymakers should also explore alternatives to health systems for the delivery of mental health care, utilizing existing community and family support. We can possible it through a web/mobile based technology and the objectives are:

• Verifiable mechanism to ensure compliance of mental health care of young people in Pakistan.
• Up to 149.2 million people can potentially participate in policy making of mental health care include young people.
• Government buy-in will be easier to ensure as the solution is based on a Law.
• Elimination of penalties under the law.
• Simple single form registration process for public. Can be completed online.
• Access to best arguments on any policy making of mental health care.
Implementation of a Youth Driven Tablet-Based Clinical Assessment System at Foundry

Sunday, 27th October - 11:00: Poster session - Global & Individual Perspectives (Great Hall 3 & 4) - Poster -
Abstract ID: 478

Dr. Warren Helfrich (Found), Dr. Karen Tee (Foundry), Dr. Steve Mathias (Foundry BC), Ms. Neha Kodimaniyanda (Foundry BC), Ms. Carrie Smith (Foundry BC), Ms. Pamela Fennell (Foundry BC)

INTRODUCTION: For youth, walking in to a health clinic can be a stressful and intimidating experience, potentially made worse by having an adult ask a long series of often personal questions. In these circumstances, youth often distract themselves by focusing on their phones or other personal devices while awaiting services, an observation that underlines the comfort and ease that youth have interacting with these devices. That comfort led staff and researchers at Foundry in British Columbia (BC), Canada to work on an interactive youth-driven electronic data collection solution that could support evaluation and clinical practice.

OBJECTIVES: Based on initial experiences using a tablet-based interface for youth to complete a health survey at the prototype Foundry centre, full scale implementation of a youth friendly, secure tablet-based client registry and clinical assessment system was completed at six operating Foundry centres. The system, named “Foundry Toolbox”, allows youth to provide detailed information about their current situation and challenges at their own pace while waiting in the reception area. That information is then immediately available to practitioners to support their clinical practice.

APPROACH: The development of the Toolbox system occurred over six months beginning in the fall of 2017, informed by input from multiple stakeholders and experiences using a different system at Foundry’s prototype centre. Staggered deployment of the system began in April of 2018 and was completed at all six operating Foundry centres by July 2018. The information gathered during a first visit includes a clinical measure of psychological distress (K10) and a screening tool that can help identify potential issues in a variety of areas, including mood disorders, substance use, psychosis and eating disorders (GAIN-SS, CAMH Version). Once youth complete the assessment tools and survey questions, clinicians and physicians have immediate access to information that allows them to quickly focus in on a youth’s needs. They also have the option to administer other tools through this interface during the current visit or subsequent visits.

PRACTICE/POLICY IMPLICATIONS: Immediate access to clinically relevant information for all staff involved with a youth, regardless of discipline or the organization they come from, supports integrated and efficient care. It also reduces the burden on youth having to re-tell their story. Foundry’s learnings, including the challenges faced by both youth and staff at Foundry centres during deployment and the difficulties navigating privacy and data security issues, can support other jurisdictions considering similar systems in a multi-provider context. Data on Toolbox forms and item completion rates suggests that adoption at centres is uneven, underscoring our learning that addressing both culture and process issues at a local level is critical to success.

CONCLUSION: Successful implementation of youth-friendly electronic interfaces has the potential to both support effective clinical practice and streamline the assessment experience for youth. Foundry has gained an immense amount of experience through the process of designing and implementing the Foundry Toolbox system that can support successfully implementation in similar settings across the globe.
Enhancing clinical outcomes by providing wraparound services

Sunday, 27th October - 11:00: Poster session - Global & Individual Perspectives (Great Hall 3 & 4) - Poster - Abstract ID: 488

Mrs. Ceara Rickard (Life Without Barriers), Ms. Tracey Chesler (Life Without Barriers)

Mental health service provision in Tasmania must address challenges including isolation and rurality of the state, access to services, and socioeconomic factors. #synergy youth mental health was commissioned by Primary Health Tasmania to meet the needs of young people aged 12-25 with, or at risk of severe and complex mental illness across Southern Tasmania. #synergy is the first outreach-focused clinical youth mental health service in Southern Tasmania. This poster outlines the model, workforce, successes, challenges, and key takeaways from this program.
A connected and collaborative approach to youth mental health in Tasmania - the importance and power of inter-agency partnerships in achieving successful outcomes

Providing mental health services in Tasmania presents challenges including isolation and rurality of the state, access to services, and socioeconomic factors.
Mental health services prior to 2014 were limited in providing comprehensive wraparound support. A mobile program was needed to provide comprehensive combined clinical and psychosocial support. #iConnect was established to fill this gap.
This poster outlines the model, the use of Outcomes STAR, results from surveying clients, service outcomes, lessons learned and next steps.
Caring for a young person with borderline personality disorder features: Characterising levels of stress and evaluating the effectiveness of an online intervention for family and friends.

Rationale: Young people with features of Borderline Personality Disorder (BPD) often experience difficulties interacting with loved ones, posing significant challenges for family and others involved in care. Family and friends of people with BPD experience higher rates of burden, grief and distress than both carers of individuals with other severe mental illnesses and the general population. The Mission statement by the Global Alliance for Prevention and Early Intervention for BPD encourages the active involvement of family and friends in early intervention and provision of education and skill development programs for families. The internet offers a cost-effective and accessible means for delivering such programs.

Objectives: This study has two aims: (i) to characterise stress in family and friends of youth with BPD features using an objective, physiological measure and (ii) to examine whether a Moderated Online Social Therapy program designed to provide support and skills to families and friends of youth with BPD features, Kindred, is associated with a change in the stress levels of family and friends.

Method: This study was nested within a larger clinical trial, the Kindred study, which was a 3-month single group, pre- and post-follow-up pilot study that evaluated the Kindred program. Participants in this nested study comprised family and friends aged 18 years or older who had at least weekly contact with their young person who was receiving early intervention for BPD at the Helping Young People Early (HYPE) program in Melbourne, Australia. Family and friends were enrolled in the Kindred intervention for approximately three months, which provided them with (i) information about BPD and interactive therapy, (ii) expert-moderated social networking by a HYPE clinician, and (iii) peer moderation by a trained carer with experience caring for a family member with serious mental illness. Hair samples (3 cm long hair segment from posterior vortex region of head) were obtained at baseline and three-months post baseline, after completion of the Kindred program. The hair cortisol analysis was supplemented by semi-structured interview and self-report assessments at baseline and three-month follow-up, including measures of self-reported burden and distress. Descriptive statistics and t tests will be used to analyse the results.

Results: Twenty family/friends participated in the study. Demographic and clinical features of the family and friends will be reported. Stress will be characterised using the results of hair cortisol analysis and the results compared with other mental health and carer cohorts. Burden and distress will also be reported based on self-report measures. The effectiveness of the Kindred intervention in reducing objective stress will be examined.

Conclusion: This study represents the first time that a physiological measure (hair cortisol) has been used to
characterise stress levels in the family and friends of youth with BPD features. If the Kindred intervention is shown to be effective in reducing objective stress, it has the potential be incorporated into the standard mental health care for young people with BPD features and their family and friends, as its online format is readily accessible, convenient and less resource intensive than face-to-face intervention.
How to deal with mental illnesses among students

Sunday, 27th October - 11:00: Poster session - Global & Individual Perspectives (Great Hall 3 & 4) - Poster -
Abstract ID: 497

Mr. Brian Kwenda (Moi University)

Many students, both in secondary schools, colleges and universities are constantly affected by Stress and Depression. Academic, Financial and Relationships problems are the major cause of stress and depression among students. The effect is extreme in such a way that many usually took their lives or end up being admitted to hospitals.

I was once a victim of depression that was caused by academic and financial problems. Exam period was around the corner and to make the matter worst I was having a fee balance. Honestly, I was unable to figure out the solution but to allow stress that developed into depression to attack me. I later found myself in the hospital bed trying to recover. This situation made me open my eyes beyond and forced me to learn some entrepreneurship skills at least to make money to cater for my needs in school. I said to myself that I would never allow depression to affect me anymore.

From my experience, I realize that all these mental illnesses affecting students can be handled. For Academic related problems like exam fever, pressure from teachers and lecturers, overloads, students need to be mentored, make them see the importance of being hard working in their studies. In addition to that providing students with enough resources during their studies will, in turn, be a motivation factor for them to work hard. This will later help in reducing academic related stress and depression among students.

Relationships like friendship or intimate that students usually got involve with, is one of the major cause of mental illnesses. I have seen students hanging up themselves because of the partner breaking up with him/her. Others go ahead and involve themselves with risk lifestyles due to peer pressure. Rigorous counseling to students is a solution to this. This will help them to rediscover themselves and have strong self-esteem, self-control, and ability to make the right decision.

Finally, equipping students with entrepreneurship skills is the best strategy for dealing with the financial problems among students. This can be achieved by providing entrepreneurship related reading materials, conducting numerous mentorship programs. By being involved in entrepreneurship means at least a student can have small money to sustain himself/herself hence conquering mental problem caused by financial problem among students.

In conclusion, we can together fight against mental illnesses among students in our schools, colleges, and university. These students are suffering and need our support.
Psychological impact of social violence on children, a literature review

Sunday, 27th October - 11:00: Poster session - Global & Individual Perspectives (Great Hall 3 & 4) - Poster - Abstract ID: 534

Ms. Naureen Rehman (DoctHERS-Naya Jeevan)

Introduction: The article describes a case scenario of a child who suffered through psychological disturbance after being the observer of Saniha Sofoora incident where her father was murdered in front of her. Furthermore, it contains different aspects of social violence that alters child’s psychosocial development.

Method: A systematic literature review was done in which multiple resources and search engines such as such as science direct, CINAHL, Google and pub med were used to identify and describe the causes as well as effects of social violence on children’s psychological wellbeing.

Results: It was found out that social violence badly affects the child’s physiology and psychology like decreased concentration ability, nightmare, aggression, anxiety, adjustment problems and social isolation. Some effects last shortly but some effects are long term that it affects the child’s personality in future so this needs to be undertaken very seriously.

Recommendation: To deal with these issues health care providers must perform several interventions such as ensuring child’s safety, parental awareness about effective parenting, teachers’ training sessions to improve and enhance children’s capacities, cognitive behavioral therapies like recreational activities etc. and psychological counselling play a vital role in managing their illness. Keywords: social violence, bullying, delinquent behaviors
Access to mental health services for homeless youth: ACCESS Open Minds Ripaj, Montréal, Canada

Sunday, 27th October - 11:00: Poster session - Global & Individual Perspectives (Great Hall 3 & 4) - Poster -
Abstract ID: 546

Ms. Diane Aubin (ACCESS Open Minds / Esprits Ouverts), Dr. Amal Abdel-Baki (Department of Psychiatry, Faculty of Medicine, Université de Montréal; Centre Hospitalier de l'université de Montréal (CHUM)), Ms. Lysandre Bourguignon (ACCESS Open Minds / Esprits Ouverts), Ms. Marie-Eve Dupont (ACCESS Open Minds / Esprits Ouverts), Dr. Patrice Bauco (ACCESS Open Minds / Esprits Ouverts), Mx. ACCESS Open Minds/Esprits ouverts RIPAJ Youth Co-creators (ACCESS Open Minds / Esprits Ouverts), Dr. Ashok Malla (ACCESS Open Minds / Esprits Ouverts), Dr. Srividya Iyer (ACCESS Open Minds / Esprits Ouverts)

Rationale
Homelessness is associated with major psychological distress and increased risk of severe mental disorders, especially in young people aged 12 to 25. Homelessness can contribute to, trigger and be a consequence of mental illness and addiction. These co-occurring problems have a major impact on youth functioning, impairing their relationships, their ability to live independently, and their capacity to work or to complete their studies. They also increase the risk of suicide, dangerousness, antisocial behaviour and legal problems. Paradoxically, these youths have little availability of adapted social services and are less likely to access usual mental health services.

Objectives
Inspired by evidence suggesting that outreach teams offering intensive integrated interventions and treatments in the community can increase accessibility to mental health services and their effectiveness, we sought to build a homeless youth services network.

Approach:
Created in Montreal (Canada) in 2003 and in constant evolution, the RIPAJ network (Réseau d'intervention de proximité auprès des jeunes de la rue/ Homeless Youth Network) brings together community organizations, primary care clinics and specialized psychiatric services. These teams meet regularly and are present in youth-friendly environments. Working in continuity and collaboration, these teams offer the most appropriate and adapted services to youths at risk of homelessness. Collaboration with the ACCESS Open Minds Pan-Canadian network brought a new wave of transformation in RIPAJ's network, putting the active participation of youth and families at the heart of this transformation process, and setting measurable goals to reduce unmet needs, ensure rapid access to mental health evaluation and high-quality treatments.

Results
With the collaboration of young people who allowed us to share their stories, we will discuss the relevance of such a network, its feasibility and the challenges encountered during the various steps of RIPAJ implementation. We will detail how this fully integrated network of primary care (doctors, nurses), and low-barrier counselling and services with a psychologist, social worker and psychiatrists works to help youth overcome homelessness and attain well-being. Challenges encountered in collecting data to document youth needs and the effectiveness of the service transformation process, as well as preliminary data for the first 2 years will be presented. Referral source was primarily community organizations, demonstrating the importance of these resources. The youth primarily reach out to the network for consultations on long standing stress, anxiety and sleeping problems, suicidal ideation and residential instability. Data on youth characteristics as well as their social functioning, level of distress, treatment offered, and outcomes will be presented.
Conclusion:
Within ACCESS Esprits ouverts RIPAJ, youth and families are working side by side with clinicians, administrators and decision-makers to improve access to mental health services for youths at risk for homelessness. ACCESS Esprits Ouverts RIPAJ serves as a model for other urban youth mental health initiatives targeting this traditionally underserved population.
Aim for the Star: Youth and family engagement as core components of the implementation and evaluation of Youth Wellness Hubs Ontario

Ms. MaryAnn Notarianni (Ontario Centre of Excellence for Child and Youth Mental Health), Dr. Joanna Henderson (CAMH - McCain Centre), Ms. Gloria Chaim (CAMH - McCain Centre), Ms. Assia Messaoudi (Ontario Centre of Excellence for Child and Youth Mental Health), Ms. Karleigh Darnay (Centre for Addiction and Mental Health), Ms. Alicia Raimundo (Foundry), Ms. Shauna MacEachern (Centre for Addiction and Mental Health), Dr. Alexia Jaouich (CAMH - Provincial System Support Program), Ms. Renee Nossal (Ontario Centre of Excellence for Child and Youth Mental Health), Ms. Julia Armstrong (Frayme)

Introduction
Ontario has invested in a network of integrated youth service (IYS) hubs to bring the right services to youth and their families at the right time and place. Building on similar models in Canada and internationally, Youth Wellness Hubs Ontario (YWHO) is improving Ontario’s mental health and addiction services for youth ages 12 – 25 by providing rapid access to easily identifiable, evidence-based mental health and addictions services through a stepped care approach and one-stop-shop model of care, and by co-creating programs with youth and families, among other features.

Objectives
This presentation will highlight YWHO’s journey to date embedding youth and family engagement as core components of the IYS model at the provincial and local levels, specifically engaging youth and families as co-creators:

- At the system level to guide the site selection, initial and ongoing implementation processes
- At the local level in hub service design, governance, implementation and evaluation
- In evaluating YWHO’s youth and family engagement strategy

Approach
Fundamentally, youth and family engagement is about youth and families being active partners in decision-making. The YWHO ‘backbone’ draws on an adaptation of Hart’s Ladder of Youth Participation (Hart, 1992) to describe the continuum of engagement. ‘Hart’s Star’ illustrates engagement along a 5-point star, showing that engagement is not all or nothing, rather it falls on a continuum from tokenism through real power-sharing at higher levels. YWHO prioritizes engagement – especially of youth. Accordingly, YWHO has aspired to achieve and embed youth-adult partnerships (the ‘highest’ level of the Star) through all stages and levels of the initiative. Youth were co-creators of the model. Youth and families co-designed the provincial implementation and site selection. They were engaged as co-creators locally through the application process. The backbone employs engagement specialists to support local hubs in their ongoing engagement efforts. Provincial youth and family advisory committees have been established to provide strategic guidance to YWHO. Youth and family members have also been hired as co-evaluators for the developmental evaluation examining the local and provincial implementation experience of youth and family engagement and associated outcomes.

Early data reinforces the value of engaging youth and families at the highest levels and the critical role this engagement is seen to play among young people and families engaged to date.

Practice/Policy Implications
A distinguishing feature of YWHO (and IYS generally) from traditional mental health services is the centrality of youth and family engagement. Historically, youth and families haven’t had a voice in how the mental
health system functions. Evidence now demonstrates numerous benefits for meaningfully engaging youth and families in the design and implementation of mental health services. Through engagement, YWHO will better understand what works and why, leading to improved outcomes for youth, their families and the system. This is applicable for IYS broadly and other youth mental health system transformation efforts.

**Conclusion**

As IYS expand globally, it's timely to take stock with youth, families, policy-makers, providers and researchers to learn from experiences engaging youth and families as key partners and identify opportunities for ongoing improvements.
Let’s Talk Student Mental Health and save a soul from Suicide!

Ms. Chileshe Mable (African Leadership University Rwanda)

**Purpose:** The research was conducted to explore the relationship between suicide and university student mental health.

**Background Information:** According to the American College Health Association (ACHA), the suicide rate among young adults, ages 15-24, has tripled since the 1950s and suicide is currently the second most common cause of death among college students. These young people are often away from home and friends for the first time. They’re living with strangers, far from their support systems, and working under intense pressure as a result, they are faced with various mental health challenges.

**Methods:** Survey conducted with students at African Leadership University Rwanda campus to find out their experience with mental health and suicidal behaviours. The survey was sent out to all student emails and was completed anonymously.

**Findings of Research:**

- One in four students have a diagnosable mental illness
- 40% do not seek help
- 80% feel overwhelmed by their responsibilities
- 50% have become so anxious that they struggled in school
- 20% have struggled with suicidal thoughts and behaviours

**Discussion:** It is true that many students are struggling with mental health concerns like anxiety, depression, and eating disorders. But only a small percentage (10–15 percent on average) of these students seek services at their counseling center. Instead, they continue to struggle alone because they do not feel safe enough to open up and share their struggles due to the stigma attached to mental health, as a result, most of them resort to suicide as the only available solution.

**Conclusion:** Mental health is one of the leading causes of suicide deaths among university students. To foster a community of support, campus administration should consider a comprehensive public health approach that promotes emotional well-being, they also need to create more dialogue around such issues with the goal of reducing stigma and suicide on their campuses.
Objective. To assess the incidence of self-reported depression among undergraduate pharmacy students in a Nigerian University.

Methods. A 50-question survey was distributed across to the pharmacy students in the chosen university. The questions used are modified from the Major Depression Inventory scale developed by World Health Organization, respondents were asked to identify personal signs or symptoms of depression. We carefully observed the trend of depression among the undergraduate pharmacy students in the Nigerian University.

Results. Seventy undergraduate pharmacy students were potentially exposed to the survey with 50 participants, yielding a 71% response rate. Of the 50 respondents, 41 self-reported feeling depressed at one point or the other of their stay in pharmacy school. More concerning, 9 pharmacy students reported having suicidal thoughts. Additionally, 46 students voiced they would benefit from mental health resources, even though, none is available to them.

Conclusion. Self-reported depression among undergraduate pharmacy students is not uncommon. Defining mental health benefit resources at the beginning of pharmacy school education would be beneficial and revisiting the reasons why students are depressed with immediate policy effect to make possible changes to solve the problem is warranted. Conducting nationwide study to see how pharmacy education is and the overall impact on the mental health of the students is much-needed and we recommend it.

Keywords: pharmacy, depression, undergraduate
Mental health services for young people

Ms. Sam Barakat (no)

In the UK, Child and Adolescent Mental Health Services (CAMHS) are the public sector health services for mental health support for under 18 year olds. From a study conducted, 1,438 12-25 year olds, 87% of young people think that under 18 year olds should be able to access mental health services without parents/guardians being informed. Despite this, only 25% think that this is possible. There are many barriers including:

- Services clashing with school, with no way of leaving school without parents being informed
- The administrative process, including letters being sent in the post
- Practitioners insisting on parents being involved, despite no risk being present
- Practitioners breaking confidentiality, without the young persons consent

Where young people's confidentiality is broken, not only can this cause issues where their parents aren't supportive, but it also makes them lose trust in the services. Many young people many fear seeking help for their mental health issues or opening up about what they're experiencing for fear that their parents will be informed. This leads young people going through unnecessary distress.

Issues around confidentiality of services aren't just an issue in the UK. In some countries, including the US, parents are informed of all services under 18's use, regardless of the young persons wishes or best interests. Mental health service providers globally need to evaluate the confidentiality of their services, to see if there are ways that they can gain the trust of young people who are using their services but also those who are too scared to take the steps to get support for their mental health issues.

Through my lived experience of mental illness as a young person, as well as the experiences of other young people who I've been in contact with, I will talk about how practitioners can reflect and improve the services that they provide for young people.
One Size Fits None: Uniting young people and their mental health professionals to build meaningful services together

Sunday, 27th October - 11:00: Poster session - Global & Individual Perspectives (Great Hall 3 & 4) - Poster - Abstract ID: 689

Ms. Lauren Van Krimpen (discovery college - hYEPP - Alfred Health)

Intro/Rationale
We want meaningful mental health services that meet the needs of young people, but how do we get there? Professionals can “consult” young people at the start or the end of projects, but risk creating exclusion and tokenism. Young people can build it themselves, but risk of missing out on the depth of expertise that professionals can bring. Both options limit future possibility and generate outcomes that at best do not fully meet the needs of young people and at worst alienates them from the services that are attempting to engage them.
What would happen if we brought all the relevant perspectives along for the entire journey in equal partnership?

Objectives
Building responsive services requires processes in which traditional ways of working are disrupted, power is redistributed, and multiple perspectives can be held in equal balance. discovery college, a youth-focused recovery college based in southeast Melbourne, is rumbling with these ideas through commitment to co-production in everything we do. The co-production process at discovery college aims to share responsibility among those who hold relevant knowledge. It also seeks to harness the various forms of knowledge and expertise required to create truly responsive, accessible services.

Methods/Approach
discovery college is an experimental playground for this new way of working. We create courses that are co-planned, co-designed, co-delivered, co-received, and co-evaluated by teams of experts that draw from various backgrounds including mental health professionals, young people with lived experience of mental health challenges, people that experienced mental health challenges as young people, and families and friends.
discovery college opens space for uncomfortable conversations, humility, vulnerability and curiosity. We allow different perspectives to co-exist alongside each other without the need for a solution. We make purposeful, informed choices with our words when we create stories and meaning. We shape outcomes that give our students access to the rich and varied knowledge provided by multiple kinds of expertise.

Results/Practice Policy Implication
Working in this way has allowed those involved to open up to different perspectives, create change, and ultimately decide where this new knowledge can take them. It has fostered autonomy and enabled contributions that are meaningful and have directly shaped outcomes. Co-production creates a service that makes no assumptions, that is accessible and that is responsive because it is driven by the expertise of both lived experience and professionals.

Conclusion
Are there challenges? Absolutely! Are we getting it right 100% of the time? Absolutely not! But discovery college is committed to the co-production model in an attempt to address entrenched issues of power and exclusion, to bring together all kinds of expertise, and create a service that is genuinely and authentically responsive (and pretty special). In this presentation, we want to share with you what we've learnt from trying to work in this
way. We hope it will give you some insight into the effective and sustainable implementation of co-production, and spark a little curiosity around what it could look like for you to work in this way.
Identifying the barriers and the facilitators to achieving the WHO Mental Health Action Plan 2013-2020 amongst youths in Nigeria

Sunday, 27th October - 11:00: Poster session - Global & Individual Perspectives (Great Hall 3 & 4) - Poster - Abstract ID: 736

Mr. Melody Okereke (University of I), Mr. Yusuff Adebayo Adebisi (University of Ibadan, Ibadan, Nigeria), Mr. Aniekan Ekpenyong (University of Uyo)

Background
In Nigeria, youths are one of the groups of the key population where the prevalence of mental disorder is still rising. The purpose of this research was to examine available evidences on the barriers and facilitators to achieving the WHO Mental Health Action Plan in Nigeria.

Methods
A systematic review of literature on Pubmed, Google Scholar and SpringerLink was performed with no date restriction on the search for literature. The reviewed resources focused on the barriers, challenges and facilitators to achieving the WHO Mental Health Action Plan amongst youths in Nigeria. Also, additional data were gotten from WHO-AIMS Country Reports, Nigeria Survey of Mental Health, UNICEF 2018 Country Data on Adolescent Mental Health and World Bank Factsheet 2018 on Global Mental Health. Qualitative content analysis was then carried out with the resultant data extracted and summarized to highlight the challenges of mental health amongst youths in Nigeria.

Results
Of 13 articles identified, 4 met our inclusion criteria. Despite the overwhelming prevalence of mental disorders, more than 30% of countries do not have mental health policies or mental health programmes. In Nigeria, mental health services are not readily available to the citizens where the youths are the most vulnerable population, due to their concentration in the urban areas with majority of the Nigerian populace residing in the rural areas. These papers reported that 20 percent of Nigerians suffer from mental disorders, which means 30 million people are suffering from mental disorders in a country with a population of 160 million which is quite significant. Despite these huge rates of mental disorders, little has been done to raise awareness about such issues or to address the stigma and discrimination associated with mental illness. However, the knowledge of the WHO Action Plan amongst this population was found to be very minimal. As different socio-cultural groups have different perceptions about what mental illness is, likewise their attitudes towards individuals with mental health issues differ. The common barrier identified among the articles reviewed was stigma. Stigma such as this poses a major barrier to their understanding of mental health as their perception is directly correlated to their experiences of societal discrimination. There were certain misconceptions about mental health despite the perceived increase in knowledge and awareness about mental health. Socio-cultural factors and religion were not prominent factors influencing the knowledge of youths on mental health. However, it had a significant effect on their attitude towards mental health.

Conclusion
Following the considerable neglect of mental health issues in the country, there should be provision of implementable policies, advocacy and other groups to target stigma in a deliberate attempt to assist in improving people with severe mental illness. Mass enlightenment and sensitization of the public on mental health is essential to prevent incidences of stigmatization amongst the youths. Furthermore, more awareness needs to be carried out to address misconceptions about mental health as well as reduce the prevalence of mental disorders amongst youths; a necessary step in achieving the WHO Mental Health Action Plan 2013-2020.
What’s up with the mental wellbeing of young immigrants in Japan

Sunday, 27th October - 11:00: Poster session - Global & Individual Perspectives (Great Hall 3 & 4) - Poster -
Abstract ID: 761

Dr. Francia Ivonne Campos Chinchilla (Haibara General Hospital.)

INTRODUCTION:
International migration has been intensifying recently due to different reasons. Immigration has also been increasing in Japan, due to need of filling the gap in the working force of the Country. Many young immigrant families are arriving and a proper understanding and recognition of their needs would help to improve the support from the government, education and health systems.

OBJECTIVES:
To recognize how different aspects of migration are affecting the mental wellbeing of young immigrants in Japan.
To identify alternatives that could be useful for addressing different issues and improve their integration process.

METHODS:
Ecological approach (individual, family and community) of 230 Spanish, Portuguese and English speaking young immigrants and their families who were patients or attended community health talks at Haibara General Hospital and were living in one of the 9 municipalities surrounding the institution. The information was collected between April 2013 - February 2019, at medical consultations or after the community health talks, through PHQ-15, PHQ-9, GAD-7 screeners and/or face to face interviews.

RESULTS:
Incidence and prevalence of mental issues differ by age and gender among the young members of the evaluated immigrant community. Trauma and stressor related disorders, affective symptoms, sleep disorders and somatization are frequent in both women and men while substance/alcohol abuse, impulsive behaviors and PSTD are common in men.
Anxiety, eating disorders, depression, suicidal ideation, borderline personality disorder are mostly diagnosed in teen girls and young women. Panic disorder and agoraphobia are common in young women. Sexual dysfunction didn’t show difference by gender however women were more likely to mention it while men were too wary to ask directly. ADHD, conduct disorder and irritability are common in men.
Domestic/gender violence and postpartum depression affect young women in high proportion and are two under-diagnosed entities associated to cultural differences, gender inequalities and lack of social support.

CONCLUSIONS:
Gender and age differences in the prevalence of mental health issues and disorders among youth immigrants in Japan are also modified by cultural background, their family structure and the degree of adaptation to the new culture.
The general tendency of the young women being more determined when seeking mental health treatment than young men is also observed, however several barriers still prevent an adequate outcome in many cases.
It is necessary to periodically identify and address any emerging social or economic barriers to an adequate mental health care, promoting quality mental health systems for immigrants facing stressors during the acculturation process.
Language proficiency and cultural identity among young immigrants in Japan: Impact in their integration process and mental wellbeing

Sunday, 27th October - 11:00: Poster session - Global & Individual Perspectives (Great Hall 3 & 4) - Poster - Abstract ID: 765

**Dr. Francia Ivonne Campos Chinchilla (HAIBARA GENERAL HOSPITAL)**

**INTRODUCTION**
Language proficiency and cultural identity affect immigrant populations at a different degree, depending on their origin, background and the social structure of the host country, among others. The degree of acculturation and assimilation had been associated with both positive and negative health-related behaviors, mental wellbeing and health outcomes in immigrants and refugees who had moved to developed Countries. The impact of those factors in the mental health of young immigrant has been barely discussed in Japan.

**OBJECTIVES**
To understand how cultural identity and language proficiency modify the ability to properly integrate into the Japanese society.
To explore how acculturation and assimilation processes may affect mental health.

**METHODS**
Ecological approach (individual, family and community) of 185 Spanish, Portuguese and English speaking young immigrants and their families who were patients or attended community health talks at Haibara General Hospital, between April 2013 - February 2019, and were living in one of the 9 municipalities surrounding the institution.

**RESULTS**
The degree and process of acculturation, assimilation and cultural retention differs among and within ethnic groups independently of their Japanese blood ties and their Japanese ancestral lineage. Language proficiency as well as the own culture/language retention appear to be a protective factors for mental health, reducing the level of acculturative distress, stimulating adequate family/social interactions and improving cross-cultural competence in youth immigrants. The degree of interference of the own culture/language retention with the learning process of the new language seems to be very low specially, for young immigrants who have integrated into the educational system.

**CONCLUSIONS**
Acculturation and assimilation are considered a desirable process in order to blend with a new culture, however cultural and language retention may constitute important tools to preserve the mental health and community wellbeing.
In the last decade, immigration has been increasing in Japan, for this reason awareness as well as an adequate understanding and recognition of the youth immigrant needs by the government, the education and health systems will lead to an effective support, promoting their adequate integration into the Japanese society. Government, education and health stakeholders should promote environments that facilitate multicultural identities for immigrants and increase the multicultural understanding among Japanese.
Overcoming Barriers When Addressing Mental Health Of Young Immigrants In Japan: Interventions At Different Levels

Dr. Francia Ivonne Campos Chinchilla (HAIBARA GENERAL HOSPITAL)

INTRODUCTION
Immigrant population with long-term resident status is currently increasing every year in Japan. More than 20% of them are between the ages of 12 and 25 y/o, with a women:male proportion of 1:1. Young adults constitute an important working and economic force in Japan, however they face multiple challenges in their daily life and mental health issues are frequent among them. Considering the negative yearly growth rate (0.2%) of the Japanese population and the high proportion of older people, young immigrants are valuable and full of potential to reshape the Japanese population and the economy of the Country.

OBJECTIVES
To apply different strategies in order to overcome different barriers challenging the mental health of young immigrants during their process of adapting to a new culture, new community and a new life in Japan.
To identify and explore alternatives for addressing different social, educational and economic issues in order to improve their integration to the society

METHODS
Ecological approach (individual, family and community) of 215 Spanish, Portuguese and English speaking young immigrants and their families who were patients or attended community health talks at Haibara General Hospital, between April 2013 - February 2019, and were living in one of the 9 municipalities surrounding the institution.

INTERVENTIONS
1. At individual, family, community and institutional level.
2. Addressing language, cultural and social barriers affecting youth, their families and the community.
3. Through information, translation/interpretation, education, cognitive behavioral therapy, counseling, psychiatric treatment, social support and advocacy.
4. Training of primary care providers and health students.

RESULTS
1. Improvement in the understanding of their new environment (culture, rules, practices, services).
2. Increase of their self-confidence, enhancing their ability to assertively face the challenges of daily life in Japan.
3. Individual/family & social empowerment.
4. Better approaches to personal, familiar and community issues.
5. Institutional interventions increased the awareness and mutual understanding, reduced discrimination and improved the quality of the health services.

CONCLUSIONS
It is necessary to perform adjustments of the existing services, targeting youth immigrant's needs more directly, focusing in cooperation among different stakeholders at all levels. Reinforcing the education and health worker's skills related to communication, awareness, cross-cultural competence, advocacy, patient's centered care and community engagement could strengthen the process toward a multicultural Country.
Improving young immigrants access to information and resources that promote and protect mental health like
family support, multilingual counseling, cognitive behavioral therapy and psychiatric services would bring an appropriate integration leading to a healthy and productive community.
Assessment on the Association amid Induced Abortion, Still Births and Mental Health Outcomes in Lusaka District, Zambia

Ms. Kunda Nyirongo (The University of Zambia Ridgeway Medical Campus/Kaimik Construction and Trading Limited.)

Introduction
Induced abortion is an experience that is considered as a taboo in Zambia even as the government has legalized abortion, women aged 15 years to 25 years would rather go for illegal abortions due to lack of guidance, while a woman who loses a pregnancy to miscarriage or still birth is not allowed to mourn the death of her baby as it is also considered unethical and a taboo. Abortion and child grief is not a topic of public debate in Zambia as the women fear to be discriminated and stigmatised, Therefore the purpose of this study is to ascertain the mental health-related implications of experiencing induced abortion and still birth.

Objectives
1. To determine the association between Induced abortion, still birth and mental health outcomes.
2. To address stigma and discrimination associated with induced abortions, still birth and mental health.
3. To implement strategies for promotion, prevention and strengthened information systems and research on mental illness in relation to maternal complications.

Methods
Data was gathered using primary and secondary data on the pregnancy and mental health history of over 200 women aged 15–18, 18–21, 21–25 and 25–30 years. The women were divided into groups of two, which included women whose first reproductive event was either an abortion or still birth. The women were interviewed regarding their childbirth history and asked about their abortion history by way of a confidential abortion questionnaire which was used to obtain this information.

Results
Though no comprehensive epidemiological studies have been undertaken to determine the extent of mental illnesses in the Zambian population, Teenagers and women aged 15–18, 18–21, 21–25 and 25–30 years were noted to be at high risk of major depression, anxiety disorders alcohol dependence and illicit drug dependence, due to exposure to induced abortion which was consistently associated with increased rates of mental disorders, while exposure to still birth was also associated with subsequent increase in risks of mental health problems, as the victims live in fear, denial and desist to seek counselling and join mental support groups due to fear of being discriminated and stigmatised for carrying out an abortion and grieving their lost baby. Between 75 and 85% of women in Zambia do not have access to any form of mental health treatment because health systems have not yet adequately responded to the challenge.

Conclusion
The findings of the present study suggest that for united global change to be fully activated, all determinant factors considered as a taboo that cause mental health disorders should be fully addressed in developing countries such as, still birth and abortion as they are associated with increased risks of a range of common mental health problems such as depression, anxiety substance use, suicidal behaviour and self-harm. There is need for the establishment and strengthening of support systems within communities, As it can be observed that a significant number of women with mental challenges continue to suffer in silence because they are not given the necessary
support by their families and society.
Providing Alternatives for Sustainable Mental Health Care in Ghana

Sunday, 27th October - 11:00: Poster session - Global & Individual Perspectives (Great Hall 3 & 4) - Poster - Abstract ID: 773

Mr. Isaac Aboah (University of Ghana)

Mental health services in Ghana are available at most levels of care. However, the majority of care is provided through specialized psychiatric hospitals (close to the capital and servicing only small proportion of the population), with relatively less government provision and funding for general hospital and primary health care based services. To mitigate the enormous gap in the treatment of mental health, I propose a safe space intervention utilizing the skills of trained personnel including professional psychologists and students in psychiatry and psychology who are empowered with skills to meet the basic needs of mental health patients in the country.

It's estimated that over 1.1 billion people worldwide had a mental or substance use disorder in 2016. The largest number of people had an anxiety disorder, estimated at around 4 percent of the entire world population. It is estimated that of the 21.6 million (as of 2007) people living in Ghana, 650,000 are suffering from a severe mental disorder and a further 2,166,000 are suffering from a moderate to mild mental disorder. The treatment gap is 98% of the total population expected to have a mental disorder; that is less than 3% psychologists, 5% social workers and and 6% of psychiatrists.

Yet, within the vacuum of a poor mental health system, people use a variety of services to address their mental health needs mostly lay counsellors from religious spaces. About 80% of the population have access to these lay counsellors who have no training and professional certification.

Due to the idea that jobs in psychology and psychiatry are not readily available, most students in the field consider other disciplines after their undergraduate studies. However, globally, professional psychologists are PhD holders who have undergone years of training and even in Ghana where the bar is set lower, only a Masters degree qualifies one to become a psychologist.

The second aspect of this innovation is an application software for people in more developed areas who have access to the internet and technology and USSD to underserved communities. The application will provide mental health tips and information on how to access the trained personnel. There will also be a chatbot to allow patients to interact with these professionals in real-time and receive assistance within the shortest possible time.

With this initiative, there exists the viability to create more options for people to act as therapists and counsellors without having to undergo cumbersome processes before obtaining a license to practice.

GOALS
1. To raise awareness about mental health issues in Ghana
2. To introduce a new way of understanding and treating mental health illness in Ghana
3. To reduce unemployment in Ghana
4. To provide alternative spaces for mental health assistance
5. To understand and reduce the impact of stigma on people with mental illness
6. To provide sustainable mental healthcare in Ghana

Through an interactive oral presentation, I will introduce this innovative mental health safe spaces idea.
Factors Promoting Depression among Medical Students in Nigeria: Systematic Review of Literature

Introduction
The incidence and prevalence of depression is becoming alarming among medical students in Nigeria which is leading to poor academic performance and serious mental health disorders. The aim of our study was to identify the factors promoting depression among medical students.

Methods
The study utilized a qualitative based method and exploratory design research. Data utilized for the research were gotten from journal articles, conference abstracts, interaction with medical students, lecturers and medical practitioners and surveys. Data collected were related to mental health, depression and medical education in Nigeria. The resulting data were analyzed and factors summarized.

Results
The identified factors promoting depression among medical students are: high failure rates in the MBBS examination and tests, frequent rescheduling of lectures, long stay in medical school due to strike actions, long travel time from hostels to learning areas, overwhelming syllabus and poor study conditions.

Conclusion
With the current state of depression among medical students in Nigeria, we need to be deliberate, intentional and strategic with our actions to mitigate depression and all stakeholders needs to be involved including the students, lecturers, school management, parents and psychiatrists.
Mental Health Training for Teachers in Malawi

Sunday, 27th October - 11:00: Poster session - Global & Individual Perspectives (Great Hall 3 & 4) - Poster - Abstract ID: 829

Dr. Nicola Evans (Cardiff University), Ms. Gemma Stacey-Emile (Cardiff University), Dr. Rhiannon Lane (Cardiff University), Dr. Michelle Huws-Thomas (Cardiff University)

Introduction: Mental health services in Malawi are not well developed as in the United Kingdom or Australia. There is one mental health hospital which caters for all ages, therefore only the most seriously affected children and young people would be admitted there. Community health workers offer support but these are not specialists in mental health. The identification and intervention for mental health needs in children and young people is therefore a challenge. Teachers do not currently receive training in mental health. Objectives: A mental health training package for teachers in Malawi was developed as an initiative to address mental health needs for children and young people. Methods: Principles of action research methodology underpinned the process; collaboratively agreeing the problem; creating a solution; using a spiral of plan, do, study, act to simultaneously develop an intervention while investigating the impact of it; empowerment. A baseline survey (pre-intervention) of a small group of teachers was conducted to determine their knowledge of mental health in children and young people. This baseline survey was conducted through talking to teachers and by using a measure that had been developed for healthcare workers in Malawi to determine its suitability for further use (Wright et al 2014). Results: A bespoke brief training package was designed to meet the needs of teachers in Malawi and delivered to four groups of school teachers; two groups of primary school teachers and two groups of secondary school teachers. Through negotiation, it was identified that the two most pressing issues facing CYP were the use of substances, specifically hemp, and the impact on children and young people of trauma, bereavement and abuse. It was agreed these topics would be the focus of the training package in the first instance. Ongoing support from colleagues at the University of Kazumu, Malawi, was offered as consolidation and for sustainability. The focus of the evaluation was to determine whether knowledge had been acquired during this training process, the suitability of the training material and how to progress this work. Conclusion: The need to ensure interventions offered in this context were sustainable and culturally sensitive. This project was funded by Cardiff University Global Challenges Research Fund 2019.
Development of global youth mental health model and consensus framework

Sunday, 27th October - 11:30: Concurrent 1.1 Oral - Global Perspectives (Great Hall 1 & 2) - Oral - Abstract ID: 249

By 2030 mental health is predicted to be the costliest non-communicable disease on earth. It is also well known that mental illness is overwhelmingly an illness of young people, with over 75% of mental illness onset occurring in people under 25 years of age. While these figures have long been known, there has been little response to this issue. The consequence has been many millions of young people experiencing mental ill health around the world having no services to seek help from, little awareness of what is going on for them, and in too many places large amounts of stigma to overcome in seeking what help may be available. This has led to an over abundance of young people not fulfilling their academic or career potentials, and having lives more marked by their illnesses than their abilities and dreams.

In 2019, the World Economic Forum and Orygen, The National Centre of Excellence in Youth Mental Health in Australia are working together to start to address this situation. Through a range of consultations with people with experience gained from either their life, in youth mental health, or in service reform and development, or because of their experience in implementing mental health services in the context of different resource environments and constraints, a model of youth mental health service provision was developed. This model will be flexible to allow for implementation in a number of different resource settings.

This presentation will describe work on the model development between February and September 2019. It will also ask for feedback from the audience about their opinions on the model and any changes that they would like to be considered in the production of the final model.

The model will be finalised and launched at the WEF Davos conference in January 2020. A range of policy and advocacy tools will be developed alongside the model. It is hoped that the model will lead to service reform around youth mental health in many parts of the world.
**United for Global Change: Building Sources of Strength for Youth Mental Health and Wellness**

Sunday, 27th October - 11:45: Concurrent 1.1 Oral - Global Perspectives (Great Hall 1 & 2) - Oral - Abstract ID: 782

*Ms. Sheryl Boswell (Youth Mental Health Canada)*

Youth Mental Health Canada has created Youth Mental Wellness Tool Kits for Mental Health Promotion and Change. Make Hope Happen is a strength-based approach to mental health and wellness and suicide prevention with the provision of a tool kit of resources, information and aids. The focus for Make Hope Happen is on the development of culturally sensitive, trauma-informed mental health and wellness tools and resources, using a participatory, strength-based and hope-filled awareness model that involves active learning through interactive methods of engagement.

We believe that mental wellness is central to ensuring all students have every opportunity to access an education. Addressing a student's mental health and social emotional needs leads to better outcomes. Yet schools lack the resources to provide effective mental health services. We've created this Toolkit to help schools work together with community partners to assess, identify, prioritize and support students total health and education needs.

We need culturally focused mental health and wellness programs and resources that increase access to treatment and address self, societal and cultural stigma. The lack of culturally-sensitive and mental health trained education and health professionals means that we need to put the tools for wellness in the hands of those who need them. Creating individual and community sources of strength is an important preventative measure in mental health. It's a way to combat social isolation, develop connection and community, strengthen individual and community resources, skills and strategies so that we are stronger together.

The “Make Hope Happen” project is led and guided by youth in our Youth Advisory Group, college and university placement students, community members and organizations. We have solid partnerships with academics, researchers and mental health and community advocates and organizations, as well as leading international academics, clinicians, suicidologists and researchers that have informed all stages of our project. Every tool and resource that we have created will utilize international best practices in mental health, including the incorporation of DBT (Dialectical Behavior Therapy), CBT (Cognitive Behavior Therapy) and Social-Emotional Learning; evidence-based, effective tools for strength and change.

The Youth Mental Wellness Tool Kit is not just for the “one in four” or “one in five”. It is for everyone. The toolkit is for anyone feeling stressed and overwhelmed by the pressures of school, work and life.

A health equity lens has guided the youth assessment, design, production and evaluation of our mental wellness tool kits. We have incorporated a recognition of the differences of sex, gender, ethnic/cultural backgrounds, migration histories, geographic locations, sexual orientation and socioeconomic status in the project design and development.

The loss of education, employment and life potential and often life due to mental health issues requires innovative approaches using youth mental health best practices with people who have lived experience of mental health leading and directing programming models and programs.
Challenges in designing a new YMH program in Hong Kong

Hong Kong is a representative oriental metropolitan society, with limited Mental health resource and high stigma. Mental Health Service are truncated into Child and Adolescent Psychiatry and Adult Psychiatry. Youth Services are not well-empowered to deal with mental health needs. Many young people with mental health needs do not received the support they need.

Some of distinctive challenges include a desperate lack of personal space; intense competition amongst peers; and limited mental health awareness. A culture of filial piety tends to under-value young people. A stoic attitude to life does not encourage communication about mental health problems. The crowded, collective social environment may magnify any detrimental impact of technology. An effective youth mental health engagement platform will need to respond rapidly to these challenges.

An initiative to build a youth-specific mental health platform will be discussed. The project aims to transform under-utilised youth centres into youth-friendly engagement platforms. A capacity building process will enhance mental health competence in youth worker. Engagement and screening will be flexibly carried out to identify young people at risk of mental health deterioration. Preventative intervention will be offered to reduce the risks. The project will be evaluated from a health economics perspective.

The experience gained from this project will inform not only further developments in Hong Kong, but will also be relevant to other Asian youth populations as well as in multi-cultural societies.
**Frayme: Building the structure to support the international spread of integrated youth services**

Sunday, 27th October - 12:15: Concurrent 1.1 Oral - Global Perspectives (Great Hall 1 & 2) - Oral - Abstract ID: 378

*Dr. Tanya Halsall (The Royal's Institute of Mental Health Research affiliated with the University of Ottawa), Ms. Meriem Benlamri (Frayme), Ms. Nancy Zhao (Frayme), Ms. Emily Alexander (Mental Health Commission of Canada; Frayme), Dr. Ian Manion (The Royal's Institute of Mental Health Research affiliated with the University of Ottawa), Dr. Steve Mathias (Foundry BC), Dr. Warren Helfrich (Foundry BC), Dr. Vidya Iyer (McGill University), Prof. Rosie Purcell (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Joanna Henderson (CAMH - McCain Centre)*

**Introduction:** Frayme is an international network designed to accelerate the adoption and scaling up of integrated youth services (IYS). This is done through the synthesis of evidence from a variety of sources and a commitment to integrated knowledge mobilization (KMb) to inform research policy and practice. Frayme is utilizing innovative approaches to stakeholder engagement (youth, families, policy makers, funders, researchers and practitioners) and KMb in order to co-design system change.

**Objectives:** The purpose of this paper describes the overall Frayme strategy and presents findings from a participatory needs assessment implemented to inform policy-related priorities.

**Methods:** The Frayme leadership team facilitated a needs assessment based on a modified TRIZ exercise. TRIZ is designed to promote innovative thinking and creativity within problem-solving. The TRIZ exercise was based on three negative case examples related to the exchange of knowledge about IYS. There were 63 participants who attended the event including provincial and territorial government officials, philanthropic partners, youth and family members and leaders in the field of youth mental health. Qualitative data were analyzed using a thematic analysis.

**Results:** The four themes identified through the TRIZ were: 1) Traditional scientific practices, 2) Organizational obstacles, 3) Change-aversion, and 4) Pre-established stakeholder hierarchies.

**Conclusion:** Through the recognition of these challenges, Frayme has developed a set of major objectives to inform projects, opportunities for knowledge sharing, implementation of evidence and scaling up of efforts. The Frayme integrated KMb model represents a unique applied example of an evidence-informed approach to practice collaboration in KMb to promote system change. The findings from this research also contribute to the expanding knowledge base with regard to complex evaluation and system transformation.
**headspace - Achievements and challenges from the second decade of national implementation**

Sunday, 27th October - 11:30: Concurrent 1.2 Oral - Service 1 (Mezzanine Level, Room M1) - Oral - Abstract ID: 783

*Mr. Jason Trethowan (headspace National Youth Mental Health Foundation)*

**Introduction:** headspace The National Youth Mental Health Foundation is now the largest provider of youth mental health care across Australia. headspace commenced in 2006 and is into its second decade of implementation as the Australian Government's response to high levels of need for mental health care and low levels of service use among adolescents and young adults aged 12-25 years. headspace centres are the foundation of the platform, comprising highly accessible, youth-friendly, integrated service hubs providing evidence-based interventions across the core streams of mental health, alcohol and other drugs, general health and vocational support services. headspace now has 110 centres across the Australia and the centre network continues to expand with model innovations such as satellites and outreach services. The headspace platform is enhanced by a growing range of other services that extend the initiative across the entire spectrum of interventions for youth mental health, enabling stepped care and continuity of care.

**Objectives:** This presentation will describe how and why the headspace platform has expanded and been enhanced to engage young people with a diverse range of mental health presentations through a range of services, including community awareness, school-based prevention, online innovations and expansion of the centre network model.

**Method:** The evolution of the headspace platform will be outlined using data from the minimum data sets that are collected for each service. The data will be used to describe the young people who are accessing the different headspace services and the key outcomes that are being achieved.

**Results:** There is significant variation in the characteristics of young people accessing the different headspace services, demonstrating that the platform is engaging young people at varying levels of mental health need and complexity through its diverse service offerings. headspace has become a trusted and sought out brand for youth mental health across the entire spectrum of interventions. While impact and outcomes are an ongoing challenge to capture, data are starting to reveal the successes of the headspace initiative, and the areas needing increased focus in the future.

**Conclusions:** headspace has achieved transformative change in the Australian mental health care system through an increasingly integrated national platform of services. Now into its second decade, the platform is ready to take the next steps to deliver a truly integrated stepped and continuing care system that meets the needs of young people and their families and communities. This progress is, however, contingent on effective ways to address workforce and resource challenges.
Inspired by the Youth Mental Health movement, and guided by the needs in youth mental health care in The Netherlands, we started @ease, the Dutch Headspace like initiative. The aim of the 3 year project is to reach 4 @ease locations by the end of 2019, 2 in Amsterdam, 1 in Maastricht and 1 in Heerlen. @ease is aimed at and developed with adolescents aged 12-25 years old. Although the need for such services is quite evident, its implementation has been sometimes challenging; the result is a service with its own characteristics, different to the Australian Headspace centra we know: thanks to the influence of adolescents @ease offers a free, anonymous service; we work with young trained volunteers who are supervised by mental health care professionals on the site with professionals on site. Specific attention in the 2 day training of the young volunteers is paid to suicide.

Working with trained young volunteers had been firstly used for the Headspace services in Denmark, a society with a comparable social and healthcare structure to the Netherlands.

The project phases will be addressed as well as a summary of first results, on how young adolescents see @ease, on how we train volunteers, including questioning suicidal thoughts. Specific research results will be presented in a separate presentation.

We have specific questions we want to raise around speed of growth as there are 4 other cities interested in @ease and would be excited to discuss and present or model of @ease.
Foundry: Where youth wellness matters in British Columbia, Canada

Sunday, 27th October - 12:00: Concurrent 1.2 Oral - Service 1 (Mezzanine Level, Room M1) - Oral - Abstract ID: 562

Dr. Steve Mathias (Foundry BC), Dr. Skye Barbic (University of British Columbia), Dr. Karen Tee (Foundry), Dr. Warren Helfrich (Foundry BC), Ms. Pamela Liversidge (Foundry BC), Mr. Godwin Chan (Foundry BC), Ms. Stephanie Gillingham (Foundry), Ms. Leah Lockhart (Foundry BC), Ms. Krista Gerty (Foundry BC), Ms. Corinne Tallon (Foundry BC)

BACKGROUND: One in five Canadian young people lives with a mental health or substance use (MHSU) disorder that impairs their functioning at home, school and within their communities. Yet, only 25% of young people (defined as ages 12-24 years) receive the MHSU and primary health care services they need. Although the national adoption of person-centred care is widely supported, there is a disconnection between that vision and the reality of how young people in Canada are accessing care that addresses their developmental needs and goals. The aim of this presentation is to describe a new model of integrated health services and program of research designed to improve the health and social outcomes of all young people and families in British Columbia (BC).

METHODS: In 2016, our team led the selection of five communities across BC to develop a Canadian first: a network of one-stop shops for youth to access primary care, mental health care, substance use support, peer support and social services. Today, seven centers are operational and four more will open in 2019/2020. These centers are described as “game changers”, as their creation requires intentional partnerships between multiple organizations to deliver the health and social services needed by young people in one, easy to find location. The creation of a positive brand called ‘Foundry’ was unique, as it describes not only the youth-friendly centers, but the umbrella for over 140 government, health authority and non-profit organizations working together to solve the crisis young people face to access services. Foundry also describes a new online service, intended to facilitate virtual navigation.

RESULTS: The Foundry brand is now highly visible in BC and is a symbol of hope, where youth and families can receive rapid access to care while decreasing stigma. In 2018, Foundry centres received over 100,000 in person health service visits and 178,000 online visits. Based on results from youth and family experience surveys, youth visiting the centres reported feeling welcomed (94%), and comfortable (90%) and would describe Foundry as a ‘Youth Friendly’ place (94%). Family members and caregivers also report feeling welcomed (85%) and comfortable (88%). More importantly, youth reported that they got help for the things they wanted help with (91%) and were more able and prepared to manage their current situation or health condition because of their contact with Foundry (94%).

CONCLUSION: As the demand increases for MHSU and primary health care services to be youth- and family-centered, Foundry is building a model of health care that is driven by the needs and priorities of young people and their families. The model addresses urgent priorities in Canadian health service that are aligned with current fiscal and operational realities faced by MHSU health systems. Foundry also serves as a model for implementation of integrated centre-based and online youth services, contributing to the global knowledge base.
Transforming the Youth Mental Health System of Care. A Canadian city’s experience in increasing the percentage of treated youth in the population

Sunday, 27th October - 12:15: Concurrent 1.2 Oral - Service 1 (Mezzanine Level, Room M1) - Oral - Abstract ID: 758

Ms. Christine Mummery (Alberta Health Services), Dr. Shireen Surood (Alberta Health Services)

Introduction
There is a significant gap between the percentage of the adolescents and young adult population who suffer from a mental illness and the percentage of this population who access mental health services. In 2014-15, the Addiction and Mental Health Service (Alberta Health Services) in Edmonton, Alberta, Canada identified, by looking at quality improvement data, family complaints and critical incident reviews, that services were not effectively engaging and supporting youth to receive the clinical mental health services they needed. Additionally, the percentage of the population accessing treatment was significantly lower that the estimated number of youth who suffer from mental illness.

Edmonton, with a metropolitan population of 1.2 million, was successful in becoming one of 14 sites in the national ACCESS Open Minds project in 2015. This presentation will describe how this city made significant changes to what was a traditional, medical-centric system with a hard divide between adolescent and adult addiction and mental health services. We will demonstrate the impact of this transformation on the change in the percentage of the population who have accessed services between 2014 and 2018.

Objectives
The Addiction and Mental Health (AMH) Services in Edmonton made a commitment to transform Youth and Young Adult Services. We committed to the following objectives:

- Increase the number of youths accessing AMH services;
- Reduce the number of youth/young adults who disengaged with AMH Services, especially after turning 18;
- Reduce/eliminate the wait time for service;
- Improve the pathway to specialist care when needed;
- Encourage youth/young adults and their family members to advise the transformation;
- Work with youth-serving partners to identify youth with mental health concerns earlier.

Method / Approach
Edmonton undertook specific actions and strategies to meet the stated objectives. The organizational structure of AMH Services was changed to create a Youth/Young Adult Integrated Service (YYAIS). New job descriptions were written for all clinicians and psychiatrists willing to work with youth across the 15-25-year age span were recruited. Three walk-in sites were opened, including the AOM site at the YMCA in the city centre. Paid peer-support positions for youth and families were created. Mental health therapists and addiction counselors were embedded into high schools and other early intervention strategies were specifically used with the school districts and Children’s Services. To facilitate access to appropriate specialized services for acutely unwell youth, a Young Adult Inpatient Unit was developed and managed by the YYAIS.

Results
This presentation will provide data to demonstrate the effectiveness of each of the strategies described above, including the specific measurements used at the AOM site, given that it was part of the national AOM project. Additionally, we will provide examples of how this system transformation affected young people and their caregivers.
Conclusion
The project effected the number of untreated youths in a variety of ways. Importantly, the process of change towards a youth-engaging AMH service within an existing mental health system is described.
Uniting the Voices of Young People One Story at a Time

Ms. Stephanie Vasiliou (batyr)

Introduction
Stigma is a global factor that plays a role in preventing young people from reaching out for support if they need it. Through batyr’s evidence informed, peer-to-peer model, this non-profit organisation amplifies the voices of young people with a lived experience to smash the stigma surrounding mental health and to increase the likelihood of seeking help. This presentation will demonstrate how magnifying these stories of resilience have directly contributed to sharing and learning about best practice internationally, while shaping policy, programming and meaningful engagement of young people in a united way.

Objectives
batyr aims to give young people a platform for building the confidence to share their stories safely to empower other young people through structured school, university and community programs. This has extended to getting young people a seat at round table discussions with Government Senators and Commissions and through uniting internationally with organisations to work collaboratively for real change.

Approach
batyr’s approach is based on leading stigma reduction research stemming from the United States by Patrick Corrigan. After developing and trialling the model in a number of schools, batyr has scaled across the East Coast of Australia and further research on the programs has been completed. Through a randomised controlled trial investigating the efficacy of the batyr@school program that involves sharing of lived experience, researchers at Macquarie University found a reduction in stigma in young people and an increase in intentions to seek help. Through understanding batyr’s impact, international knowledge sharing and learning has been an important next step for batyr in order to increase collaboration outside Australia. Collaboration has involved running speaker training workshops in Hong Kong for KELY Support Group while learning about cultural information to bring to Australia. In addition, regular knowledge sharing meetings with Jack.org in Canada and Student Minds in the UK have continued bridging best practice, which has continued through supporting Bravo charity in Mexico to work in the preventative mental health space.

Implications
By building this platform of knowledge sharing to improve best practice internationally, Australian government has begun taking notice. Through seeing the long-term preventative impact the voices of young people can have on policy, including health, education and employment, innovative projects are beginning to be supported. This includes implementing the sharing of digital stories of young people to help others going through a hospital admission, additionally an initiative empowering unemployed young people with a lived experience to own their stories and secure employment is being trialled across NSW. Beyond these initiatives and projects, the Australian Government through the Mental Health Commission is working with batyr to evaluate the themes of 100+ stories of young people that have experienced mental health issues and accessed services to help guide policy and service providers in Australia.

Conclusion
Through elevating the voices of young people in meaningful ways, they are becoming central to important discussions happening in the mental health space. By extending this information outside of Australia, we can foster shared learning to truly make the positive differences our world needs.
Youth with lived experience of mental health struggles add value to mental health/life promotion/suicide prevention initiatives. Specifically, in sharing stories of their lived experience, young people can effectively improve knowledge and shift attitudes about mental health among their peers. However, sharing personal testimony, without guidance or intentionality, can be dangerous and counterproductive.

At Jack.org we’ve learned to shape, support, and intentionally apply the sharing of such stories in life promotion/suicide prevention initiatives, safely. In one of our three programs, the Jack Talks program, young people over the age of eighteen to deliver 45 minute to hour long presentations on mental health to their peers. These presentations walk through the basics of mental health, signs of mental health struggle, reference accessible community resources for help, and provide directives on what to do for self care or if you notice mental health struggles in others. To prepare for delivering these presentations, speakers work through an eight week curriculum with guidance from coaches. After completing this training, young people with lived experience of mental health struggle receive the necessary safe storytelling skills to deliver effective mental health presentations.

In developing this training, Jack.org consulted with mental health experts (i.e. psychiatrists), public speaking facilitators, and young people with lived experience of mental health struggle. Following this consultation, guidelines around sharing stories safely were developed. This included:

- Providing audiences with trigger warnings before sharing stories
- Tailoring individual stories to meet the audiences’ needs and/or the goal of the program (rather than being complete biographical accounts of struggle)
- Not sharing symptoms of mental health struggle in any great detail, and avoiding triggering language
- Identifying personal boundaries and not disclosing personal information that speakers are uncomfortable sharing.
- Highlighting the help seeking and recovery elements of stories

Though Jack.org is consistently evaluating and improving our Jack Talks, in this presentation, we will share learnings from our years of facilitating youth testimonial presentations: our early mistakes and subsequent successes in this facilitation, the impact and appropriateness of such storytelling, and safeguards to preventing triggering. These learnings could be helpful to those looking to involve young people in mental health promotion work, and provide a platform for their stories of mental health struggle. Jack.org partners with many organizations (e.g. First Nations Health Authority in British Columbia, Centre for Expertise in Workplace Mental Health in Canada), so they may safely and effectively engage young people to this end.
Youths with a mental health history’s citizen involvement: a recovery and collective empowerment tool

The following presentation will be based on the findings of the 1st phase of the Great Mental Health Youth Gathering, a project by, for and with Quebecer youths with a mental health history. The project aims to create an identity community centered around the common mental health experiences of Quebecer youths (16-35 years old) of diverse backgrounds (LGBTQA+, racialized communities, indigenous communities, diverse socio-economic backgrounds, people with multiple disabilities, etc.). It develops a feeling of belonging by building awareness of shared and specific experiences, challenges and aspirations, through different activities developed by, for and with youths with a history in mental health - even the team from the sponsoring non-profit organization is lead by a young person living with mental illnesses.

The present presentation will first present:

1. The potential of making youths the central actors of mental health projects for youths recovery & collective empowerment, as well as for the general success of such projects, which often miss the mark by not following youths at every development stage.

2. The necessary adjustments to the way organizations usually conceive such projects in order for them to suit the particular needs, expertise and desires of youths with a mental health history. This includes working methodologies, success assessments, selection criteria, working conditions, and more.

It will then open up discussion and questions about what elements are still missing from this projects’ perspective on these two topics to really make youth-led mental health projects as inclusive and revolutionary as intended, both for youths and for the societies in which such projects are rooted.
An Innovative Approach to a Youth Mental Health Reference Group

Sunday, 27th October - 12:15: Concurrent 1.3 - Oral - Youth Voice/Peer 1 (Mezzanine Level, Room M2) - Oral - Abstract ID: 273

Ms. Jennifer Griffiths (A/Co-Director, YouthLink, Youth Mental Health, North Metropolitan Health Service, Mental Health, Dental Health And Public Health, Health Department of Western Australia), Mx. Sam Waldeck (Youth Reference Group member, Youth Mental Health, Consumer Advisory Council Youth Representative, North Metro Health Service, WA), Ms. Lili Grygiel (Youth Reference Group member- Youth Mental Health, North Metro Health Service, WA)

Australia’s young people are diverse, yet there are common themes arising in the lives of young people who experience significant trauma and risk of homelessness. Youth Mental Health (North Metropolitan Health Service, Health Department of Western Australia), provides assessment, evidence based therapies, case management and psychiatric services to marginalised young people aged 13-24 years, across the Perth metropolitan area, who experience barriers to accessing “mainstream” mental health services. These barriers may include homelessness or transience across regions, Aboriginal or Torres Strait Islander identity, comorbidity, and sexuality and gender diversity. Youth Mental Health provides flexible service delivery, longer term support where required, and community outreach.

The Youth Reference Group (YRG) of Youth Mental Health was developed in 2016, to provide consumers with opportunities to contribute to service development, implementation and evaluation. There are also opportunities to provide consultation, contribute to policy development and review, and to engage in co-design of emerging mental health services. Membership of the YRG is open to any current or recent past (two years) consumers of Youth Mental Health, and allows individuals to elect into any activity which they may be interested in, and wish to contribute to.

An innovative addition to the model for the YRG is the focus on creative activities with mental health themes, which are devised, planned, developed and carried out by the YRG. These activities also support the development of participants’ skills and competencies, their sense of their own capacities and potentials, their connectedness with community, and can also serve as a helpful adjunct to the counselling and therapy they receive through Youth Mental Health.

The activities which the YRG has developed since it commenced have included:
- State wide youth photography competition on the theme: “What Self-Care Means to Me” (2016). The resulting photographs were then displayed at a public event: “WA Mental Health Week Family Fun Day”, and have been compiled into a book;
- Skills Development Training (Two workshops in 2016 and 2018) in “Telling My Story Safely” (Mental Health advocacy preparedness) and Peer Support Skills;
- Youth Music Event (2017) in which participants worked with a music mentor to develop their original works, then performed these to a public audience at a WA Mental Health Week event;
- Slide Show presentation in “Pecha Kucha” format: “Images of Recovery: Young People Tell Their Stories” using photographs, artworks, spoken text and music of YRG members, to describe their mental health and recovery journeys. The presentation has now been delivered by YRG members at several local, Statewide and National events (2017 and 2018);
- Writers’ Workshop series in which YRG members worked with a published author and writing mentor, to produce personal works reflecting on “Finding My Strength and Resilience. Two of these works were then presented to a Short Story Festival in Perth and to a number of other audiences (2018 and 2019).

The two YRG members who deliver this presentation will read the works they produced at the Writers’ workshop at the conclusion of their presentation.
The #chatsafe project: Using social media to prevent youth suicide

Dr. Jo Robinson (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Nicole Hill (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Pinar Thorn (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Michelle Lamblin (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Rikki Battersby (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Zoe Teh (Orygen), Prof. Nicola Reavley (The University of Melbourne), Prof. Jane Pirkis (The University of Melbourne), Dr. Jaelea Skehan (Everymind), Dr. Simon Rice (Orygen the National Centre of Excellence in Youth Mental Health)

Introduction: Social media has revolutionised the ways in which society, and in particular young people, communicate and connect with others. When it comes to communicating about suicide this presents both opportunities and challenges. On the one hand, young people can, and do, use a variety of platforms to express their distress, and actively seek and receive information and support in real time. On the other hand, they could be exposed to potentially distressing and harmful content, with risks such as suicide contagion if information is not shared safely. Despite its pros and cons, social media is indisputably acceptable to young people, and is clearly here to stay. As such, tools or resources are necessary to equip young people to communicate about topics such as suicide safely using these platforms.

Objectives: The aims of this project were twofold: 1) To develop a set of evidence-informed guidelines specific to suicide-related communication on social media for young people; and 2) To implement the guidelines via a social media campaign co-designed with young people.

Methods: A Delphi expert consensus method was conducted in order to develop the guidelines. This involved systematic searches of peer-reviewed and grey literature, and the extraction of ‘action items’ from included sources to construct a Delphi survey. The survey, conducted over two rounds, was completed by two expert panels: young people (N= 27) and professionals (N= 43). Items that achieved consensus within and between panels were included in the guidelines.

To bring the guidelines to life, we partnered with a digital design and technology company and conducted a series of co-design workshops, with a diverse range of young people, across Australia. The co-design process included:

1. Exploring and identifying the needs of young people when communicating about suicide on social media
2. Development of corresponding social media solutions and design concepts underpinned by the guidelines
3. Prototyping and user-testing.

Results: A total of 173 items were included in the guidelines. The items were organised into five broad themes: 1) Things to consider before you post anything online about suicide; 2) Sharing your own thoughts, feelings, or experience with suicidal behaviour online; 3) Communicating about someone you know who is affected by suicidal thoughts, feelings, or behaviours; 4) Responding to someone who may be at risk of suicide; and 5) Memorial websites, pages, and closed groups to honour the deceased.

Ten co-design workshops, with over 122 young people, aged between 18 and 25 years, were conducted across four Australian states (NSW, SA, VIC, WA). Based on feedback from young people, three campaign directions emerged: 1) Want to chat?; 2) How to chat; and 3) Chat to me. Each of the campaign directions comprised three content types: animations, videos, and images. Campaign prototypes were user-tested and validated by young people.
**Conclusion:** This is the first project, internationally, to develop and implement guidelines to foster safe and helpful suicide-related communication among young people on social media. While specifically developed for young people, the guidelines can also be used by parents, teachers, community workers, and health professionals.
A Youth Perspective on a novel approach to suicide prevention at the Gold Coast Mental Health and Specialist Services

Sunday, 27th October - 11:45: Concurrent 1.4 - Oral - Suicide 1 (Mezzanine Level, Room M4) - Oral - Abstract ID: 341

Dr. Hitesh Joshi (Gold Coast Mental Health & Specialist Services), Dr. Sabine Woerwag-Mehta (Gold Coast Mental Health & Specialist Services)

Introduction
Suicide affects people of all ages in the community and the impact of these tragic events is felt by consumers, families, health providers as well as broader communities. In 2017, 115 deaths by suicide in people younger than 25 years were recorded in Queensland.

Objective
The Gold Coast Mental Health and Specialist Services (GCMHSS) is committed to reducing suicides of consumers in our care by implementing a system-wide Suicide Prevention Strategy following the principle of Zero Suicide framework. In this presentation, we will outline an innovative model of care - the Suicide Prevention Pathway and report on a subset of consumers, young people less than 25 years of age, at risk of suicide. The Pathway incorporates a comprehensive assessment and formulation of suicide risk, development of the Safety Plan which includes counselling access to lethal means, psychoeducation of the consumer and their carers; structured follow up and transition of care. An amended version of the Safety Plan was developed to meet the needs of younger consumers.

Results
In recent years, there has been an increase in the numbers of young people presenting to EDs with suicidal or self-harm concerns. For example, between July and December 2017, there were 963 such presentations by persons under the age of 25; of those 59% presented with suicidal ideation, 11% with non-suicidal self-injury and 30% with a suicide attempt.
Since its implementation in December 2016, around 1,000 young people have been placed on the Pathway. We continue to monitor the fidelity to the individual components of the Pathway as well as long term outcomes for this cohort of consumers. We will present preliminary results from this evaluation.

Conclusions
GCMHSS' Suicide Prevention Strategy following the Zero Suicide framework represents a comprehensive, continuous improvement approach, with an aspirational challenge, that suicide deaths of people under health care can be prevented.
Rationale
Youth Focus's overarching mandate is to prevent suicide and reduce symptoms of depression, anxiety and other mental health issues for young people aged 12-25. Alarming rates of suicide have been noted for this cohort in remote areas, particularly among Aboriginal populations. The cohort deemed most at risk of mental health difficulties and suicidal behaviours are referred to as “Youth Severe” for the purposes of this paper. This cohort was noted in the area to have low engagement with services, low engagement with everyday activities, have experienced inter-generational trauma, have limited emotion regulation skills, and to be predominantly Aboriginal (approximately 95%). Documented distrust of colonial services was a dominant feature (Westerman, 2018).  

Project Objectives
 Although a number of mental health services for this cohort exist in the Murchison, these were observed by service providers, potential clients and residents to have low engagement. A number of key problem areas were noted by a Coroner’s report (2019), consumers, the community and current literature. These included:

- A hierarchical, rather than a collaborative approach.
- External, formally educated providers as experts, rather than recognition of local community expertise and lived experience.
- Attempts to facilitate change through short-term programs, rather than through long-term relationships.
- Programs predominantly developed elsewhere and superimposed on the community, rather than a consultative needs assessment and program design.
- Programs that isolate and address single issues (e.g. Drugs and Alcohol) rather than consider community-wide, inter-generational functionality.

Youth Focus sought, alternatively, to provide long-lasting community-level change in an empowering, collaborative fashion.

Methods
Following a review of the literature, significant cultural training (e.g. Westerman, 2018) and community consultation, Youth Focus employed a local, well-regarded Aboriginal Youth Engagement Officer (YEO) to implement a collaborative, responsive, community-based approach. The YEO worked in consultation with a qualified, non-local psychologist. Through engagement with the Meekatharra Aboriginal Reference Group (MARG), the Yamatji Reference Group (YRG), the local Youth Centre and various other local stakeholders, Youth Focus engaged community members at all levels in order to develop a service most likely to drive engagement, empower community members and facilitate long-term positive change.

Results
Through consultation, training and literature review, it was found that culturally appropriate music, art and sports programs were most likely to engage the target cohort. Practical art and music skills already possessed by Youth Focus staff were therefore used to form a practical and physical approach to learning and instigating mental health conversations, with longer-term, interpersonal, reciprocal relationships being the fulcrum for positive psychological change.

Conclusion
As relationships were built, the community and members of the Youth Severe cohort presented as friendly and open. Young people engaged documented regularity, with enthusiasm and enjoyment. Positive engagement, feedback and quantitative as well as qualitative outcomes facilitated a collaboration with the Royal Flying Doctor Service (RFDS) and the expansion of Youth Focus services to the Goldfields area, and the employment of a full team. We look forward to sharing more of these results in the future!
Best practice when working with young people at risk of suicide: An examination of the perspectives of young people and GPs

Sunday, 27th October - 12:15: Concurrent 1.4 - Oral - Suicide 1 (Mezzanine Level, Room M4) - Oral - Abstract ID: 369

Dr. Jo Robinson (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Maria Michail (University of Birmingham), Ms. Michelle Lamblin (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Pinar Thorn (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Sadhbh Byrne (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Yael Perry (Telethon Kids Institute), Dr. Ashleigh Lin (Telethon Kids Institute), Prof. Kerry Gibson (University of Auckland), Ms. India Bellairs-Walsh (Orygen, The National Centre of Excellence in Youth Mental Health)

Rationale: Suicide is the leading cause of death among young Australians, with rates increasing. Research has shown that for young people, the number of visits to General Practitioners (GPs) increases before death by suicide. In the healthcare system, GPs are typically the first point of contact for young people experiencing difficulties, and thus represent an invaluable opportunity to effectively identify, respond to, and manage signs of suicidality. However, there are a number of barriers to service access for young people, as well as challenges faced by GPs when undertaking risk assessments for suicide/self-harm, including the limited reliability of existing risk assessment tools, and a lack of youth-specific guidelines for undertaking risk assessments. Additionally, information on how well-equipped, knowledgeable, and confident GPs are in conducting risk assessments with young people is lacking, alongside young people’s opinions on risk assessment practices.

Aims: This study aims to explore what best practice in primary care looks like when assessing young people at risk of suicide/self-harm, through examining the perspectives of both young people and GPs. The research questions are:

• What are the views and experiences of young people who undergo a suicide risk assessment in primary care?
• What are the views and experiences of GPs who assess, communicate with, and manage young people with signs of depression and/or at risk of suicide?
• What are the gaps in risk assessment education and training?
• What is best practice when it comes to supporting young people at risk of suicide?

Methods: This qualitative study utilised face-to-face focus groups, consultations, and individual interviews. Two focus groups were conducted with young people (N = 10, M_\text{age} = 20.66 years), and a combination of focus groups and individual interviews were conducted with GPs (N = 16, M_\text{age} = 45.44 years). Interviews were recorded and transcribed, and data analysed in accordance with the six phases of Thematic Analysis described by Braun and Clarke (2006).

Results: Significant barriers exist for both young people and GPs around service access and care provision, including a lack of appropriate facilities, services, and resources, as well as time-pressured appointments. Young people reported poor mental health literacy and a lack of awareness around accessing primary care for mental health problems. GPs reported insufficient knowledge and information relating to referral pathways and services. Both groups discussed therapeutic and relational barriers, with young people feeling stigmatised and judged, and GPs perceiving young people’s disengagement from treatment.

Implications: The findings of this study will serve to inform the development of best practice resources, tools, and training materials for GPs in their assessment of suicide/self-harm risk in young people. Improved information provision for young people around their interactions with primary care, and clear signposting of referral...
pathways and service information for GPs would be fruitful. Additionally, risk assessment protocols and guidelines to follow – particularly for those with limited experience – and crisis management/suicide intervention training for GPs could be beneficial.
Mobilizing youth for mental health: Lessons learned from the Global Shapers Peer-Counseling Training

Ms. Fatima Azzahra El Azzouzi (Microsoft)

The scarcity of supply of Mental Health professionals compared to the increasing demand is staggering. A considerable portion of this demand comes from young individuals who have peculiar needs pertaining to their age, culture and language among others. Covering the demand from youth is better addressed by involving youth in line with the concept of “Nothing for us without us”.

In 2019, the Global Shapers Community, a network of young leaders affiliated with the World Economic Forum, is working on an alternative solution to professional Mental Health services for youth, leveraging the power of young volunteer network.

The purpose of this session is to share the results and lessons learned from the process of designing and implementing a global Peer-Counseling Training program by and for young people. Based on a “Train The Trainer” approach, the objective is to train Global Shapers who live in more than 350 cities across 180 countries to go back to their local communities and train young volunteers to deliver basic mental health care to those who need it most and may not be able to afford professional help.

That approach makes the solution highly scalable and would encourage young people to reach out more fluidly to fellow young individuals who in most cases have mental health lived experiences. This model can be replicated on a global scale by bringing together a coalition of young networks who may be able to solve a problem that large institutions have not been able to solve on their own.
Partnering with youth to design “allcove”- a new integrated youth mental health model in the USA

Sunday, 27th October - 11:45: Concurrent 1.5 - Lightning - Peer Work and Youth Engagement (Plaza Level, Room P1) - Lightning Presentation - Abstract ID: 298

Ms. Vicki Harrison (Stanford Psychiatry Center for Youth Mental Health & Wellbeing), Dr. Steven Adelsheim (Stanford Psychiatry Center for Youth Mental Health & Wellbeing)

The Stanford Psychiatry Center for Youth Mental Health & Wellbeing is preparing to open the doors of what it hopes will be the first of many integrated youth mental health care centers of its kind across the United States. In early 2018, Stanford convened an advisory board of 27 young people from the two communities where it plans to open the first two centers in Santa Clara County. Over the course of 2018, Stanford partnered with these 27 youth advisors, global design group IDEO.org, and dozens of community-based experts and youth to engage in a user-centered design process to create a new name, brand identity and experience design for the new US centers. Months of interactive feedback sessions with youth, designing and testing prototypes, and collaborative working sessions led to the creation of a new brand and experience which embodies the inclusive, supportive, stigma-free environment American youth are seeking and that Stanford and its many partners are hoping to achieve with the launch of the “allcove” model. This session will describe the youth-directed design process, highlight the core youth-developed principles underlying the design, and showcase the new brand and plans for bringing it to life in the first “allcove” center in the US.
This presentation will demonstrate how online peer support forums, or communities, can promote youth wellbeing and prevent suicide. Qualitative research from an evaluation of the ReachOut.com youth forum, in conjunction with case studies and service delivery principles, will give evidence to support how online peer support models can prevent youth suicide by encouraging positive mental wellbeing, building service readiness, encouraging early help-seeking and providing social, emotional and network support.

The ReachOut.com youth peer support mental health forum received over a million views last year (2018), had 9,364 signed-up members and an average of 1,000 posts per week. This presentation will showcase the unique opportunity online communities have to support many young people, who often go online seeking advice, reassurance, empathy and validation to the challenges they experience.

The presentation highlights the strengths of offering peer support online to reach young people where already are, everyday. We will explain two strategies that we see as key to the future of youth suicide prevention:

1) Upskilling young people to provide quality peer support through our volunteer programs an online peer support service for young people
2) Utilising digital tools designed specifically for the service to ensure that the forum can effectively support users in high distress.

Practical learnings about what young people value about online peer support, and how they benefit from this model to improve their mental wellbeing, will be outlined. Tips will be given advising how a healthy and supportive community can be maintained.

The presentation makes a strong case for the importance of online peer support for young people in the mental health service provision landscape and builds the evidence base to support scaling these models to reach more young people, earlier. We will describe how ReachOut’s community management principles focus on empowering young people to lead change in their own lives towards positive wellbeing. We will also demonstrate how ReachOut staff work together with other support organisations, volunteer community moderators and young people. The presentation highlights how online peer support models can bring professionals and young people together to provide support through a user-centred designed and delivered service.

This presentation will also speak to the importance of valuing peer support, training youth moderators and trusting young people to provide support to others. Practical tips advising how a healthy, supportive online community can be maintained and grow will be outlined.

Through qualitative research insights and case studies that explore young people's forum experiences, the presentation will shed light onto how the forum fits into the everyday lives of the young people who use them, the benefits young people receive by accessing these, and how peer support can be instrumental in the case of suicide prevention. As young people feel comfortable to be emotionally honest and open when posting anonymously on the forum, the presentation presents findings which give real insight into the lived experience of young people experiencing challenges and suicidal thoughts.
Peer Support and Online Communities: Trained youth volunteers leading support online

Sunday, 27th October - 12:15: Concurrent 1.5 - Lightning - Peer Work and Youth Engagement (Plaza Level, Room P1) - Lightning Presentation - Abstract ID: 342

Ms. Jessica English (ReachOut Australia)

Introduction
Peer support is shaping services internationally, demonstrating benefits in overall wellbeing and mental health recovery. Online peer support communities are opportunities for access to the experiential knowledge of groups sharing common experiences, offering new opportunities for help-seeking. ReachOut Australia have been at the forefront of online mental health and wellbeing service delivery for 21 years. We deliver an online peer support forum for young Australians aged 14-25, led by a dedicated team of volunteer youth peer supporters. This presentation will focus on the delivery of our online youth peer support forums, service model, and the ongoing engagement/development of our volunteer peer supporters.

Objectives
Core components of a thriving online community include skilled moderation and volunteer peer supporters trained to offer support that promotes stigma reduction, healthy coping mechanisms and self-help. To date, 70% of young people don't seek help, and our peer support community aims to support youth to cope with the growing stressors of being a young person and empower wellbeing.

Approach:
Our service takes a peer support model approach to online mental health support and provides a safe and anonymous online space for young people to seek help from peers and connect with a community of people going through similar experiences. We know that young people are in the best position to support each other because they can empathise with a situation having “been there” before to help others navigate difficult experiences.

ReachOut run two peer support programs that work together in our online community to build community engagement and support those reaching out for help: Our Peer Moderators Program, and Community Builders Program. Our peer support programs provide volunteers with skills they need to moderate our forums and provide support in the areas of leadership, community building, community moderation, self care and intentional peer support. In the last 3 years, our program has trained over 400 peer supporters.

Results:
Our volunteer peer supporters share their lived experiences of being a young person to provide hope, validation and a space to be heard to over 260,000 young Australians annually, accounting for over 1,000,000 page views every year. The united voices reflected within our forums empower young people to seek professional support, connect with their communities and make meaningful steps towards a happy and well life. This program has enabled us to create a self sustaining and responsive community to the needs and issues young people are facing, helping us achieve our goal to support an additional 1,000,000 people by 2020.

Conclusion
This presentation will explore our volunteer peer support programs and how young people are leading online mental health service delivery. We will present on our youth model of peer support as an emerging opportunity globally, the impact of our online peer support programs and how to support and sustain volunteer engagement. These young volunteers are the leaders and the pillars of our community's sustainability and growth. With ongoing training and support, our peer support community thrives with the compassion and commitment of our volunteer peer supporters.
Measuring and Understanding Youth Participation in Jigsaw: The National Centre for Youth Mental Health

Sunday, 27th October - 12:30: Concurrent 1.5 - Lightning - Peer Work and Youth Engagement (Plaza Level, Room P1) - Lightning Presentation - Abstract ID: 352

Ms. Elizabeth Doyle (Jigsaw: The National Centre for Youth Mental Health), Ms. Rayanne McGregor (Jigsaw: The National Centre for Youth Mental Health), Mr. Criomhthann Morrison (Jigsaw: The National Centre for Youth Mental Health), Dr. Jeff Moore (Jigsaw: The National Centre for Youth Mental Health), Ms. Reidin Dunne (Jigsaw: The National Centre for Youth Mental Health), Mr. John Williams (Jigsaw: The National Centre for Youth Mental Health), Dr. Aileen O’Reilly (Jigsaw: The National Centre for Youth Mental Health)

Introduction: Youth participation involves engaging young people in areas which affect their lives. Research on youth participation in mental health services has typically described general guidelines for best practice and the benefits of this approach. However, little is known about the quality of youth participation in mental health services and the experiences of young people involved.

Objectives: The objective of this study was to examine the experiences of young people involved in Jigsaw’s youth participation structures. Jigsaw is an Irish organisation which aims to advance the mental health of young people in Ireland aged 12-25 by influencing change, strengthening communities, and delivering services. There are thirteen Youth Advisory Panels (YAP) comprising of young people aged between 16-25 years around Ireland.

Method: An online questionnaire was distributed to all YAP members ($N = 100; 63\%$) in January 2019. First, participants were asked to answer a short demographic questionnaire. The Tiffany-Eckenrode Program Participation Scale (TEPPS; Tiffany, Exner-Cortens, & Eckenrode, 2012) was then used to assess the quality of youth participation through four subscales: personal development, voice/influence, safety/support and community engagement. A series of closed- and open-ended questions focusing on young people’s experiences as YAP members were also included.

Results: A working group comprising of Jigsaw staff and YAP members was established to analyse and review findings from the survey. Results indicated young people felt the YAP offered them opportunities to use their voice/influence and for community engagement. The vast majority felt safe and supported in Jigsaw, and that they had opportunities for personal development. Some areas for review were highlighted by YAP members, such as family involvement in Jigsaw and assistance in gaining employment/continuing education. Findings also indicated the TEPPS is a reliable measure of quality programme participation by youth.

Conclusions: The findings from this study demonstrated the quality of young people’s experiences in Jigsaw’s youth participation structure was very good. The methodology and results will be of interest to researchers and practitioners globally interested in better understanding the experiences of young people engaged in participation structures, and measuring the quality of their participation.
Peer Education in Mental Health – A Global Tool to Promote Help-seeking among Young People

Sunday, 27th October - 12:45: Concurrent 1.5 - Lightning - Peer Work and Youth Engagement (Plaza Level, Room P1) - Lightning Presentation - Abstract ID: 353

Dr. Aileen O’Reilly (Jigsaw: The National Centre for Youth Mental Health), Ms. Elizabeth Doyle (Jigsaw: The National Centre for Youth Mental Health), Ms. Jennifer Rogers (Jigsaw: The National Centre for Youth Mental Health), Ms. Alanna Donnelly (Jigsaw: The National Centre for Youth Mental Health), Ms. Siobhan McGrory (Jigsaw: The National Centre for Youth Mental Health)

Background: Peer education is defined as a process by which trained individuals lead educational and skill-building initiatives with their peers to support and improve young people's health and wellbeing (Family Health International, 2010). Jigsaw is an Irish organisation which aims to advance the mental health of young people in Ireland aged 12-25 by influencing change, strengthening communities, and delivering services. As part of its education and training programme, Jigsaw trains post-primary students aged 15-17 years to deliver a mental health workshop to their peers in school settings: “It’s Time to Start Talking”. This workshop focuses on improving mental health knowledge and promoting help-seeking by encouraging young people to talk to a trusted adult when experiencing mental health difficulties.

Objective: There is scant literature on the effectiveness of peer education as a health promotion approach and this is particularly true in the area of youth mental health (Mellanby, Rees, & Tripp, 2000). Thus, the aim of this study was to compare the effects of peer-led versus adult-led delivery of “It’s Time to Start Talking” on attendees' help-seeking intentions and mental health knowledge.

Method: Participants were 245 young people (M = 13.49 years; SD = .78) who attended a workshop delivered by a peer, and 292 young people (M = 13.45; SD = .93) who attended a workshop delivered by a Jigsaw staff member. Participants were invited to complete a demographic questionnaire, an author designed measure of mental health knowledge and a measure of help-seeking intentions (Dooley & Fitzgerald, 2012) before (Time 1) and after (Time 2) they had attended a workshop. Data were analysed using SPSS version 25.

Results: A high baseline level of mental health knowledge and help-seeking intentions was observed among participants, which is encouraging. Overall, significant improvements in young peoples' mental health knowledge and help-seeking intentions were observed, regardless of the workshop format. Notably, a significantly greater proportion of attendees at the peer-led workshop reported an increased likelihood to seek help from Jigsaw after attending that workshop.

Conclusion: Findings indicate that peer education is at least as effective as adult-led education in influencing young people's mental health knowledge and intentions to seek help if they are experiencing difficulties. Findings also suggest peer education may be particularly useful in promoting help-seeking for youth mental health services. The results have important implications for organisations interested in this approach globally, as they suggest young people may benefit from this approach being used in schools.
Homeless youth perspectives on their access to mental health services: an art-based qualitative study

Sunday, 27th October - 13:00: Concurrent 1.5 - Lightning - Peer Work and Youth Engagement (Plaza Level, Room P1) - Lightning Presentation - Abstract ID: 360

Ms. Camille Arbaud (Université de Montréal), Dr. Amal Abdel-Baki (Department of Psychiatry, Faculty of Medicine, Université de Montréal ; Centre de recherche du Centre Hospitalier de l’université de Montréal (CHUM)), Dr. Vidya Iyer (Department of Psychiatry, McGill University ; Douglas Mental Health University Institute), Dr. Manuela Ferrari (Douglas Hospital Research Centre)

Homelessness can both trigger, exacerbate or be the consequence of mental health problems. With most mental illness beginning in youth, the homeless youth population reports high level of unmet mental health needs. In Montreal, Anglophone and Allophone (who speak neither French nor English) homeless youth, as linguistic minorities, might face additional problems communicating about mental illness or finding appropriate services. The objective of the study is to understand where and how homeless youth according to their linguistic profile (Francophone majority or Anglophone minority and Allophone minority) access mental healthcare and allied services and what hinders or facilitates access.

Using elements of participatory methodology, this project involves service providers and youth in the community to shape its aims and methodologies. Two arts-based qualitative research methods, photovoice and community mapping, were chosen to engage youth in gathering creative and representative information.

Community mapping - Participants drew maps of their ‘community’: resources they use and places providing help related to their mental health.

Photovoice - Participants took pictures that represent their views on mental health; access to available resources; and factors influencing mental health, well-being and their access to services (e.g., language).

Follow-up focus groups enabled youth to express their emotions and perceptions towards mental illness and related services. These methodologies allow for a common language (art) between the various linguistic groups of homeless youth populations. Images can capture emotions and ideas that are difficult to put in words, evoke memories or stories, and highlight new perspectives; they are also more memorable and more prone to encourage social action.

Verbal and visual data were analyzed using thematic content analysis. The results highlight a complex narrative in how homeless youth access mental health services, where intersectionality and stigma play an important role. Basic needs, such as food and shelter, are understood as both necessities for mental health improvement, and gateways to mental health access. Networking and survival strategies for homeless youth were identified. Amongst other factors identified, safety, physical accessibility and therapeutic relationships were shown to affect youth’s likelihood to pursue and maintain mental health care.

Artistic creations by homeless youth will provide an emotional and significant connection with the scientific data.

In the context of the ACCESS Open Minds project, a pan-Canadian research and evaluation network that marks a major innovation in how youth mental health services in Canada are designed, delivered, and evaluated, this project was conducted in partnership with RIPAJ (Réseau d’Intervention de Proximité Auprès des Jeunes de la rue), a network of NGOs and governmental institutions offering a range of services in engaging and diversified environments for homeless youth or those at risk of homelessness, aged 12 to 30. Given this partnership, quick and meaningful improvement in concerned services, based on the results and lessons from this project, are ensured.
Engaging young people and GPs in policy development to improve service provision

Sunday, 27th October - 13:15: Concurrent 1.5 - Lightning - Peer Work and Youth Engagement (Plaza Level, Room P1) - Lightning Presentation - Abstract ID: 518

Mr. David Baker (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Amelia Morris (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Maria Bilal (Orygen, The National Centre for Excellence in Youth Mental Health)

Mental ill-health is one of the most pressing concerns for young people today. General Practitioners (GPs) are often the first 'port of call' for young people who experience mental ill-health and in some instances are the only available option. As a young person's first experience of health care providers these early interactions can set the tone for how a young person interacts with the health system in the future, with implications for their access to mental health care.

GPs are well placed to initiate discussions with a young person about mental health and provide early interventions as needed. They can provide ongoing management and a gateway to other services such as psychological and psychiatric assessments and therapy. However, many GPs feel ill-equipped to care for young people with mental health issues, something that young people can perceive or may believe.

Young people involved in the project heard from other stakeholders that their involvement brought value to the critical reference group process and the project. Young people involved identified benefits for themselves through involvement and for project outcomes. These benefits included ensuring policy discussion was informed by lived experience and enabled a different perspective to stimulate thinking about implementation during the formulation of policy opportunities.

Orygen, The National Centre of Excellence in Youth Mental Health have examined the policy issues faced by GPs as providers of mental health care for young people. Orygen has engaged with young people and practitioners to understand the optimal role for GPs, and the reforms needed to achieve this. Consulting with experts in clinical care and lived experience gave a holistic and informed view of the issue and responses. Young people from Orygen’s Youth Advisory Council (co-authors of this abstract) involved in this project found the commitment of GPs to pursuing better outcomes reassuring, giving them hope for others entering the system.
Experience of developing an early intervention peer support model for young people

Sunday, 27th October - 13:30: Concurrent 1.5 - Lightning - Peer Work and Youth Engagement (Plaza Level, Room P1) - Lightning Presentation - Abstract ID: 619

Ms. Debbie Frances (The Project Training & Consultancy)

The rising level of youth mental ill health is a global issue, and countries are increasingly aware of the need to find solutions to this growing problem. The value of early-intervention and prevention support is increasingly recognised, but as yet is the poor relation in mental health services, despite offering better outcomes for young people and its long-term potential to save money by avoiding the need for higher intensity services. My daughter has experienced severe mental ill health over the past 10 years, since her mid-teens. Drawing on my personal experience of caring for her, I set up The Project, an activity-based peer support initiative for young people affected by mental illness, focusing on building confidence, self-esteem and resilience, and reducing isolation. Opening in 2013 in the South West of England, The Project's early-intervention approach has supported several hundred young people and has been recognised at a local and national level for its successful and innovative approach to youth mental health, and for the role it has played in preventing an escalation in mental health issues. It is a model that is now being replicated in other parts of the UK.

Informed by my daughter's experience, and incorporating the views and input of other young people was vital in designing The Project, to ensure it met their needs and offered a service young people were willing to engage with. This has been particularly important in working with young men, who can find it more difficult to acknowledge and get help for mental health issues, and who are statistically at much higher risk of suicide. As a parent/carer, I will offer my story of designing a grassroots organisation, drawing on lived experience to fill a gap in service provision for young people, and their families. I will share and promote the role of youth peer supporters in mental health services, and the benefits they bring to the recovery of other young people. I will also highlight the value of engaging with parents/carers, who can often find themselves side-lined in their child's care, but who, if appropriately supported, can be an effective part of the solution.

I will share our organisation's approach, and how the support group is structured to provide a highly replicable and cost-effective model of early-intervention support, highlighting the successes and benefits we have achieved for young people - over the past 6 years, we have evaluated our effectiveness against clear outcomes. The Project model has now been manualised to allow others to benefit from its success, and offers an alternative approach in tackling the global challenge of youth mental health.

I will be visiting Australia for 4-5 weeks from October 2019 carrying out further research into early-intervention and prevention approaches being implemented in other countries, having been awarded a prestigious Fellowship through the Winston Churchill Memorial Trust in the UK. I believe collaboration, sharing ideas and best practice, and linking with like-minded individuals and organisations internationally ensures the best possible outcomes for young people.
Practitioners and consumers uniting for change - A reflection on our Collaborative Pairs experience.

Introduction

Collaborative Pairs Australia is a program from Consumers Health Forum of Australia, being conducted through four Primary Health Networks (including North Western Melbourne) and based on a model developed by The Kings Fund charity in the UK. Nic, a peer support worker and consumer advocate from Orygen Youth Health and Jacinta, Dietitian from Orygen Youth Health came together with a shared passion and desire to disrupt the traditional paradigm of provider-led service development to reimagine a collaborative model of service development, with the ultimate aim of improving the health and wellbeing of young people attending the service.

Objectives

Our initial objective focused on the shared project to find a way to better address body image concerns in young people. Through the Collaborative Pairs training process, we started to emerge from behind our respective titles in order to develop a meaningful and equal partnership. The training we undertook assisted us to reduce traditional power dynamics, improve communication, explore leadership styles with the shared project as our focus.

The methods

Five Collaborative Pairs training sessions were attended by Nic and Jacinta. The basis of our learning was a balance between the task of the shared project challenge and the process of breaking down the “us and them” hierarchy that exists within healthcare through the development of relational and relationship skills. We continued to engage in self-reflection and self-analysis to address the tension that occurred between the task (our project) and the process (our partnership).

Results

Our experience enabled us to use a pre-existing model and leadership training program (Collaborative Pairs) in order to improve and inform future service development and delivery. We want to share our collective experiences and inspire attendees to integrate collaborative practice within their own organisations.

Conclusion

As a Collaborative Pair we were able to build on the existing work of youth engagement at Orygen Youth Health. We commenced the process of building a solid foundation which we continue to nurture and grow our collaborative relationship. We aim to act as change agents for collaboration between consumers and clinicians.
Peer Support at Every Level of the Foundry Stepped Care Model

Sunday, 27th October - 14:00: Concurrent 1.5 - Lightning - Peer Work and Youth Engagement (Plaza Level, Room P1) - Lightning Presentation - Abstract ID: 774

Ms. Andrea Vukobrat (Foundry), Dr. Karen Tee (Foundry), Mx. Alicia Raimundo (Foundry BC)

Introduction
Foundry, an integrated youth services initiative in British Columbia (BC), Canada, has adopted a stepped care approach to service delivery. Foundry's Integrated Stepped Care Model (ISCM) is focused on matching client need to level of service intensity while coordinating care across Foundry's core service streams. These service streams are primary care, substance use services, mental health services, social services and peer support.

In our early days of establishing the Integrated Stepped Care Model, we are learning that peer support is not solely a service that is offered at the lower intensity levels. Peer support is a service that can be offered at every level of the model. At this time, peer support is embedded in the two lower intensity levels, and available holistically at any level as a core service.

Circle of Our Peers (Co-Op) is a community of practice hosted by Foundry Central Office (FCO) for youth peer support workers associated with Foundry centres. It aims to provide connection, understanding and community for peers, as well as a means to inform the development of peer support practice tools for the Foundry network.

Objectives
Peer support, although happening informally since time immemorial, has more recently begun to be recognized as a formal role that can improve positive outcomes within the context of clinical services. Due to the newness of this role, conceptualizing what peer support workers can and/or should do is still a topic of debate. We believe that by connecting with Co-Op and asking for their experiences providing youth peer support at the various levels, we can ground the theory behind peer support to allow a more concrete understanding of its place within integrated stepped care.

Approach
We are hosting a knowledge exchange and professional development event in May 2019 for Co-Op. At this event, we would like to provide opportunities for members of Co-Op to share their experiences as youth peer support workers at the various levels. We will connect with Co-Op members prior to this event to discuss confidentiality and the means by which to share their wisdom while protecting the privacy of peers they have worked with. These experiences will be compiled and used by members of the Co-Op to build and facilitate a one to two-hour workshop for service providers within the Foundry network to better understand youth peer support. Members of the Co-Op will go on to deliver this training at Foundry centres with clinical teams.

Policy Implications
Having these real-world examples guiding the development of a workshop will support the implementation of peer support by ensuring that service providers effectively utilize and integrate peer support services.

Conclusion
In collecting qualitative data on youth peer support, we will be able to honor the wisdom of lived experience while also creating concrete methods for understanding its role within Foundry's Integrated Stepped Care Model.
Collaboratively alongside the youth: Understanding the impact of a youth advisory council on a service delivery organization

Sunday, 27th October - 14:15: Concurrent 1.5 - Lightning - Peer Work and Youth Engagement (Plaza Level, Room P1) - Lightning Presentation - Abstract ID: 778

Ms. Eugenia Canas (Western University), Ms. Chantelle Mireault (Department of Psychiatry, McGill University; Douglas Mental Health University Institute), Ms. Alex Luby (Chatham-Kent Health Alliance), Dr. Paula Reaume-Zimmer (Chatham-Kent Health Alliance), Dr. Srividya Iyer (ACCESS Open Minds / Esprits Ouverts)

Introduction:
The perspectives of youth have become an essential ingredient in the transformation of mental health services that seek to address the needs of young people. Among such initiatives at the global level, the ACCESS Open Minds (AOM) project is a Pan-Canadian mental-health services research initiative that engages youth and family members as advisors into all stages of research design, evaluation, and dissemination. Youth engagement (YE) informs the project in distinct ways in all of the project’s 14 research sites, shaping the research process as well as the culture of care in the communities where youth live.

Objectives:
In this presentation, we describe the nature and impact of youth engagement at one site of the ACCESS OM project. We draw from an ethnographic study conducted to understand how engagement installs youths' knowledge in the way service organizations operate. This research gathered the experiences of youth advisors, service providers and site administrators, and local and national ACCESS OM engagement coordinators, through a period of time when they were establishing a youth mental wellness hub in their local community.

Methods/Approach:
This study combined interviews and meeting observations with an analysis of manuals and toolkits on youth engagement, in an effort to understand best practices and barriers in ensuring youth perspectives shape care delivery. The experiences shared show that genuine and sustainable youth engagement occurs as a constant negotiation between the practice discourse of YE, and the realities of the service context.

Presenters will describe how the championing of youths' ways of knowing is an essential element of genuine engagement. They will answer the following questions: What does genuine engagement look like in a service-delivery context? How can engagement remain authentic and sustainable? How do we identify and document the impact of engagement within and outside of the organization?

Results:
The story of youth engagement at this service site shows impacts at the individual, organizational and community levels. Youth perspectives are installed into how the organization operates and into its culture of care.

Attendees to this presentation will gain strategies to align the circumstances of their service settings to the values of collaboration and authenticity. They will learn proven ways that service providers at various levels in an organization can make youth feel comfortable and empowered to share their perspectives. Lastly, attendees will have an interactive opportunity to experience and reflect on a novel way of assessing the impact of youth engagement at the organizational level, through the mapping of ‘knowledge exchange’ outcomes.

Conclusion:
We propose that youth engagement is the work of installing youth perspectives in our system of care. This work unites us globally, even when it will look differently in each and every service site. Findings from this study hold broader implications for the implementation and evaluation of youth engagement efforts in other organizations.
Bringing the youth mental health sector together to partner on youth participation initiatives

Sunday, 27th October - 14:30: Concurrent 1.5 - Lightning - Peer Work and Youth Engagement (Plaza Level, Room P1) - Lightning Presentation - Abstract ID: 788

Mr. Charlie Cooper (headspace National Youth Mental Health Foundation), Mr. Dylan Hunt (headspace National Youth Mental Health Foundation), Mr. Nick Duigan (headspace National Youth Mental Health Foundation), Ms. Victoria Ryall (National Youth Mental Health Foundation)

headspace recognises that youth participation is fundamental to the delivery of quality services for young people, through recognition that young people are experts in their own lives, and have the right to be actively engaged in developing solutions to the issues that affect them. Over the last decade, the work of headspace has been expanded to engage over 1,000 young people across our local and national youth participation programs. Whilst youth participation practices and programs are embedded into the work of many Australian youth mental health organisations, more can be achieved through increased partnerships, knowledge sharing, and greater collaboration across the sector.

In partnership with the Department of Health and nine other national mental health agencies, headspace National is supporting 14 young people from across the youth mental health sector to drive a nation-wide youth participation initiative. This initiative seeks to create a unified vision for youth participation in the sector and to work towards achieving the common goal of sharing knowledge and increasing sector capacity for best practice youth participation.

The national youth mental health advocates program brings together experienced youth advocates from across Australia to design and deliver national, public facing activities aimed at improving mental health literacy among young Australians. headspace is excited to lead this initiative in partnership with the Commonwealth Government and nine other leading national mental health agencies: Orygen, ReachOut, SANE, Mind Australia, Black Dog Institute, Beyondblue, The Butterfly Foundation, Batyr and the Consumers Health Forum of Australia (CHF).

The primary goal of the program is to bring the sector together to raise the profile of youth participation through empowering young Australians to publicly promote mental health literacy and increase help seeking behaviours.

This oral presentation will explore our work on the growing national youth mental health advocates program, and will share the voices of youth advocates who are using their lived experience, passion and expertise in youth participation to drive this exciting new initiative. We will argue that genuine youth participation and cross-sector partnerships are key to developing stronger mental health promotion initiatives that authentically address the needs of young people.
Hugs and Pups

Hugs and Pups Day aimed to offer young people an opportunity to engage with dogs. The purpose was to allow young people to have a break from life stressors, engage in fun/healthy conversation, relax, and meet new people.

The goal of this project was to engage youth who have difficulty forming connections with other people. The idea was to create a safe and comfortable environment that fostered healthy and fun conversation. Specifically, it was geared towards helping youth who have a mental illness that prevents them from engaging in the community and life as a whole. The target age range was 13-18 years old, primarily because of the amount of stress and responsibilities that they have to juggle. Young people who are classified as ‘young adults’ were more than welcome to attend because every person experiences stress to some degree and it is a chance to have break.

This project was developed by understanding how dogs can contribute positively to the mental health of others. Through the observation of Jymbi, our local Headspace therapy dog, I thought it would be good to have more young people have the opportunity to engage with dogs beyond a clinical setting.

We hoped to provide ice cream and gelato to the young people who attend. This was to foster more fun discussion and to offer a rest for some people who have played with the dogs enough or may feel overwhelmed. Additionally, it gave others the chance to spend time with the dogs to facilitate an equal amount of time.

**Key outcomes**

- Youth engagement- Inviting young people to attend the event. We created an online registration to have an estimate of the number of people planning to attend. It was not mandatory to sign up online
- To have a fun/relaxed time- Get verbal feedback and take pictures
- Relieve stress- An opportunity to engage in discussion and play with animals is an indicator of both stress relief and taking a break from things that may not be going so well for a young person at the time

Dogs provide an opportunity for more social interactions. It is evident that it fulfills the human need to touch and feel a sense of comfort. It can reduce your heart rate and provide companionship. In effect, the feeling of loneliness is reduced. There is scientific evidence which supports the positive effects of dogs on your mental health. The dogs in attendance are in training to become therapy dogs, which is a learning experience for everyone.

This project should be supported in other mental health centers because many people have high social anxiety, depression and have difficulty communicating with others. The opportunity to have young people interact with dogs can be a stepping stone to breaking down some of these barriers that they face. Bringing in dogs will helped create a judgement free zone because dogs are only concerned with being loved unconditionally. This event gave young people something to look forward to.
User participation and shared decision-making in adolescent mental healthcare: A qualitative study of health personnel and managements’ perspective

Mr. Stig E. Bjønness (University of Stavanger, Stavanger University Hospital), Dr. Petter Viksveen (University of Stavanger), Prof. Jan Olav Johannessen (Stavanger University Hospital), Prof. Marianne Storm (University of Stavanger)

Introduction:

Most mental health problems occur in adolescence. Mental illness is associated with stigmatization, and adolescents have a distinct need for autonomy. Research-, health- and user organizations argue for inclusion of adolescents in their own mental health treatment. There is an increasing recognition of shared decision-making, a process where health care professionals and consumers work in partnership to make care and treatment decisions. Evidence suggests shared decision-making is a preferred way to increase self-efficacy, self-esteem, treatment engagement, outcomes and satisfaction. Research on shared decision-making in adolescents’ mental health care is still sparse, including clinicians’ ability to implement shared decision-making.

Objectives:

The objectives of this study was to explore health care professionals’ and leaders’ experience with shared decision-making and user participation in inpatient units for adolescents. The purpose was to gather more knowledge about shared decision-making, and how to increase quality of care in the implementation process.

Method:

In this qualitative study, health care professionals and leaders at CAMHS inpatient-units participated in focus group interviews. 15 participants, all of them with experience from implementing user participation and shared decision-making, were recruited from 10 different hospitals in Norway. All hospitals have been engaged in a quality development project with The Change Factory. The Change Factory is an interest organization with the philosophy that listening to young people who have experience with the services will contribute to develop quality services that is helpful to those who receive them. Interviews were audio-recorded, transcribed and analyzed using systematic text condensation.

Results:

The analysis revealed several facilitators and barriers to increase user participation and implement shared decision-making. The results were categorized in four major themes:

1. Involvement before admission and treatment onset is necessary to clarify adolescents' expectations and aims

2. Shared decision making for adolescents requires sufficient time to establish a safe patient-practitioner relationship, and is challenged by short-stay hospital policies

3. Establishment of a work culture and routines to facilitate adolescents’ access to meetings where decisions
4. Care and home situation affects user participation, and professionals are challenged to be both therapists and caregivers.

Conclusion:

Implementation of shared decision-making in adolescents’ mental health care requires preparatory work with workplace culture and establishment of routines. Cooperation with experienced adolescents is useful in this process. Preparatory meetings with adolescents before admission and making meetings during treatment accessible to adolescents is important. Different adolescents’ needs different choices, hence clinical pathways can only serve as guidelines. Some adolescents need more time, especially those with severe illness and in need of social care. Hospital regulations challenges this, and it requires a flexible approach. The result from this study can serve as directions in implementation of shared decision-making.
Digital mental health interventions (DMHI) have the potential to transform the health and well-being of young people globally. DMHI are cost-effective, convenient, and accessible. They have also proven to reduce the symptoms associated with mental ill health, particularly for high prevalence disorders such as anxiety and depression. Notably, however, despite these beneficial factors, young people's use of DMHI has remained consistently low. This raises concerns that despite the health and well-being potential of the digital intervention itself, young people will not receive the minimum digital dose necessary in order to receive clinical benefit due to their low usage.

The following research identified a significant knowledge gap regarding young people's experience of using DMHI and the ways in which these experiences impact on young people's initial uptake and sustained usage over time. The following research is based on a premise that a stronger understanding of young people's user experience will play a pivotal role in improving the design and implementation of DMHI's moving forward. As such, this research has focused on young people's subjective experiences of using a long-term moderated online social therapy (MOST) platform, known as Horyzons. Horyzons was an 18-month digital intervention designed to maintain treatment effects from First Episode Psychosis services. In order to go about this, the researcher implemented a phenomenological model of interviewing designed to unpack the pre-contemplative experience of using an online intervention. An interpretative phenomenological analysis was subsequently performed and preliminary findings will be presented.
Mrs. Alisa Simon (Kids Help Phone)

The significant number of young people experiencing challenges with their mental health and well-being and the lack of proven, accessible supports for youth has become a national & international crisis. We know that many of the prevailing systems have not taken into account the increasing unmet demand for mental health supports, the changing needs of youth, significant advancements in technology, the need to focus on recovery, resiliency and well-being, the difficulty navigating systems to find needed supports and large unmet needs of vulnerable youth populations. In addition, we recognize a critical dearth of data on the mental health and well-being of youth across the country.

At the same time, youth and young adults of all ages, are increasingly looking for e-services to support their mental health and well-being and we know that e-mental health services and innovation is needed to propel youth mental health and virtual care into the future.

The objective of this session is to present the Kids Help Phone experience as they launched and scaled Canada's only 24/7 texting line for youth, utilizing Artificial Intelligence and a 'workforce' of over 900 volunteers to ensure young people access support without significant wait times, downloading an app or using cellphone data. As a result of this new service, Kids Help Phone was able to triple service provision in some areas in Canada and is reaching young adults in historic numbers.

Kids Help Phone was uniquely situated to offer this new solution as we have a 30-year history as pioneers in e-mental health and virtual care as Canada's only national, 24/7 counselling, information and support service for young people.

In this session, we will explore the challenges, merits and limitations of implementing an e-health service for young people, review the evaluation results to determine the efficacy of this solution and discuss how virtual solutions support young people who have been typically underserved. We will also discuss how partnership is critical to the success of e-mental health solutions and the critical importance of data to improve service delivery, public policy and planning.

**How To Engage The Audience:** Participants will learn about the findings of Canada's first evaluation of a crisis texting support service for young people

Participants will be encouraged to share their experiences implementing digital support or e-mental health solutions

Participants will be invited to inquire about particular issues they may face in implementing such approaches

Participants will be encouraged to think about alternative ways of reaching out to and supporting young people, particularly given the increasingly important role technology plays

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**TABLE 1 - DIGITAL : E-Mental Health - Txting for #youthmentalhealth**

Sunday, 27th October - 11:45: Concurrent 1.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 459

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**TABLE 1 - DIGITAL : Youth engagement and collaboration in e-mental health: The evolution of foundrybc.ca**

**Introduction**

The Health Literacy team at BC Children's Hospital, in partnership with Foundry Central Office, has modelled collaboration and youth engagement in the development foundrybc.ca - a comprehensive, easy to access suite of resources for youth wellness in British Columbia (BC), Canada. A wide variety of resources for youth mental health and wellness exist in BC; however, these resources are often fragmented and disconnected making them difficult for youth to access.

**Objective**

Co-created with and for young people, Foundry empowers youth and young adults ages 12-24 in BC to lead healthy lives through a province-wide network of centres and online resources. Foundry's online platform, foundrybc.ca, aims to offer a one-stop access point for health and wellness information; resources and tools; and connection to services online and in the community.

**Methods**

From the start, young people shaped the development of foundrybc.ca. From paid youth staff to youth planning committees and ongoing consultation, the voice of young people shines through on foundrybc.ca. In the beginning stages, youth guided the naming, look and feel, content and organization of the platform. The launch of foundrybc.ca featured powerful stories from young people across BC, captured by a youth journalist and youth photographer. Youth continue to drive the development of all new features and content on the site. The evolution of foundrybc.ca also involves strong partnerships and collaboration. The first iteration of the website was an early-intervention website in one region of BC. The Health Literacy team collaborated with the regional health authority to expand the website to a provincial scope and later partnered with Foundry to further adapted it to become the online platform for Foundry. The team constantly strives to partner with others to create the best possible resources. Rather than creating a new database of community services, they partnered with Kids Help Phone and seamlessly integrated their existing database into the foundrybc.ca site. The team has also worked with ReachOut Australia to adapt their existing Next Step help-finder tool and has drawn on inspiration from eheadspace.

**Results**

Since the launch in January 2018, over 150,000 people have visited foundrybc.ca. A market research survey of over 500 youth in BC found that among those who were aware of Foundry, 4 in 10 had visited the website. Of those, 93% found it helpful and 94% would recommend it to a friend. As a next phase of the project, the team is working collaboratively to develop virtual care solutions that increase access to mental health and substance use supports and services for young people.

**Conclusion**

By emphasizing collaboration and co-creation with young people, foundrybc.ca has evolved into a comprehensive, holistic and well-known resource. Evaluation activities are underway, including detailed analytics, user testing and market research. By building on what works, the team ensures that foundrybc.ca enhances existing tools and continues to evolve and support young people across BC.
Ms. Emily Hielscher (UQ Centre for Clinical Research), Dr. Melissa Connell (UQ Centre for Clinical Research), Prof. David Lawrence (University of Western Australia), Prof. Stephen Zubrick (Telethon Kids Institute), Ms. Jennifer Bartlett (University of Western Australia), Prof. James Scott (UQ Centre for Clinical Research)

Introduction: Despite growing literature on psychotic experiences, no nationally representative study has reported on the prevalence of both hallucinatory and delusional experiences in Australian adolescents. Also, studies in this field have typically grouped together hallucinatory and delusional experiences under the umbrella term of ‘psychotic experiences’. The assumption that hallucinatory and delusional experiences are equal in their clinical significance requires further investigation.

Objectives: The aims of this study were to examine (1) the prevalence of hallucinatory and delusional experiences in Australian adolescents, and (2) the associations between different types of psychotic experiences with a broad range of demographic, clinical, and psychosocial variables.

Methods: A random sample of Australian adolescents aged 14- to 17-year-olds were recruited in 2013–2014 as part of the Young Minds Matter Survey. Participants completed self-report questions regarding five different psychotic experience types (auditory and visual hallucinatory experiences, and thoughts being read, receiving special messages, feeling spied upon) experienced in the past 12 months. Using logistic regression analyses, we investigated associations between psychotic experiences and demographic, clinical, and psychosocial factors.

Results: The 12-month prevalence ranged from 3.3% (95% CI = 2.6, 4.3) for receiving special messages to 14.0% (95% CI = 12.3, 15.8) for auditory hallucinatory experiences. At the bivariate level, each psychotic experience subtype was associated with increased likelihood of major depression, being bullied, psychological distress, low self-esteem, mental health service use, and insufficient sleep (<8 hours per night). Multivariable analyses revealed both auditory and visual hallucinatory experiences were associated with an increased likelihood of depression, being bullied, service use, and insufficient sleep, whereas associations between delusional experiences and clinical and psychosocial issues were inconsistent.

Conclusion: Hallucinatory and delusional experiences are common in Australian adolescents. Hallucinatory experiences were clinically more important in this demographic compared to delusional experiences. When psychotic experiences are endorsed by adolescents, further assessment is indicated so as to ascertain more detail on the phenomenology of the experiences to better understand their clinical relevance.
Implementing Early Psychosis services within primary care and creating an Australian National Network has been a unique opportunity and has bought many challenges and learning from the process. Orygen, the National Centre of Excellence in Youth Mental Health has undertaken a significant youth mental health project at a national level. The Youth Early psychosis project was the development within the primary care setting of six national headspace centres.

Service development activities were undertaken within this project to assist with the implementation and establishment process and a major aspect for the program was establishing a national network, particularly for the leadership groups. While local and national level influences impacted the implementation process the learning from the youth early psychosis programs led to a strong need for a national network and continued advocacy of early psychosis programs.

As part of the process national forums, workshops and an early psychosis symposium were held which proved to be of high value to the Primary Health Networks and early psychosis clinical staff and leaders. Having a national approach to implementation along with the evaluation of national forums and workshops for the programs provided valuable feedback to review their requirements and adapt the implementation process. Increasing the voice of young people with lived experience and family members within these events has enabled stronger engagement and increased the development of a national network. In turn this has led to reduced isolation, provided a unique way to share and trouble-shoot experiences and enhanced a more consistent national approach to continue to advocate for early psychosis services.
TABLE 2 - EARLY PSYCHOSIS: “It’s not this magical unspoken thing, it’s just recovery”: what does recovery mean to young people with mental health difficulties?

Sunday, 27th October - 12:45: Concurrent 1.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 361

Dr. Heather Law (Greater Manchester Mental Health NHS Foundation Trust), Dr. Brioney Gee (Norfolk and Suffolk NHS Foundation Trust), Ms. Nikki Dehmahdi (Greater Manchester Mental Health NHS Foundation Trust), Dr. Rebekah Carney (Greater Manchester Mental Health NHS Foundation Trust), Mr. Christopher Jackson (Norfolk and Suffolk NHS Foundation Trust), Ms. Rosie Wheeler (Norfolk and Suffolk NHS Foundation Trust), Mr. Ben Carroll (Norfolk and Suffolk NHS Foundation Trust), Dr. Sarah Tully (Greater Manchester Mental Health NHS Foundation Trust), Dr. Tim Clarke (Norfolk and Suffolk NHS Foundation Trust)

Introduction:

A recovery approach to mental health, emphasising autonomy, personal relationships and meaningful societal roles over reduction of symptoms, is increasingly shaping the design and delivery of mental health services. There is extensive literature documenting the nature of recovery in adult populations, which has been used to develop detailed conceptualisations of adult recovery. However, there has been limited research on recovery in young people’s mental health, and therefore existing understandings of recovery may fail to take into account developmental and contextual factors specific to young people.

Objectives:

To gain a detailed understanding of the concept of recovery in youth mental health from the perspective of young people with relevant lived experience.

Methods:

Semi structured interviews were conducted with 23 young people aged between 14 and 25 years who were currently using mental health services in either Manchester or East Anglia (UK). Interview schedules were devised in collaboration with young people with experience of using mental health services. Interviews were transcribed verbatim and analysed thematically.

Results:

Themes emerging from the interviews included young people’s dynamic conceptualisations of recovery, the influence of other people’s (parents, health professionals) views of recovery, and polarised recovery goals. Young people identified a consistent set of factors that facilitate recovery, including meaningful activity, support networks, access to mental health services, a collaborative approach, and hope & motivation.

Conclusion:

While there are many similarities between conceptualisations of recovery in adult mental health and young people’s views of recovery, there are also important differences. These include the influence of the social system around the young person, greater prioritisation of reduction of symptoms, and more dynamic and fluctuating views of recovery, especially in relation to recovery goals. Understanding these factors and how services can incorporate them into their recovery approach could be key to implementing recovery orientated services for young people.
INTRODUCTION
Adding capacity in youth bereavement supports can be achieved through a grass roots approach. Conventional bereavement therapy, although generally widely known as a primary resource, doesn’t always resonate with participants, can be financially prohibitive even on a sliding-scale basis, and often has intake wait-lists. Resource options do exist, but frequently operate in isolation, leaving many youths to navigate a death loss by themselves. Unsupported youth bereavement is the very definition of toxic stress, leaving youth vulnerable to addiction, mental and physical health issues that may emerge early on and much later in life.

OBJECTIVES
To increase capacity, a grass roots exploration of social innovation and partnerships can provide therapeutic experiences and reduce isolation for our bereaved youth populations. This combined approach provides authentic, youth-driven alternative grief support models that allow programming flexibility through stand-alone events and in partnership with other service providers.

Isolation is a significant hurdle to healing from grief – particularly for our youth. By virtue of statistics, peers within their communities are also grieving the death losses of important people in their lives. However, fear and stigma of not belonging or being misunderstood means they often aren’t sharing their experiences and struggles with each other, furthering a sense of being alone in their loss.

METHOD
A current grass roots example is Bernie’s Buddies, a small, volunteer-run Canadian registered charity established in 2015 with the purpose of helping kids and youth live again after loss. Operating as a registered charity provides framework, credibility, and accountability to help attract funders so that programming is available at no cost to participants.

Bernie’s Buddies unique programming features an integrated workshop model using three evidence-informed activities in a peer group environment during each session. Participants have the opportunity to try three modalities in each session which may otherwise not be an option for them due to cost or availability. If experienced as separate resources, support could be further delayed with increased time required to find an appropriate activity. Being in a group of peers also navigating loss helps provide a structured setting, encouraging safe sharing of emotions and challenges.

RESULTS
Grass roots initiatives build community and address barriers in supporting grieving youth by:

- demystifying how to support youth bereavement rather than trying to fix or ignore it,
- an ability to provide resources at no cost to participants,
- increasing awareness of alternative youth grief resources, and
- advocating the need for non-conventional supports.

CONCLUSION
Grief is universal, but the experience is personal. By re-imagining how we approach bereaved youth supports, we can help them find alternative, accessible grief resources based on what they need for their own experiences. Rather than reinventing the therapy wheel, grass roots grief support efforts can be effectively re-aligned and
used in communities around the globe to encourage our youth to not just live but to thrive again after a death loss.
**Introduction:** Young people use social media to communicate about suicide in real time. This tendency presents unprecedented opportunities for help-seeking and intervention, but also poses potential risks to both producers and consumers of social media content. In response, our research group developed the #chatsafe guide to equip young people to communicate safely and helpfully about suicide on social media. The guide was implemented through a social media campaign co-designed with young people. Co-design allows end-users to become a part of the design team and be actively involved across the entire design process. This can potentially lead to the development of more acceptable and effective initiatives. However, using this methodology, particularly within the youth mental health and suicide prevention research arenas, requires additional thought to be given to the setting, techniques, and materials used.

**Objective:** We aimed to safely and enjoyably engage young people, and co-design a social media campaign to bring the #chatsafe guide to life.

**Method:** We partnered with a digital design and technology company and facilitated co-design workshops with groups of up to 15 young people. The workshops focused on one or more of the following components: 1) defining needs of young people when communicating about suicide online; 2) designing social media solutions and design concepts to meet needs using a variety of materials and tools; and 3) user-testing design prototypes. A safe, comfortable, and productive space was created for young people through the utilisation of wellness plans; warm-up and cool-down exercises; ice-breaker activities; room agreements; regular scheduled breaks; food and non-alcoholic beverages; novel design materials and tools; and sensory toys.

**Results:** We conducted a total of 10 co-design workshops, with 122 young people, aged between 17 and 25 years (M age = 21 years), across four Australian states (NSW, SA, VIC, and WA). Sixty-eight per cent of young people reported that they had a better understanding of how to talk about suicide safely online, 62% reported that they would be better able to identify and support others online who may be at risk of suicide, 55% felt better equipped to provide emotional support, 62% felt more able to educate others about cyber-safety, and 40% reported their confidence increased. Ninety-six per cent of young people enjoyed our workshops and 93% would recommend our workshops to their friends.

**Conclusion:** Co-design is an important step for both youth participation and the development of youth-friendly suicide prevention initiatives. The findings of our project contributes to a better understanding of how to safely and successfully engage young people in the co-design process when addressing a complex and sensitive issue.
Suicide is the leading cause of death among young people in Australia. 403 people aged 15-24 years died by suicide in 2016\[i\], accounting for over one-third of deaths among young people (35.4%).

In 2017, Eastern Melbourne PHN and Eastern Health collaborated together with key community organisations and agencies to collaborate and develop a protocol for coordinating responses to suspected or confirmed youth suicide in the local region.

A communication response protocol was created with the following aims:

- To ensure and provide a coordinated and effective immediate response to schools and communities following suspected suicide incidents
- To strengthen community capacity to minimise the risk of contagion following a youth suicide event

The target population is young people (aged 12-25), their families and social networks, and broader community within eastern Melbourne region.

Enablers and barriers to implementation will be explored along with community benefits through the activation on the protocol as evidenced stakeholder feedback over the past 12 months. Through the establishment of a steering committee providing expert oversight, the region’s, this protocol is currently being tailored and replicated and tailored to local need in the north eastern metropolitan region of Melbourne to improved capacity to both respond to and intervene in incidents of suicide.

In a world where mental health problems are becoming one of the leading causes of illness and disability, waiting for a problem to occur before we take action is no longer an option. As almost half of all mental health problems happen before age 14, action within a school setting is so important for supporting the mental health and wellbeing of young people.

The Mentally Healthy Schools Program was developed in 2014 in response to demand from schools wanting to embed Act-Belong-Commit, Mentally Healthy WA’s evidence-based mental health promotion program, into their whole school community.

An impact evaluation of the Mentally Healthy Schools Program has shown that 37% of students and 43% of staff reported that embedding Act-Belong-Commit within their school had changed the way they think about mental health, increased their awareness of mental health, and increased the importance placed on taking up activities for good mental health and wellbeing.

“By promoting the Act-Belong-Commit message frequently, we are seeing students become more positive, resilient and mentally healthy” – Student Services Coordinator, Karratha Senior High School.

When asked if they had done something for their mental health as a result of having Act-Belong-Commit as part of their school 30% of students and 43% of staff reported joining book clubs, volunteering, and giving back for their own wellbeing.

“I learnt new skills and made friends, I wasn’t alone. Learning new skills made me feel more confident and I was having fun and feeling better about myself. This is the message that Act Belong Commit sends, and it’s my message too.” – Student, Mount Lawley Senior High School.

Finally, 24% of students had talked about mental health with their friends as a result of Act-Belong-Commit within their school and 45% of staff reported talking about mental health with other school staff. Both staff and students reported the positive focus of Act-Belong-Commit made it easier to discuss mental health and wellbeing as it reduced the stigma often associated with mental illness.

“A sense of belonging and acceptance can only lead to happy and content people in the school. Our kids and families do it tough and the Act-Belong-Commit program and philosophy very often fills many voids” – Principal, Orelia Primary School.

The Mentally Healthy Schools Program has reached over 50,000 young people in Western Australian schools over the past four years. During this time the program has made significant progress in mental health awareness, reducing stigma around mental illness, and increasing staff and student participation in mentally healthy activities.

The Act-Belong-Commit campaign has global appeal and has demonstrated its ability to translate across cultures through international partnerships in Denmark, Norway, Faroe Islands, the USA, and Japan. The flexibility and adaptability of the Mentally Healthy Schools Program has been a relief for schools of different capacities and socioeconomic status. Thus, the simplicity and positive nature of the message has the potential to make a real difference to diverse school communities across the world.
TABLE 4 - EDUCATION SETTINGS: When we want different things: lessons learned from co-design of a school based, self-help resource for young people.

Sunday, 27th October - 14:00: Concurrent 1.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 620

Dr. Siobhan Hugh-Jones (University of Leeds), Dr. Sarah Kendal (University of Leeds), Dr. Kirsty Pert (University of Leeds), Ms. Liz Neill (Common Room Consulting), Dr. Simon Eltringham (Wakefield District CAMHS, South West Yorkshire Partnership NHS Foundation Trust)

Introduction
Widening young people's access to mental health support is a global priority. mHealth (self-help delivered via smartphones) is one way of improving access to mental health knowledge and self-care skills. Co-design of such tools is essential to ensure we are meeting user needs and preferences. Our UK Medical Research Council project co-designed and feasibility tested (i) a digital, evidence-based self-help resource for high schools to offer young people experiencing a first episode deterioration in their mental health; and (ii) a supportive, educational resource for parents unlinked to the young person's self-help journey. However, the co-design process revealed significant differences in the needs of young people and parents/carers.

Objectives
We report the competing needs of parents and young people, the problems this created and our responses to them. Reporting such challenges, and testing resolutions to them, may improve co-design and delivery of school-supported, self-help resources for young people's mental health.

Methods
Over 12 months, we held (and audio recorded) 14 workshops with young people (14-18y), parents/carers and mental health professionals; 21 consultation interviews with young people and 10 consultation interviews with parents/carers, in order to design the resource and its implementation into schools. All sessions were coded and analysed to identify each contributor's needs and concerns in relation to the design and delivery of the school mental health resource.

Results
Young people's priorities were privacy of use (from peers, parents and school staff) and control (over how and what kind of self-help was accessed). These priorities were particularly apparent when the young people built into the resource the power for them to decide whether parents/carers were even allowed to know of the existence of the parent education component. Post-design, only 1 of 32 pilot study participants opted to release the optional component to their parent/carer.

In contrast, parent/carer priority needs were information and transparency about their young person's state of mind and level of engagement with the self-help resource, as well as reassurance/guidance about how they could support their young person. These competing needs had implications for: (i) 'safety nets' for young people using the self-help resource; (ii) if and how parents of under 16s should be advised that their young person was opting to use self-help for early mental health difficulties; (iii) how to supply parents/carers with mental health education without compromising a young person's need for autonomy and privacy; and (iv) ensuring concerned parents/carers did not feel excluded or undermined by self-help for mental health in schools.

Conclusion
Our attempts to widen young people's access to self-help for mental health within a school setting identified tensions around privacy, risk management and perceived parental/carer exclusion. We need to find ways to straddle improved access to this kind of school hosted, self-help for young people, that meet their needs for privacy and autonomy, but which provide a proportionate consideration of risk and do not heighten parental/carer...
worry.
TABLE 4 - EDUCATION SETTINGS : Building National Standards for the Psychological Health & Safety of Post-Secondary Students: A Canadian Case Study

Sunday, 27th October - 14:15: Concurrent 1.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 828

Ms. Donovan Taplin (Canadian Standards Organization; Ryerson University), Ms. Janine Robb (Canadian Standards Association; University of Toronto)

Objectives
Standards are calls to action for governments, corporations, and institutions to deliver services and design products that are accessible, safe, and effective. One might be quick to associate National Standards with the realm of electrical codes, transportation, and natural resources. But our project, Canada’s National Standard for the Psychological Health and Safety of Post-Secondary Students, is likely the world’s first national standard to deliver benchmarks for promoting the mental health of post-secondary students. The Standard is predicated on the belief that post-secondary institutions can infuse mental wellness and health into everyday operations, business practices, and academic mandates. “By doing so, institutions [will] create campus cultures of compassion, well-being, equity, and social justice” (Okanagan Charter, 2015). Best and emerging practices and guiding principles set forth in The Standard, will empower post-secondary institutions and students to co-create a range of opportunities for students to develop agency about their health and wellness, as well as a large variety of services and programs to support their needs.

By sharing lessons learned from the process of developing Canada’s National Standard for the Psychological Health and Safety of Post-Secondary Students, in addition to the new benchmarks we are setting for Canada, we aim to spark a broad range of opportunities for international cooperation to ensure a standard of service for our students’ mental well-being is met on every campus where students learn, love, and play.

Process
An Executive Advisory Committee, a Project Team, and a Technical Committee have provided project oversight, planning, and development: A research team, under the guidance of Dr. Heather Stuart of Queen’s University, completed a comprehensive environmental scoping review to define the current state of postsecondary students’ experiences and post-secondary institutional experiences relative to psychological health and safety. The review included identifying new and emerging strategies and best practices both nationally and internationally. The Technical Committee (a team of 30 diverse experts consisting of students, family, clinicians, administrators, faculty, union leaders, and indigenous leaders from colleges, universities, and technical institutes) activated their shared knowledge in combination with feedback from national consultations and resources from the research team, to develop the Standard using a consensus-based approach over a sixteen-month period. The Standard will go out for public review for two months with feedback being considered and integrated into the Standard.

Implications and Conclusion

The Standard (to be published in early 2020) will culminate in a comprehensive framework for cultivating mental health awareness, promotion, prevention, intervention, executive sponsorship, classroom strategies, factors, data and indicators, accommodation, and training. Over time the Standard will be referenced in future legislation, regulation, licensing and accreditation and will:

- Address student mental health at the various stages of their post-secondary careers, their state of well-being and/or mental illness.
- Secure a more collaborative approach to promoting mental health for students by clearly identifying the shared...
responsibilities of students, staff, and faculty.

• Decrease stigma and increase help-seeking behaviour in students.
• Increase mental health literacy in both students and staff and promote transformational teaching.
**TABLE 5 - PEER SUPPORT**: Demonstrating and evidencing a role for the More than Mentors peer mentoring programme within the field of children and young people’s mental health.

**Introduction:** The latest figures for the UK show that 12.8% of children and adolescents have a diagnosable mental health disorder. Prevention of and early intervention for mental health issues in young people is of high priority, and recent UK policy calls for a focus on promoting mental health within all schools and colleges. ‘More than Mentors’ is a school- and community-based programme in which older students are trained to act as peer mentors for younger students who may be struggling with issues relating to their emotional wellbeing. Mentors and mentees meet with each other regularly for approximately 10 weeks.

**Objectives:** Community Links have been leading on the delivery of the More than Mentors programme across schools and community groups in London, with clinical support from the East London NHS Foundation Trust and independent evaluation through the Evidence Based Practice Unit (Anna Freud National Centre for Children and Families and UCL). The programme is funded by the Department of Health, with the aim of further co-developing and co-refining the More than Mentors model to address need in differing settings and contexts.

The evaluation (years 1 and 2) has sought to demonstrate:
1. The impact of More than Mentors on the young people involved.
2. The young people’s perceptions of helpful aspects of the programme and areas for improvement.

**Methods:** This presentation describes the co-development of this youth-worker-led intervention, informed by psychological theory and supported by clinical supervision. Findings will be presented from work in six schools and one community organisation. Investigating symptomatic change in participants’ emotional wellbeing, resilience and mental health, all mentors and mentees completed a survey on these constructs at three timepoints (first mentoring session, last mentoring session, and one-year follow-up). Qualitative interviews were also conducted with a smaller sample of mentees and mentors. Academic attainment and school attendance data were also collected at baseline and follow-up.

**Results:** Statistical analysis of approximately 200 mentors’ and mentees’ matched survey responses indicated that mentees’ mean total difficulties (SDQ) and perceived stress (PSS) significantly improved after their participation in the More than Mentors programme. When mentors’ and mentees’ scores for perceived family connection (SRS) were analysed regardless of role, they also improved over time. Finally, a statistically significant positive correlation was found between participants’ wellbeing scores (SWEMWBS) and the number of sessions of More than Mentors they attended.

A qualitative thematic analysis of 16 interviews with participants gave insights into the programme’s impact and mechanisms for change:
- For mentors, this included the development of new skills and knowledge, positive feelings from volunteering, and improvements in relationships with others.
- Mentees described experiencing improvements in their feelings, thinking, and coping strategies, feeling more confident, making new friends, and feeling more able to manage their schoolwork.
Conclusion: More than Mentors has shown sufficient promise in improving young people’s mental health to justify future commissioning within London, as well as informing the development of a wider peer mentoring offer through the Mental Health in Schools programme recently launched by the UK Government.
Peer workers are a workforce of consumers who are employed to provide support to clients by drawing on their lived experiences (peer support). There is a growing body of evidence to suggest that peer support has the potential to enhance client outcomes when used as an adjunct to traditional care. Whilst peer work is a relatively new initiative in the youth mental health domain, it has mainly been implemented within tertiary services and there are few examples of peer work models in the primary youth mental health setting. For the past two years, we have explored and implemented peer support as a service at our headspace centres in North-West Melbourne. Working closely with management, clinicians, clients and young people in the community, our peer workers have taken the lead in shaping and delivering a model of peer support at headspace. The aim of this presentation is to share and reflect on our learnings from the peer support initiative at headspace. Our peer workers will draw on case examples to highlight where peer support has been effective, the challenges associated with peer support and to initiate a collaborative discussion about how peer support can be further integrated into primary youth mental health service models such as headspace.
Introduction

Peer support is a core service stream offered at Foundry centres across the province of British Columbia, Canada (alongside primary care, mental health, substance use, and social services) and will eventually be offered as a remote service within the virtual clinic we are presently building.

In order to ensure that peer support workers feel prepared to engage in their work, we developed a youth peer support curriculum in partnership with provincial organisations. The curriculum was created for youth, by and with youth, and with feedback and input from community partners.

We planned for centres to have representatives trained in delivering the curriculum, who would then train young people in their communities to work as peer support workers. To that end, in May 2018, we organised a train-the-trainer for the curriculum. Throughout the five day training we received feedback regarding the content that made it clear that it needed revision.

Objectives

In response to the feedback from the train-the-trainer, we determined that the content needed to be adjusted to ensure it was nuanced and culturally aware enough to meet the needs of diverse communities across the province.

Approach

Our first step was an application to the Royal Bank of Canada Foundation to request funding. This generous funding was used to provide remuneration for four young people across the province with direct experience as peer support workers to read through the curriculum and make recommendations for how to make it more applicable and inclusive of the diversity within the communities we serve. The four young people have provided not only their personal perspectives from their lived and living experience and personal identity, but also from the perspective of the communities they have spent years supporting, engaging with, and participating in both formally and informally.

Practice Implications

The edits made to the curriculum have included shifting from having a single section on Indigenous youth to ensuring the entirety of the curriculum holistically provides awareness about Indigenous perspectives and tools for cultural humility and safety. We have also worked towards creating sections that give young people tools that allow them to reflect on how to ensure their work and practice as peer support workers is done in a culturally safe, community-focused and trauma-informed way. This includes minor edits such as shifts in language but also a focus on providing more information about wider concepts such as privilege, oppression, colonisation, stigma, discrimination, and self-inventories.

We will pilot the revised curriculum in up to two communities across British Columbia in the Summer of 2019 and employ a youth to evaluate the training. We believe that continuous feedback and responsiveness to that feedback will ensure the curriculum stays relevant and applicable.

Conclusion

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**TABLE 5 - PEER SUPPORT: Learning from Our Peers:**

Foundry’s Youth Peer Support Curriculum

Sunday, 27th October - 15:00: Concurrent 1.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 404

*Ms. Stephanie Gillingham (Foundry Central Office), Ms. Andrea Vukobrat (Foundry Central Office), Mx. Lux Welsh (TransCare BC), Mr. Bryant Doradea (Foster Nation), Ms. Karmella Benedito De Barros (Urban Native Youth Association), Mx. Carly Nightingale (Foundry Campbell River)*
Our peer review of the youth peer support curriculum highlights the importance of following the principle of “nothing about us without us,” and affirms our conviction that when we are responsive to feedback from young people and communities, we can create services and resources that are better suited to their needs.
Youth engagement (YE) is an active ongoing process that empowers young people as valuable partners in addressing and making decisions that affect them personally and/or that they believe to be important. Within the mental health sector, YE improves the care experience of young people by using a whole community approach and an active ongoing process that embeds youth voice at all levels.

Since its inception in 2004, The Ontario Centre of Excellence for Child and Youth Mental Health (the Centre) has championed and supported YE initiatives across Ontario, Canada. Recognizing the increased need for meaningful youth engagement in system-level initiatives, the Centre started collaborating with sector leaders in 2018 to develop a quality standard for YE.

In this case, a quality standard describes what quality engagement looks like for youth in the mental health system.

Objectives:
This presentation will share why the YE quality standard was created, how it was co-developed with youth and system partners, what difference it will make and how there is an opportunity for application and/or adaptation beyond Ontario.

The objectives of the work to develop a YE quality standard include:

- To define and obtain consensus for the core elements of quality YE at the system-level, along with system-level indicators.
- To support consistent youth engagement across Ontario and beyond.
- To strive to achieve equitable outcomes for youth accessing mental health services.

Approach:
In partnership with leaders from CYMH agencies, the Centre established an advisory for the development of this work consisting of four youth with system planning and firsthand youth engagement experience, a researcher, service providers and system leaders.

Acknowledging the limited literature on YE and its outcomes, the advisory adopted an evidence-informed approach, by combining the research literature and practices with the experience and perceptions of practitioners, children, youth and their families to define and measure quality youth engagement.

The advisory sought to bring the perspectives and experiences of youth to the forefront. A total of 58 youth between ages 15-23 were consulted in youth co-led focus groups across Ontario, to ground the information in lived experiences, and solicit feedback for the YE quality standard. Additionally, surveys were developed and broadly shared to supplement the consultations. Surveys reached: 57 responses from CYMH service providers and 22 responses from youth across the province.

The data obtained from the focus groups, surveys and research were analyzed, and the advisory was brought together to refine and finalize the quality standard.
Practice/Policy Implications
By taking this information and packaging it into concise material available for youth, families, service providers, decision makers and funders, the Centre aims to increase the capacity to practice YE and create a consistent understanding of expectations for YE, particularly at the system level.

Conclusion
By sharing our process for co-developing the YE standard, we hope to inspire national and international audiences to deepen their community partnerships and feel empowered to co-develop resources with and for young people so they can receive the best service available and make a difference in their lives and communities.
Introduction
Resilience is recognised as an important part of the normal development of children and young people (Masten, 2001). Research has focused on exploring how some children are able to thrive and survive under adverse conditions, while others do not (Kronberg et al, 2017). However, there is a lack of understanding of the meaning of resilience to young people.

Objectives
The study aimed to gain an understanding of the meaning of resilience to young people, and discover what young people believe to be the influences on levels of resilience.

Methods
This was a qualitative study of two mixed gendered focus groups, for 19 young people (aged 16 to 18) from one secondary school in the UK. A systematic literature review provided a framework for the focus groups.

Results
Throughout the focus groups there was a wide variety of meanings of resilience for young people, some detailing they understood resilience as “It’s like a character trait”, whereas others discussed “any time you show bravery it has an element of resilience in it”. The focus groups resulted in three themes titled social “…because you’ve grown up not sharing stuff…”, which encompasses subthemes such as the impact of and access to support networks, or social comparisons that young people make, specifically in relation to gender differences, “I think it’s probably more harder for boys to seek help…”. The second theme of self was built on the influences of concepts such as self-efficacy and self-image “…there’s still a stigma about going and asking for help”. The final theme was the impact of the environment on young people, which involves aspects such as school, family and friends and the impact these have upon young peoples’ resilience, “we go through school and it’s like your grades define you”.

Conclusion
While the impact of gender on resilience is well demonstrated, our findings extend this to show that the impact of gender on resilience is closely linked to the social pressures experienced by young people. The findings demonstrate the complexity of the meaning of resilience to young people, as well as the factors that promote or hinder the development of resilience. This research specifically sought the perspectives of young people, allowing for new thoughts and ideas to be shared, most notably young people’s understanding of resilience. A definition forwarded in this research stated that resilience has links to bravery, a definition that has not been sighted in the wider resilience research. It could be argued as a new interpretation, or a new way of understanding the concept of resilience from the perspective of a young person.
<table>
<thead>
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<th>TABLE 6 - YOUTH ENGAGEMENT : Empowered Youth Voice-Partnering for Change</th>
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<td><strong>Sunday, 27th October - 15:45: Concurrent 1.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 278</strong></td>
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*Ms. Krissy Dristy (The Association for Children's Mental Health (ACMH)), Ms. Jane Shank (The Association for Children's Mental Health (ACMH))*

This 20-minute oral presentation will discuss the value of youth voice in creating positive system change through the lens of a statewide family organization. Our presentation will focus on the following objective areas:

- The role of the Association for Children’s Mental Health (ACMH) in supporting youth and family voice in Michigan
- Brief overview of the public mental health system in the state
- Overview of Youth Peer Support as a Medicaid service and ACMH’s role
- Additional opportunities for youth voice and involvement
- How these pieces support each other to create sustainable changes in the youth and family movement
Introduction

The value of including lived experience in mental health services is of increasing importance both in general services as well as youth specific services nationally. For youth focussed mental health services, youth engagement is vital in creating and sustaining a service that authentically values the youth voice. Engaging youth in clinically based services, however, can be problematic and difficult to achieve. This paper presents a case study of Youth Engagement in a Melbourne-based Youth Early Psychosis Program, through the development of an innovative Learn to Skate Program. Learn to Skate represents a highly successful Peer Support group developed, implemented and run by and for young people.

Objectives

The Learn to Skate program was developed with the aims of:

- sharing a passion for skateboarding;
- using shared passions to address issues of mental health, social inclusion, self-confidence/esteem and skill building; and
- empowering young people.

This case study will demonstrate the effectiveness of the Learn to Skate project in establishing a pathway from service user to volunteer to employee, and illustrate how pathways between those roles are invaluable in engaging young people both into mental health services, as well as into mainstream careers and developmentally appropriate personal trajectories. This case study also illustrates the power of youth voice in building a more youth friendly mental health service.

Approach

A young former user of the service came to the service with an interest in becoming a volunteer. The hYEPP service understands that believing in a young person isn’t just giving them opportunities, it is letting them create opportunities for themselves and leading their own projects. The young person had a real passion for smashing the stigma of mental health, showing people they can live a full life despite being in the system, alongside a passion for skateboarding.

Results

Thus the Learn to Skate project represents a young person who did full circle with the service. They interviewed for a volunteer role, then began developing a program and presented it as a potential project idea. Once given the go ahead there was no stopping them. They began reaching out to people in the industry to organise a skateboard event/group launch/public relations affair. Their energy became infectious for other young people and the group began to meet regularly and attract other young people. It had consistent attendance, authentic connection to the service and inspired others to engage further with volunteering, clinical services and sharing their own ideas.

The young person who started the program went on to become an employee of hYEPP and has now moved onto mainstream employment, fulfilling their childhood dream.

Conclusion.
The Learn to Skate case study is a demonstration of how youth engagement is more than offering opportunities to young people, it is empowering them to create their own. This model illustrates the benefits to young people when effective and empowering pathways through services are established and supported, as well as the benefits to services of allowing young people genuine voice and opportunity to drive change.
TABLE 7 - FAMILY & PEERS: Standards that are anything but – Co-creating quality standards for youth and family engagement in Ontario, Canada

Ms. MaryAnn Notarianni (Ontario Centre of Excellence for Child and Youth Mental Health), Mx. Kamill Santafe (Ontario Centre of Excellence for Child and Youth Mental Health)

Introduction

The Ontario Centre of Excellence for Child and Youth Mental Health has been building capacity for youth engagement (YE) and family engagement (FE) over the past decade in Ontario's child and youth mental health (CYMH) system. As YE and FE are priorities for the CYMH system, the Centre collaborated with stakeholders to develop quality standards for engaging youth and families in system planning.

Quality standards are a series of concise statements with indicators that describe what quality care looks like. Developed collaboratively and based on best evidence, they focus on conditions or topics where there are large variations in how care is delivered, or where there are gaps between the care provided and the care clients should receive (Health Quality Ontario, 2018).

By co-creating quality standards, the Centre and its partners seek to reduce inconsistencies and improve the experiences for young people and families engaged through the CYMH system, particularly at the system level.

Objectives

This presentation will describe the Centre's journey to co-create quality standards for engagement; explain what the standards mean and how they could be implemented; and gauge/generate interest for international application/adaptation.

The Centre led this work with the following objectives:

- To co-develop a quality standard with indicators for YE and FE at the system level
- To support consistent engagement of youth and families across Ontario
- To close gaps in the practice of engagement to advance high-quality services and planning for the CYMH system

Approach

Advisory groups were convened to guide this work. The Centre followed Health Quality Ontario's standard development process, which involved literature reviews and stakeholder consultation.

In addition to the youth and families engaged through the advisory groups, focus groups reached more diverse youth and family voices and surveys were completed by youth, families and service providers.

Consultation data was analyzed qualitatively and quantitatively. The advisory groups collaboratively refined and finalized each standard.

Practice/Policy Implications

While some accreditation standards exist for YE and are under development for FE in Ontario, quality standards for YE and FE are lacking. Implementation of these standards will allow the Centre and others to further test and refine what quality YE and FE looks like. The standards do not make YE and FE a 'check-box' exercise. Rather, they provide an improvement lens for organizations and system-level stakeholders to assess and measure their progress to practice YE and FE.

The Centre is adapting its suite of YE and FE resources and services, including quality improvement coaching, to support implementation of these standards.
By having standards in place, there will be an opportunity for the system to explore monitoring targets to measure system performance for engagement.
There is potential to build on this work to strengthen YE and FE globally.

Conclusion
The quality standards will be launched in 2019, along with tools to support their implementation. The need to ensure a high-quality service system exists beyond Ontario. This work has the potential to be adopted and adapted internationally, thereby elevating and enhancing experiences of engagement around the world.
Rationale

Youth raised in at-risk environments (YRE) are children and adolescents who are less likely to transition successfully into adulthood. Considering this period of time marks significant social and vocational development, YRE can benefit significantly from having a peer-based mentoring relationship. Youth with mentoring relationships have greater educational attainment, mental health, and increased integration into their communities. In addition, there are positive effects on school attendance, substance use, relationships, and self-esteem. To advocate for YRE in Toronto, the largest metropolitan city in Canada, we launched a community-based learning program called the Advocacy Mentoring Initiative (AMI).

Objectives

Since its inception in 2012, AMI pairs YRE with a University of Toronto Medical Student for a 12-month mentoring relationship. Mentors and mentees are committed to building a peer-based alliance that supports the young person's development. Students also fulfill criteria for a community-based service-learning curriculum, therein integrating this experience with their educational portfolio.

Methods

Every academic year, AMI engages 12 to 15 pairs of medical students and YRE, 6 to 8 Psychiatry and Pediatric Residents, and a community mentoring agency for the mentoring program. Mentors establish a peer-based mentoring relationship with youth that is entirely peer focused (not clinical). In turn, medical students are mentored by medical residents, who are supervised by a staff psychiatrist. All stakeholders liaise closely with the community agency.

Medical students mentor their mentees for two hours per week by engaging in activities co-designed with the youth and their families. Cases are discussed at monthly group meetings, wherein mentors are also taught community advocacy, child development, and social determinants of health. Flipped-classroom teaching methods are utilized.

To assess the outcomes of the mentoring relationship, we studied a full cohort of participants with a pre-engagement and post-engagement survey of the AMI program. Case study discussion comparisons and a thematic analysis of the responses was performed.

Results

Now in its fourth iteration, AMI has engaged over 50 youth, students, and residents. Mentors report increased confidence in youth advocacy, interest in child psychiatry, and improved knowledge of child development. Their engagement skills and level of comfort working with YRE increased as well. The mentors' relationships with residents also assisted them in career development.

Practice/Policy Implications

Globally, there is a pressing need to advance mental health and quality of care for YRE. Through educational programming, medical schools may engage with community agencies to further service delivery that aims to improve outcomes for YRE. AMI is a model for such programming and allows medical students to fulfill service-
learning requirements for their education. Elements may be applicable to educational programs beyond the field of medicine. Our target audience is any educator, community agency, youth, ally and stakeholder group interested in combining social accountability with service-learning.

**Conclusion**

Peer-based mentoring relationships are a well-researched method to support the mental health of YRE. Worldwide, educational institutions are seeking innovative community-based learning programs to engage their learners. AMI serves as a model for this form of programming while furthering outcomes for YRE.
Introduction: BPD is a severe mental illness that has been shown to be associated with significant challenges for family members and others involved in providing care. Specifically, BPD in adults has been found to be associated with high levels of family grief, anxiety, and symptoms of posttraumatic stress disorder, and the level of burden for relatives has been shown to be higher relative to other severe mental disorders. Anecdotally, it appears that family members living with a young relative with BPD often have little knowledge of the nature of the disorder or how to most effectively respond to the young person's challenging and high risk behaviours. There are few programs developed for family members and carers of people with BPD, and of those that have been evaluated, promisingly, they appear to reduce burden and distress on family members, however access and attendance at such groups is low for a range of reasons.

Family Peer Support in:

1. Kindred: An online moderated social therapy (MOST) platform has been developed for families of young people with first episode psychosis with good results. Kindred integrates within a single online application, private social networking, psychoeducation, problem-solving and specialist and peer moderation, with the aim to reduce stress, depression and anxiety and increase support for these family members and carers. This platform utilises clinician and FPS moderators. The Peer Carer moderator was able to interact with participants through all sections of the interactive platform. Peer support between participants was also encouraged.

2. Making Sense of BPD Family Groups. A Family Peer Support Worker*(FPSW) was involved in these groups to share their lived experience as well as to stimulate discussion and interaction.

3. Family Work provided in HYPE Clinic by Family Worker who sees more complex families when requested and provides consultation and support to HYPE clinicians

4. Utilising Family Peer Support in the HYPE clinic by connecting clinicians, FPSWs and the families of young people.

Method: Family peer work was embedded at every level of engagement with young people and their families both through a FPSW or family to family peer support.

Conclusions: The BPD clinic at OYH uses a multi-faceted approach that includes peer support both with the FPSW but also by creating opportunities for young peoples' families to engage with each other either online or face to face.

*For the purposes of this abstract the word family refers to family members, as well as carers, friends and any other people involved in the care of the young person with BPD.
TABLE 8 - EVALUATION OF SERVICES: Child and community co-creation and collaboration: the design, implementation and evaluation of a wellbeing program for primary school students accessing after school care

Sunday, 27th October - 17:00: Concurrent 1.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 100

Dr. Alyssa Milton (University of Sydney), Ms. Kristin Ballesteros (Uniting), Ms. Tracey Davenport (University of Sydney), Dr. Laura Ospina Pinillos (University of Sydney), Prof. Ian Hickie (University of Sydney)

Background

Until recently, out of school hours care (OSHC) services have focused on providing a safe and supervised environment for primary school aged children before and after school. Simply offering this basic OSHC service, however, results in a missed opportunity in terms of prevention and early intervention efforts that focus on improving children’s mental health and wellbeing. More specifically, OSHC services have the potential to offer a unique non-school based environment that provides children with activities and support aimed at enhancing their social, emotional, physical and cognitive wellbeing.

Objectives

As there is a dearth of wellbeing programs for children accessing OSHC services in the research literature, our research team (a partnership between University of Sydney’s Brain and Mind Centre and Uniting) used participatory design (PD) and ongoing formative service evaluation to collaboratively create a solution to the design and delivery of an OSHC wellbeing program - the Connect, Promote and Protect Program (CP3).

Methods

The CP3 PD process involved a series of iterative design cycles in which all stakeholders (OSHC students, staff, volunteers, families, local organisations working young people, clinicians, educators and researchers) contributed their knowledge to produce the program model. The ideas generated within each cycle were discussed, evaluated and built-on during each subsequent cycle. Qualitative data sources were interpreted using thematic techniques and Knowledge Translation (KT) processes. The developed model was then implemented and undertook an ongoing User (Acceptance) Testing process and formative service evaluation.

Results

Four key principles of program delivery were co-created. These included 1. enhancing wellbeing and resilience; 2. creating opportunities for development and growth not necessarily accessible day to day; 3. meaningfully engaging children; and 4. promoting social and community connectedness. These principles were design by stakeholders to be delivered through the provision of enhanced group-based activities and collective mentoring – with a particular focus on providing augmented support for children and families at-risk or experiencing biopsychosocial issues. Through the KT process the CP3 program model, including an enhanced activity planning tool and CP3 mentor training package were prototyped. Subsequently User (Acceptance) Tested using a staged implementation process and ongoing formative service evaluation will be discussed.

Conclusions

To our knowledge, the CP3 program is the first co-designed health and wellbeing program delivered in OSHC services. This co-design process is key to ensuring local community needs – particularly those of young people
accessing OSHC – are met and that these individuals are meaningfully and actively involved in all stages of the research and design process – from conception, to implementation, evaluation and continuous improvement.
Introduction: Jigsaw is an Irish organisation which aims to advance the mental health of young people in Ireland aged 12-25 by influencing change, strengthening communities, and delivering services. Jigsaw services are currently located in 13 communities across Ireland providing supporting to young people with mild to moderate mental health difficulties.

Healthcare provision is increasingly understood as taking place in a volatile, unpredictable, complex and ambiguous (VUCA) environment. This environment requires organisations to be flexible and adaptable, responding to situations with tailored solutions and taking iterative learning from experience.

Objectives: This paper provides a case study of Jigsaw and our experience of a significant change process in a youth mental health service; namely a transfer of governance from a group of institutional stakeholders to the Jigsaw organisation.

Approach: A protracted and challenging governance transition in a youth mental service was reviewed retrospectively by a relevant group of senior managers. The authors led this structured process using theoretical models from the literature such as Kotter (1995) and Senior and Swailes (2010). This process produced insights, perspectives and learning that informed this paper.

Results/Implications: Significant change is challenging at multiple levels, impacting on frontline staff, management and potentially whole organisations. It also has the potential to impact negatively on young people, if day-to-day service provision is affected. Drawing on the proposed reflective process, the paper will present an overview of key findings relating to the impact of the change and Jigsaw's approach to managing it.

Conclusions: In keeping with theme of IAYMH 2019, change is something that we seek and embrace, yet it brings challenges and risks as well as opportunities. In order to increase capacity within an organisation to manage future changes effectively it is important to reflect on a real-world example of complex change. This paper will synthesise our experience in Jigsaw with ideas from the literature and highlight key learning on change in youth mental health services for others.
Young people experience high rates of mental health issues. However, many do not seek professional help. In order to encourage help-seeking behavior among young people, it is important to ensure that services are youth-friendly. This study aims to evaluate Singapore’s Community Health Assessment Team (CHAT)’s mental health assessment service model using the World Health Organization (WHO) youth-friendly health service framework of accessibility, acceptability and appropriateness (AAA), and to ascertain the extent to which the CHAT service model is youth-friendly. Three hundred young people aged 16 to 30 years, who had gone through CHAT mental health assessments completed a 27-item questionnaire. Majority rated the items in the questionnaire favourably. Our results suggest that majority of the young people who accessed CHAT mental health assessment service found it to be youth friendly.
**TABLE 9 - SERVICE MODELS: Foundry: Over 140 Partnerships and $20 Million Raised – CommunitiesUniting for Transformational Change**

Sunday, 27th October - 17:45: Concurrent 1.6 - Table Top presentations (Mezzanine Level, Room M3) - TableTop - Abstract ID: 635

**Ms. Krista Gerty (Foundry BC), Ms. Pamela Liversidge (Foundry BC), Dr. Amy Salmon (CHEOS), Ms. Andrea Vukobrat (Foundry), Ms. Nancy Zhao (Foundry), Ms. Leah Lockhart (Foundry BC), Dr. Steve Mathias (Foundry)**

**Author:** Krista Gerty, with Pamela Liversidge, Amy Salmon, Andrea Vukobrat, Nancy Zhao, Leah Lockhart and Steve Mathias

**Rationale:** Young people are full of promise and potential, but face challenges to their wellness. One in five young people in Canada aged 15-24 report experiencing mental illness or substance use problems, and fewer than 25% actually receive appropriate services. Where services do exist, they have been fragmented, difficult to access, and designed for children or adults. Additionally, suicide is among the leading causes of death of young people in Canada.

These issues could only be addressed through intentional, cross-sectoral collaboration.

**Objectives:** Foundry was launched in 2015 with a vision to transform health and social services for young people aged 12-24 in the province of British Columbia (BC) – so that young people and families no longer have to ask, “Where do I go for help?” Instead, they ask, “Where is Foundry in my community?”

Foundry has opened seven community-based Foundry centres offering integrated mental health care, substance use services, primary care, social services and peer supports and launched foundrybc.ca, an online portal for tools and resources.

The Foundry Central Office works closely with several provincial government ministries, nonprofit, and foundation partners to mobilize systems change. Within communities, each Foundry centre is led by a local agency, most often a nonprofit, that brings together local partners – including school districts, government, Indigenous organizations, divisions of family practice (representing general practitioner physicians) and other nonprofits.

**Methods:** We conducted a developmental evaluation that included exploring the impact of partnerships and philanthropy on the initiative, and completed a review of the entire effort, within each local community as well as the broad provincial focus on philanthropy and partnerships more broadly.

**Results:** Foundry has now mobilized over 140 government and social sector partnerships and hundreds of donors who have given over $20 million and growing. With this support, Foundry has opened seven (soon to be 11) integrated youth wellness centres and launched foundrybc.ca. Centres have as many as 24 service partnerships working together under one roof.

Foundry’s developmental evaluation found that the initiative has transformed access to services for young people and their families primarily through the intentional integration of services, programs, and policies across sectors and systems. Creating Foundry is best understood to be achieving system transformation by “not just [having] everything under one roof” but by facilitating “everyone working together” and “understanding the community” where Foundry operates. The developmental evaluation also found that Foundry is creating a new
culture of leadership, setting conditions for leaders in health, social services, non-profit and philanthropic partners to lead differently from both policy and service/clinical perspectives, in order to achieve better outcomes.

**Conclusion.** Foundry's partnership approach has convened and mobilized government and nonprofit agencies, youth, family members and donors at the grassroots and systems level, to co-create a province-wide network of centres and online supports so young people and their family members can find the supports they need.
Mr. Andrew Kazim (headspace Pilbara - AnglicareWA), Ms. Samara Clark (headspace Pilbara - AnglicareWA)

The headspace Pilbara Region Outreach Trial involves an approach which has ‘flipped the headspace centre model inside out’, placing an emphasis on a combination of outreach, disbursed or ‘pop-up’ services where targeted young people frequent and current infrastructure exists. The model also includes a focus on developing the capacity of consortium members, families and natural helpers to improve the regions capacity to support young people around the mental health and wellbeing.

The headspace Pilbara Region Outreach Trial was developed through a Human Centred Design Project that placed the needs of the young people, their families and the community at the centre of developing what a headspace service should be in their community.

This interactive tabletop presentation will provide participants with the opportunity to interact with some of the tools used in the design process, and learn from the experiences of using a Human Centred Design process to create a youth mental health service in one of the most complex service landscapes in Australia. The different stages of the HCD process will be presented using a range of media, along with reflections and key insights drawn from the highs and lows of implementing this complicated project.
Introduction
A key challenge for the establishment and expansion of headspace was the development of a trusted, youth-friendly brand that would appeal directly to young people and their family and friends. headspace began national marketing to young people in 2012 and to their family and friends in 2014. The brand marketing efforts ramped up in correlation with the growth of headspace services across Australia. The brand marketing strategy, which is underpinned by extensive youth participation, has resulted in significant increases in brand awareness, brand familiarity and brand advocacy.

Objectives of the presentation
In this presentation, we outline the benefits and impact of leveraging a brand to engage young people in mental health services. The headspace brand plays a key role in reducing stigma, increasing mental health literacy and stimulating help seeking among young people and their family and friends. The presentation will include an overview of the outcome of the brand marketing efforts over time and the correlating growth in key brand health metrics.

Results
headspace has become a prominent, well-recognised brand in the youth mental health field. A large community-based survey undertaken in September-October 2018 revealed that over three quarters of young Australians (77%) recognise headspace as a youth-specific mental health organisation. In addition, youth who have high or very high distress have greater awareness of headspace, compared to those with moderate or low distress.

In addition to this, our brand health research shows the growth in key brand health metrics over time including increases in:

- Prompted brand awareness from 34% (2012) to 76% (2018)
- Unprompted brand awareness from 7% (2012) to 48% (2018)
- Brand familiarity from 10% (2012) to 50% (2018)
- Brand advocacy including:
  - Suitability for young people rising from 51% to 75%
  - Likelihood to recommend rising from 74% to 85

Additional impacts that will be explored include the:

- Significant increase headspace has enjoyed in digital reach, engagement, website traffic, etc
- Ability to attract support from corporate partners, ambassadors, influencers and donors
- Numbers and types of young people accessing headspace services

Conclusion
Building and leveraging a trusted, youth friendly brand has enabled headspace to engage more young people in mental health services, increased mental health literacy and helped to reduce stigma among young people and their family and friends.
**TABLE 10 - GLOBAL : Gender Differences Among Help-Seeking Young People at CHAT**

Sunday, 27th October - 18:30: Concurrent 1.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 581

*Ms. Hamidah Otheman (Institute of Mental Health), Ms. Yi Chian Chua (Institute of Mental Health), Ms. Lee Yi Ping (Singapore Institute of Mental Health), Dr. Swapna Verma (Community Health Assessment Team (CHAT) / Early Psychosis Intervention Programme (EPIP) / Institute of Mental Health (IMH))*

**Introduction**

Poor professional help-seeking behaviour among young people is a concern (Chong et al., 2012). Efforts to encourage early help-seeking behaviour are further challenged by gender differences. Education to improve males’ helping-seeking behaviour is essential (Oquendo et al., 2002; Cotton et al., 2006).

Established in 2009, Community Health Assessment Team (CHAT) is Singapore's national youth mental health outreach and assessment programme for young people aged between 16 and 30 years old. While CHAT has been successful in establishing its branding among its target age group, little is known about its outreach appeal to help-seeking young males.

**Objective**

This paper aims to examine gender differences among the young people who approached CHAT for insight on ways to improve CHAT outreach initiatives’ appeal to specific genders.

**Methods**

Data from all consecutive young people who approached CHAT for help via online request form, email, phone and walk-in from May 2009 to April 2018 was included in this analysis. During their first contact with CHAT, information like basic demographics and how the young person came to know about CHAT were obtained.

**Results**

Participants were 4278 young people. Of these, 31.8% were males (N=1361). At first contact with CHAT, the mean age of males was 20.08 (SD= 3.53) and females was 19.87 (SD= 3.21). 57.9% of males were students, 13.0% were serving National Service, 11.0% were employed while 5.5% were unemployed. There was significant differences between gender and occupation of young people, \(X^2(4, N= 4278) = 404.95, p< .01\). Gender differences were also significant for (1) pathways to CHAT, \(X^2(8, N= 4278) = 332.66, p< .01\), (2) rejection of CHAT assessment offer, \(X^2(3, N= 4278) = 211.57, p< .01\), (3) no show for scheduled assessment, \(X^2(2, N= 4278) = 15.05, p< .01\) and (4) clinical impressions of presenting problems, \(X^2(9, N= 4278) = 176.44, p< .01\).

Most males knew about CHAT through educator/school counsellor (30.9%), outreach/website (20.5%) or friend/colleague (17.4%). For females, these were outreach/website (32.6%), friend/colleague (27.2%), or educator/school counsellor (22.9%). Among those who were offered CHAT assessments, 25.4% of males and 24.2% of females rejected the assessment offer. No-show rate for scheduled CHAT assessments for males and females was 11.3% and 15.4%, respectively. The top three clinical impressions given for CHAT assessed males were Mood and Anxiety Disorder, At Risk Mental State for Psychosis (ARMS) and Psychotic Disorder, and Adjustment Disorder.

**Conclusion**

Findings from this study offer much insight. For instance, the low proportion of help-seeking employed and unemployed males calls for CHAT to improve its outreach strategies for young working male adults. Future offline and online outreach materials should include information relating to the top three clinical impressions among CHAT assessed males. Collectively, the proportion of young males dropping out from the help-seeking process with CHAT from first contact to the scheduled CHAT assessment is high. CHAT will work to identify effective strategies to reduce drop-out rates among distressed young males.
With a national median age of 29 years, India will become the youngest country in the world by 2020. This potential is marred by national survey reports showing that mental morbidity for individuals aged 18-29 years is 7.5%. A 2009 report showed that suicide was the most common cause of death in the age groups which constitute adolescents, young adults, and adults (both 15–29 years and 15–39 years). India has just 0.3 psychiatrists, 0.07 psychologists and 0.07 social workers per 100,000 people. In a country with such scant mental health workforce and high levels of stigma associated with mental health problems, young adults don’t often ask for help for their distress. The lack of formal healthcare has underscored the need for community-based programs to educate individuals about mental health, and educational institutions are gateways to dispel myths and promote help-seeking among the youth. However, these mental health literacy and awareness programs are often unable to reach students in need as mental health is not one of their top priorities.

The present study was aimed at identifying factors that influence youth’s decision to seek help and design interventions to encourage participation on grounds of enhancing mental health. We conducted a bilingual needs assessment on 592 students to find the major concern areas regarding students’ mental health including their awareness regarding mental health and illnesses, need for help with mental health problems, their attitudes towards mental illness, and awareness of the existing facilities within the college. The survey highlighted major problem areas such as the prevalence of high emotional distress, high levels of stigma surrounding mental health, and low awareness and participation in awareness programs. The next step in our study was to aid in mental health promotion through reconstructing the idea of mental health in positive rather than negative terms. The focus was to design effective interventions and deliver them in an empowering, collaborative, and participatory manner. We planned multiple interventions to educate students about mental health and its importance in an individual’s well-being. These interventions were either discussion based, used Computer-Assisted Learning (CAL) programs or both. Participants included between 7-12 students per group. Feedback from participants showed encouraging results. About 78% (4 out of 5) participants agreed that mental health workshops were useful, and an overwhelming 84% (4 out of 5) indicated that they would consider seeking help from a mental health professional in addition to peers and family if they were experiencing problems. Follow up two months later still showed lower levels of stigma.

The study presents implications for administrative stakeholders, organisers and researchers of awareness campaigns, and students. It highlights the importance of community-based efforts to sensitize students towards their mental health and encourages them to take ownership of their health by initiatives such as peer-to-peer outreach, development of personal skills. An indigenous model of Mental Health sensitisation based on the three C’s of sparking Curiosity, Communicating effectively and Collaborating within the student community is presented.
INTRODUCTION:
Of the total Japanese population, almost 2.4% are immigrants with long-term resident status. 23% of them are between the ages of 12 and 25 y/o, with a women: male proportion of 1:1.
Young immigrants are increasing in number every year, becoming an important part of the Japanese society. And from the age of 20 they become a strong working and economic force contributing to reshape the society in different ways. Currently, many of them are increasingly deciding to reside permanently in Japan.
They constitute a very vulnerable population that requires special and adequate support from the education, health, government and social stakeholders.

OBJECTIVES:
To identify the challenges affecting the mental health of young immigrants and their families.
To recognize methodologies that could be implemented in order to overcome the barriers challenging their mental health and improve their integration to the society.

METHODS:
Ecological approach (individual, family and community) of 220 Spanish, Portuguese and English speaking young immigrants and their families who were patients or attended community health talks at Haibara General Hospital and were living in one of the 9 municipalities surrounding the institution. The information was collected between April 2013 - February 2019, at medical consultations or after the community health talks, through face to face interviews.

RESULTS:
Language, cultural differences, gender inequalities, prejudices, discrimination socioeconomic issues, social and emotional isolation, lack of information, among others, have a strong impact on mental wellbeing of young immigrants living in Japan.
Those variables affect the young people and their families at different levels, depending on their background the degree of acculturation and assimilation and the degree of support the receive from the society.

CONCLUSIONS:
Young immigrants face multiple pitfalls, on different fronts, during the process of adaptation to a new culture, new community and a new life in Japan.
They usually perceive an important reduction in their sense of autonomy, competence, self worth, possibility of fair income and personal growth that eventually threaten their mental health and, in consequence, their possibilities to lead a fruitful and healthy life undermining as well, their ability to provide proper support to other family members or to their own families.
On the other hand, despite the high quality of the universal health coverage in Japan, young immigrants experience several difficulties in finding adequate health care and this situation is more complicated when it comes to mental health. Actions oriented to reinforce the health worker’s communications skills, awareness and cultural competence might help to reduce barriers.
Associations between electronic media use and adolescents’ mental health – a study based on Swedish data

Sunday, 27th October - 16:00: Concurrent 2.1 - Oral - Digital 1 (Great Hall 1 & 2) - Oral - Abstract ID: 786

Prof. Curt Hagquist (Karlstad University)

Background
In the wake of the exceptional rise in the use of information and communication technology during the past few decades the possible impacts on adolescents’ mental health have been increasingly investigated. The information technology has had a profound impact on the life styles of young people, e.g. on the ways adolescents maintain their social relationships. Adolescents spend more time on computers and other electronic devices and less time face-to-face with their peers than before. Empirical studies have increasingly shown a negative association between usage of electronic media and adolescents’ mental health. The increasing use of electronic media has also been hypothesised to diminish adolescents’ alcohol consumption because of less social face to face interactions. The purpose of the study was to examine the association between electronic media use and internalising mental health problems as well as externalising behaviours.

Methods
The study was based on Swedish data collected in the Health Behaviour in School-aged Children (HBSC) study among students 11, 13 and 15 years. Data were collected in schools with a questionnaire which was completed anonymously in the classroom. For the purpose of this study data collected 2001/02, 2005/06, 2008/09 and 2013/14 were used comprising a total of 22,000 students. The outcome measure of mental health subjected to the analysis was a composite measure on psychosomatic symptoms. Responses to questions about drunkenness and involvement in fighting were dichotomised (never vs at least one time) and used both as outcome variables and independent variables in the analyses of mental health problems. Electronic media use was measured with questions about frequency of computer use, gaming and watching TV/video. The data were analysed using regression analysis and other multivariate techniques.

Results
The results showed that frequent use of electronic media (5 hours or more per day) was associated with mental health problems. The high frequent user group of students showed psychosomatic symptoms to a significantly higher extent than low frequent users did. Interestingly, this association was not much changed when controlled for by sleep habits, externalising behaviours and potential confounding factors. When relating externalising behaviours such as drunkenness and involvement in fighting to electronic media use a pattern opposite to what would be expected appeared. In the group of frequent electronic media users the odds of having been drunk or involved in fighting were higher than among those using electronic media less frequently.

Conclusions
In conclusion, regardless of type of mental health problems a group of high frequent users of electronic media could be ascertain that was at higher risk for mental health problems and therefore would need to be paid attention to. Because of the cross-sectional design of the study it cannot be ruled out that the described patterns in part may be due to selection, i.e. electronic media may attract adolescents with mental health problems to a higher extent.
Youth Well-Being & Digital Media

Sunday, 27th October - 16:15: Concurrent 2.1 - Oral - Digital 1 (Great Hall 1 & 2) - Oral - Abstract ID: 328

Dr. Kate Tilleczek (York University), Mr. Matthew Munro (University of Prince Edward Island), Dr. Brandi Bell (Health Prince Edward Island)

Rationale
Emerging technologies have the potential to both support and challenge youth well-being. Comprehensive models of youth well-being must be developed that explore the range of impacts of digital technologies on youth well-being, including digital technology access patterns, forms of usage, risks, and benefits, particularly in ways that are attuned to culture and context.

In Canada, UNICEF is developing a Child and Youth Well-being Index (CY-Index). Specifically, the 2017 UNICEF Canada Report *My cat makes me happy: What children and youth say about well-being* illustrates that models of well-being could be more inclusive of a number of domains as suggested by young people themselves. The report describes the important work accomplished to bringing youth perspectives to the concept and measurement of well-being. There is more room, however, to continually explicate the place and role of digital media in the well-being of youth as the digital age continues to shift and change.

Objectives
Our paper provides a model and conceptualization of youth well-being that begins to better integrate access, skill, risk, opportunity, and use of digital media for youth well-being in the Digital Age.

Approach
The data presented are from 66 qualitative interviews with Canadian youth (ages 16-20) who were part of the Digital Media and Young Lives project funded by the Social Sciences and Humanities Research Council of Canada (SSHRC). The project was proposed and generated by Dr. Kate Tilleczek and her team (see Young Lives Research Laboratory, York University Canada).

Each interview transcript was reviewed and coded purposefully for themes that relate to one or another domain of well-being to see the ways in which youth spoke to each. In addition, themes that did not fit existing domains led us to propose a new domain of youth well-being, Young Digital Lives.

Implications & Conclusions
The youth participants provided insight on the need for a new domain relating to “digital lives,” including themes of managing tensions/pressures of online lives, balancing daily use to better effect, and navigating shifting digital ecologies. Youth well-being relies on a balanced approach to digital media and such considerations must be included in a relevant index.

We suggest and present an emerging and holistic model of youth well-being for the digital age that takes into consideration nuanced ways in which these young people experience, navigate, and balance their online terrains. For example, Indigenous models of well-being have added much value in understanding the notion of balance that is sought by people and communities, based in the balance of the sacred circle teaching (Toulouse, 2018) to include physical, spiritual, emotional, and intellectual aspects. In such models, the notions of hope, purpose, belonging, and meaning ground well-being and form the strong basis of a holistic model of youth well-being in the digital age.
Ain’t no drought about it - a digital solution to stress from the drought

Sunday, 27th October - 16:30: Concurrent 2.1 - Oral - Digital 1 (Great Hall 1 & 2) - Oral - Abstract ID: 250

Ms. Annie Wylie (ReachOut)

Prolonged droughts have a significant impact on mental health and wellbeing. Young people report concerns about family, money, community and their future. In 2018 the Australian states of NSW and QLD were declared 100% in drought.

Young people living in regional and rural areas experience significant barriers to help-seeking and accessing appropriate supports, with concerns about anonymity and accessibility. They often feel like metro-focussed resources and services are retrofitted for them, and not tailored to their specific needs and experiences.

ReachOut created a digital care package for young people and their parents/carers in regional and rural areas to support them through the tough times of the drought.

Objectives

Our goal was to support 14-25 year olds living in drought-affected areas across NSW and QLD. The project sought to reduce the distress that young people were experiencing by providing personal stories highlighting positive coping skills and resilience, practical self-help strategies, peer support forums and referrals to other services.

We aimed to empower young people to help others and give parents the tools to help the young people in their care.

Methods

Literature Review

We reviewed existing research and completed a media analysis. Key insights included:

- With the drought, young people feel like everything is out of their control and this negatively impacts their mental health and wellbeing.
- Young people (and parents/carers) feel they should be self-reliant and able to cope with things on their own.
- Young people have a preference for real stories rather than research and data.
- Positive stories of resilience are important for getting through tough times.

Digital Drought Care Package

8 videos, 4 infographics and 12 articles were produced based on the research insights. All content was reviewed by regional and rural user feedback groups.


Community engagement

ReachOut prioritised engaging with the community to raise awareness and build trust. We participated in Bands Together Farmers, partnered with the Centre for Rural and Remote Mental Health, produced a Facebook Live event with The Naked Farmer, and ran an email and social media campaign.

Results/implications

12,307 people accessed the youth content and 5107 people accessed the parents content in a 4 month period. Young people wanted to see general stress and wellbeing resources rather than drought-specific content. Men were keen to open up about their experience and how they manage stress.

Quotes from the user review included:
• Nice to hear people ‘in the know’ talking about their experience. much better than an “expert”.
• The clear takeaway message here is that resilience can help you through tough times.

Conclusion
The digital drought care package was an innovative way to approach the issue of help-seeking in regional and rural areas. Involving young people in the production of content cut through the noise and felt relevant to their experience. This presentation would give insight into ReachOut’s approach to producing engaging and impactful content in partnership with young people.
Providing youth online mental health support – skills and nuances.

Sunday, 27th October - 16:45: Concurrent 2.1 - Oral - Digital 1 (Great Hall 1 & 2) - Oral - Abstract ID: 781

Ms. Marianthi Fadakis (headspace National), Ms. Kellie Shore (headspace National), Ms. Kristal Chenery (headspace)

eheadspace is the National Youth Mental Health Foundation's (headspace) national online and phone support service. It provides 12–25 year olds, and their family and friends, a safe, secure and anonymous place to talk to a professional – whenever they need, wherever they are.

Three senior clinicians from eheadspace discuss the nuanced and highly skilled work of providing youth mental health support online.

In March 2019, three clinicians took part in a service development project aimed at developing online content for the purpose of orientating new clinicians employed at eheadspace. One of the components of the project was a panel discussion that explored:

- Establishing boundaries with young people via synchronised webchat -how and why.
- Online assessment - advantages and limitations.
- How to build rapport, convey empathy and the use emojis via webchat.

This presentation will provide a brief overview of the service that eheadspace provides, the reflections of three senior clinicians on the nuances and skills involved in providing a therapeutic intervention online. The challenges and growth that occurs when you can't rely on verbal cues like intonation and voice tone, and the integration of digital technologies to assist with building rapport with the service user. In addition we will discuss the implications for training and development of mental health clinicians, and what good practice looks like for an for online service.
Examining Dropout in Jigsaw - An Irish Youth Mental Health Service

Sunday, 27th October - 16:00: Concurrent 2.2 - Oral - Data/Service (Mezzanine Level, Room M1) - Oral - Abstract

ID: 555

Dr. Aileen O'Reilly (Jigsaw: The National Centre for Youth Mental Health), Mr. John Broughan (Jigsaw: The National Centre for Youth Mental Health), Dr. Gillian O'Brien (Jigsaw: The National Centre for Youth Mental Health)

Background: Dropout from mental health services can negatively impact individuals and service providers alike. By dropping out from services, individuals are less likely to receive the help they need, while dropout can affect staff morale, and have cost/capacity implications for services. Dropout rates in youth mental health services have shown to be highly variable and inconsistent, partly due to the widespread definitions of dropout and study designs utilised. Furthermore, very little is known about the predictors of dropout in community youth mental health settings.

Aims/Objectives: The aim of this study was to investigate the rate and predictors of dropout in Jigsaw services. Jigsaw is a primary care youth mental health service in the Republic of Ireland, which provides brief therapeutic support (up to eight sessions) to young people aged 12-25 years experiencing mild to moderate mental health difficulties. Young people are recorded as having dropped out of Jigsaw if they do not attend (DNA) two appointments in a row, and cannot be contacted by the service.

Method: Participants were young people (N = 6,716) aged 12-25 years who engaged with Jigsaw for a brief intervention between September 2013 and January 2019. Participants' data were collected via the Jigsaw Data System (JDS), an electronic case management and evaluation tool. Variables examined included demographic details (e.g., age, gender), presenting issues, pre-intervention distress levels and factors relating to engagement with service (e.g., referral source, number of sessions attended, wait time). Brief notes by clinicians describing young people's exit reasons from Jigsaw were also examined for this study.

Results: Data were analysed from young people who completed a brief intervention in Jigsaw (n = 5,278) and who dropped out (n = 1,438). Initial comparisons were made using chi-square analyses for categorical and independent t-tests for continuous variables. Results indicated there were significant associations between age, parental marital status, living circumstances, education/employment status, time of year and dropout status. Furthermore, baseline level of distress were significantly lower among 12-16 year olds who dropped out of Jigsaw. There were also significant associations between anxiety, low self-esteem, anger, use of drugs and alcohol, behavioural problems, school/work avoidance, academic problems and dropout status. Bivariate logistic regression was used to examine the strength of association between identified variables and dropout status, but the overall model was not statistically significant. Examination of the qualitative data revealed reasons for dropping out of Jigsaw included young person indicating they no longer needed support, that they wanted to attend another service and life being too chaotic/busy for them to engage with a support service.

Conclusion: The study's findings provide an insight into factors associated with dropout from youth mental health services, and highlight how gathering pre-intervention information could be useful in creating a profile of young people that have a higher risk of dropout.
Psychometric analysis of the Kessler Distress Scale (K10) for young adults receiving integrated health services at Foundry

Sunday, 27th October - 16:15: Concurrent 2.2 - Oral - Data/Service (Mezzanine Level, Room M1) - Oral - Abstract  
ID: 561  

Dr. Skye Barbic (University of British Columbia), Dr. Steve Mathias (Foundry), Dr. Warren Helfrich (Foundry BC), Mr. Godwin Chan (Foundry BC)

Background: The K10 is a widely used measure of distress in young adult mental health services. Yet limited psychometric evidence exists to support the K10 in this population. The purposes of this study are to (1) estimate the extent to which the K10 is fit for purpose to measure distress in young people receiving integrated youth health services and (2) understand the clinical utility of the K10 total score to inform clinical care and evaluation.

Methods: Over a six-month period, the K10 and two items measuring self-reported health and mental health (poor, fair, good, very good, excellent), were administered to 2992 young people accessing services at seven Foundry centres, an integrated youth health network of centres in British Columbia, Canada. Foundry is described as a “one-stop shop” centre where young people can access health and social services in one door. We tested the psychometric quality of the K10 items using methods guided by Classical Test Theory (CTT) and Rasch Measurement Theory (RMT). Specifically, we tested the floor/ceiling effects, ordering of response option thresholds, fit, spread of the item locations, residual correlations, person separation index.

Results: All participants completed the K10, with no missing data. Participants were 18.5 years (SD=2.9) and 65% reported their gender as female. Nearly 38% and 70% of participants identified their health mental health as “fair” or “poor” respectively. Analysis of the K10 items showed minimal floor and ceiling effects, good convergent and divergent validity, very good fit to the Rasch model [with 9/10 items showing statistical and graphical evidence of fit, ($\chi^2 = 107.1, df = 90, p = .10$)], high reliability ($r_p = 0.93$), an ordered response scale structure, and no item bias for gender, age, or centre. Of note, there was also clear evidence of clustering of items (factors) in three sub-domains: anxiety (items 2, 3, 5 & 6), mood (items 4, 7, 9 & 10), and energy (items 1 & 8).

Conclusions: This study supports a set of 10 items to measure a uni-dimensional construct of distress in this context. For clinical purposes, the data suggest that the items be used most meaningfully at the individual level to inform how young adults present clinically and change in the areas of anxiety, mood, and energy. The measurement model underpinning the K10 has the potential to support the clinical care and evaluation relevance of K10 total scores and sub-scores for mood, anxiety, and energy. Future use of the K10 total and sub-scores for this population may advance an evidence-based approach to understanding the needs of young people accessing care and the allocation of tailored services to help them to receive the right care at the right time.
Although in the last decades, many diverse and successful youth mental health initiatives emerged around the world, in the Netherlands, no specific youth mental health initiative succeeded yet in overcoming the usual barriers, such as stigma, waiting lists, insurance and not knowing where to go. Resulting in youngsters only getting help when their problems escalate. Inspired by Headspace, we believe this can be done differently. Therefore, after consulting colleagues abroad, and in close cooperation with Dutch young people and professionals, we started @ease. Since the start of the first @ease centre in January 2018, all youngsters visiting @ease were asked to fill in a questionnaire to evaluate and improve our service. This questionnaire was set up in cooperation with both Dutch youngsters and Headspace and Jigsaw professionals and consists of demographical variables, such as age, gender, education and family situation, in combination with validated scales for psychosocial distress (Core-10), social functioning (Sofas) and quality of life (Euroqol). During the conference, we would like to present data of 250 questionnaires, filled in at the @ease centres, and we will also have some first follow-up data on youngsters who have visited @ease in the past.

In addition to this questionnaire data, we set up a qualitative study, trying to understand in depth the barriers and facilitators currently experienced by young people when seeking help. We would be thrilled to share and discuss the first 2-years’ data and experiences of young people visiting @ease.
Examining the predictors of distress among young people engaging with Jigsaw for a brief intervention

Introduction
Integrated youth mental health services are emerging globally, with research indicating a clear need for services that engage young people with mild to moderate mental health difficulties (Hetrick et al., 2017). Previous research has demonstrated that young people presenting to these services engage for a variety of reasons and come from many different backgrounds. However, there is a gap in our understanding of the predictors of distress among this population, which is critical for service design and delivery.

Objective
The aim of this study was to identify key demographic characteristics and presenting issues contributing to distress among young people attending the Jigsaw brief intervention service. Jigsaw is a primary care youth mental health service in the Republic of Ireland, which provides brief therapeutic support (up to eight sessions) to young people aged 12-25 years experiencing mild to moderate mental health difficulties.

Method
Participants were 11,000 young people aged 12-25 years who engaged with Jigsaw's brief intervention service between September 2013 and January 2019. This large sample allowed for robust and stable predictions of distress among young people engaging with the service. Young people's demographic information (including age, gender, parental marital status, living circumstance, education/employment status) and presenting issues (e.g., low mood, anxiety, grief/bereavement, relationship problems) were gathered via the Jigsaw Data System. Psychological distress at presentation to the service was measured using the CORE-10 (Barkham et al., 2013) and YP-CORE (Twigg et al., 2009).

Results
This presentation will focus on the key factors that were found to predict distress through Principal Component Analysis, Exploratory Factor Analysis and Confirmatory Factor Analysis. The findings, while focusing on the predictors of distress, will also illustrate how minimum datasets from youth mental health services can be used to identify the key issues affecting young people seeking help worldwide.

Conclusion
This study adds value to previous research which has identified common demographic characteristics and presenting issues among young people seeking support from youth mental health services. It will be of interest to clinicians and service providers interested in understanding what factors contribute to distress among young people who seek help and providing effective and appropriate youth mental health services.
GRIT, a strength based, wellbeing program for young people accessing residential rehabilitation for substance use disorders

Sunday, 27th October - 16:00: Concurrent 2.3 - Oral - Settings - Schools and Residential (Mezzanine Level, Room M2) - Oral - Abstract ID: 821

Dr. Catherine Quinn (School of Psychology, Lives Lived Well Group, Centre for Youth Substance Abuse Research (CYSAR), University of Queensland), Prof. Leanne Hides (School of Psychology, Lives Lived Well Research Group, Centre for Substance Abuse Research, University of Queensland), Dr. Zoe Walters (School of Psychology, Lives Lived Well Research Group, The University of Queensland)

Introduction: Many individuals experiencing severe substance use disorders access residential rehabilitation services. While there is a growing body of evidence for effective programs within these services, there is substantial room for improvement. Innovative approaches, which identify and build protective factors, as well as reduce risk factors for substance use, may be one way to improve treatment outcomes.

Objectives: This cohort analytic trial examines whether Grit, a 12-session strength-based wellbeing program, can enhance treatment outcomes for young people accessing residential treatment. Grit focuses on reducing substance use and comorbid mental illness by building mindfulness, emotion regulation and social connection.

Methods: Participants were young people accessing two residential rehabilitation services, receive either receive six weeks of standard treatment, or standard treatment + Grit (2 sessions each week for 6 weeks). They are assessed on substance use, anxiety, depression, wellbeing, social connection, and mindfulness skills at baseline and 6 weeks, 3 months, 6 months and 12 months post-program enrolment.

Results: There were 205 (65% male) young people included in the study, the majority of whom were single (78.5%), unemployed (74.1%) and had English as their first language (99%; 9.8% Aboriginal or Torres Strait Islander origin). The main primary drugs of concern were methamphetamines (47.5%), followed by alcohol (27.5%). Comorbid mental health concerns were high with 60.2% of young people experiencing a trauma in their lifetime, 43% meeting cut-off criteria for PTSD, 60.4% experiencing psychotic-like symptoms, 39.7% experiencing problems associated with gambling, 44.2% experiencing criteria for moderately severe depression, and 62.1% for generalised anxiety. Baseline characteristics for the sample, as well as six week, and 3 month follow-up results of the trial will be presented. An overview of the Grit wellbeing program will also be presented, including a description of the strategies that have been used to maintain client engagement and group participation.

Conclusion: Common comorbidities for this high-risk substance using group will be highlighted, as well as factors that are potentially maintaining mental health and substance use concerns. Novel approaches to group therapy work will also be discussed and explored, with a particular emphasis on the practical implementation of the intervention and its key strengths and challenges.
Collaborating to Discover and Implement What Matters to Young People in Youth Residential Settings

Ms. Rebecca Egan (Neami National), Dr. Priscilla ennals (Neami National), Ms. Philippa Hemus (Neami National), Mr. Michael Tidhar (Neami National), Ms. Rebecca Spies (Neami National)

Introduction
Neami National supports 34 young people across four therapeutic residential settings in Melbourne. When first providing these services 4 years ago, we started questioning what success should look like in these programs but existing research offered limited guidance. So we set out to understand what matters from the perspective of young people and staff by undertaking a co-produced, participatory action research process over three years. Partnering with Orygen, The National Centre of Excellence in Youth Mental Health, a steering group of young people, staff and researchers is overseeing the project.

Objectives
Our aim was to develop our understanding of the essential components of a recovery-focused, trauma-informed, residential model of care co-designed by young people and other stakeholders. We are currently using our findings to inform the co-production of outcome measures, practice resources, and additional supports to ensure our services deliver on what matters to young people.

Methods
Participatory action research methodology guides the project ensuring findings are being promptly integrated back into service delivery for the direct benefit of the young people. The co-design approach is underpinned by a steering group, with youth representatives contributing equally to overseeing the design, evaluation and implementation process.

During the first stage of the project, we conducted 13 interviews and 4 focus groups with 18 young people and 17 staff from 4 Youth Residential Recovery Services in Melbourne. We are continuing to engage with residents and staff in the current stage.

Results
The findings highlight the importance of real relationships as enablers to young people feeling safe, feeling known and feeling they belong. This allows young people to exercise agency as experts of themselves as they work out their goals and directions and develop skills required for their future.

The findings provide guidance around meeting the fluctuating needs of young people and tell us young people experience ‘the work’ of skill development every day; not only in defined therapeutic encounters. Relationships with staff need to be flexible and dynamic to meet young people where they are at over time.

The findings have allowed staff new insights resulting in changes to routines and practice. The learnings will underpin the development of outcome tools that measure what matters, in order to ensure we meet young people's individual needs. This project demonstrates how embedded participatory action research can positively impact service delivery and consumer outcomes.
Conclusion

Now that we know what matters to young people in youth residential settings, it's crucial that we make sure we're delivering on this. The current stage of the project is the co-production of outcome measures, practice resources, journal articles, staff training and other outputs, drawing on information provided through consumer and staff interviews and focus groups. Three additional young people have joined the steering group, ensuring the voice of current residents informs the research. All further stages of this project will be guided by the values that were highlighted in the initial findings in order to truly integrate what works for young people across all levels of involvement.
Improving Access to Early Intervention for Adolescent Borderline Personality Disorder through Collaboration with Schools and Colleges: The BEST (Brief Education Supported Treatment) study

Sunday, 27th October - 16:30: Concurrent 2.3 - Oral - Settings - Schools and Residential (Mezzanine Level, Room M2) - Oral - Abstract ID: 362

Prof. Jon Wilson (Norfolk and Suffolk NHS Foundation Trust), Dr. Brioney Gee (Norfolk and Suffolk NHS Foundation Trust), Dr. Tim Clarke (Norfolk and Suffolk NHS Foundation Trust), Dr. Nicola Martin (Norfolk and Suffolk NHS Foundation Trust), Dr. Sarah Maxwell (Norfolk and Suffolk NHS Foundation Trust), Dr. Jamie Murdoch (University of East Anglia), Dr. Caitlin Notley (University of East Anglia), Prof. Peter Fonagy (Anna Freud Centre for Children and Families & University College London)

Introduction:
There is compelling evidence in support of early intervention for borderline personality disorder (BPD), a serious mental health problem characterised by emotional instability, intense but difficult relationships, lack of a stable identity and impulsive behaviour such as self-harm. However, current evidence-based interventions for adolescent BPD are resource-intensive, meaning few young people with BPD symptoms are able to access appropriate treatment. Norfolk Youth Service has developed a brief psychosocial intervention designed to decrease emotion dysregulation, by enhancing the capacity of both young people and the adults who support them to use mental state concepts to interpret and direct behaviour, and manage distress using self-care strategies. The BEST study is assessing the feasibility of delivering this intervention in partnership with schools and colleges.

Objectives:
To refine the intervention to ensure it can be successfully delivered within schools and colleges, and assess the feasibility of evaluating its effectiveness and cost-effectiveness in a randomised controlled trial.

Methods:
The project has two stages. Stage 1 involved synthesising the evidence on barriers and facilitators to implementation of indicated psychological interventions for adolescents within educational settings and piloting of the BEST intervention with six participants. Stage 2 will be feasibility randomised controlled trial across up to 8 schools/colleges. Young people aged 13-18 years with symptoms of BPD including self-harm (n=60) will be randomised to receive either the BEST intervention plus treatment as usual or treatment as usual alone. Participants will be assessed at baseline and at 8 and 24-weeks follow-up. A parallel process evaluation will generate understanding of intervention implementation and explore how the intervention is experienced by young people and staff.

Results:
Findings from the evidence synthesis highlight the importance of securing buy-in at all levels of the school and maintaining positive relationships to the successful implementation of school-based interventions. Flexibility of intervention delivery, respect for school routines, and provision of appropriate training and ongoing support are also critical. Intervention piloting has demonstrated that training school and college staff to deliver the BEST intervention alongside mental health professionals is well accepted, however the logistics of co-delivery have proved challenging.

Conclusion: Left untreated, adolescent BPD symptoms often continue into adulthood with devastating personal, social and economic consequences. The BEST model of cross-sector working has the potential to facilitate early identification and treatment of BPD symptoms, making early intervention the norm rather than exception. The results of this study will be used to design a future study of the effectiveness and cost–effectiveness of the BEST intervention.
Help-seeking patterns among adolescents in Ireland - Findings from My World Survey 2

Sunday, 27th October - 16:45: Concurrent 2.3 - Oral - Settings - Schools and Residential (Mezzanine Level, Room M2) - Oral - Abstract ID: 422

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**Introduction:** Mental health problems are prevalent among adolescents, however, most adolescents do not seek professional help. Encouraging adolescents to seek help for mental health difficulties is important for reducing future risk behaviours and fostering a higher quality of life in adulthood. A recent systematic review identified a lack of research exploring help-seeking differences between younger and older adolescents (Divin et al., 2018).

**Objectives:** The current paper presents data from *My World Survey* 2, a cross-sectional survey of risk and protective factors of young people's mental health in Ireland. The objectives of this paper are to present data on help-seeking patterns among adolescents in Ireland and to examine help-seeking differences between younger and older adolescents. A secondary objective is to determine the associated psychosocial correlates of attitudes to help-seeking.

**Method:** The first *My World Survey* collected baseline youth mental health data in 2011/2012 (Dooley & Fitzgerald, 2012) and the second *My World Survey* was conducted in 2018/2019. Preliminary data were drawn from the *My World Survey* 2-Second Level sample, a survey in post-primary schools in Ireland using a standardized methodology. Participants were 2,730 second-level students (50.7% female, age range 12-18 years, M=14.50, SD=1.70). 65.8% were in the Junior Cycle. In Ireland, second level education consists of six school years, where 1st, 2nd and 3rd year comprise the Junior Cycle (ages 12-16) and 4th, 5th and 6th year comprise the Senior Cycle (ages 15-18).

**Results:** Young people were likely to use informal sources such as parents (70.5%), friends (66.9%) or relatives (41.8%) for information or support about their mental health. Formal sources likely to be used included the doctor/GP (24.2%), teacher/guidance counsellor (22.7%) or online supports (21.9%). In terms of actual help-seeking behaviours, adolescents had most frequently sought support from parents, friends and relatives, followed by teacher/guidance counsellors, doctor/GP, and psychologist/ counsellor/ therapist. Adolescents who sought help were asked to indicate whether or not they found the source of support helpful. Adolescents were more likely to report that formal sources were helpful compared to informal sources. For example, 50.9% reported that they found seeking support from the doctor/GP helpful, while only 11% of those who sought help from friends reported that this support was helpful. Those in Junior Cycle were more likely to talk about their problems (62%) compared to those in the Senior Cycle (54%). Junior Cycle students were more likely to talk to family about problems, while Senior Cycle students were more likely to talk to friends. In terms of psychosocial correlates of help-seeking attitudes, more positive help-seeking attitudes were significantly associated with lower levels of distress, higher personal and social resources, greater life satisfaction and higher levels of problem-focused coping.

**Conclusion:** The data present an up-to-date profile of help-seeking patterns among youth which is valuable given emerging changes in youth mental health service delivery in Ireland. These findings on help-seeking differences between younger and older adolescents can inform help-seeking promotion programmes given the developmental differences between these age groups.
Implementing Early Psychosis services for young people in Australia: The headspace Youth Early Psychosis Program

Introduction
In 2014 the Australian government commissioned 6 new services throughout Australia to deliver treatment to young people with emerging psychosis. This included those with an established first episode of psychosis and an at risk mental state for developing psychosis. The establishment of these services was based on the model of care developed in the EPPIC program in Melbourne. In 2017 these services were refunded with a specific implementation plan for roll out over 2 years.

Methods
As part of the program roll out an implementation strategy led by Orygen, the National Centre for Youth Mental Health was conceived. As part of this a specific fidelity measure was developed in conjunction as a tool to monitor performance but also as a formative tool to help services identify areas to improve performance. 16 specific core components of the EPPIC model of service delivery were specified and an 80 item fidelity tool was developed involving consultation and workshops with service providers and others. Fidelity visits to the 6 sites occurred approximately 6 monthly. Initial data collected was from interviews/questionnaires with staff in the sites and has subsequently been supplemented by routinely collected data on some performance indicators.

Results
We will present the results of the service performance over the 2 year period and 6 monthly fidelity visits. To date there have been over 3000 young people receiving treatment by the program Australia wide. Fidelity to all aspects the original EPPIC model has consistently improved over time although some aspects of the model have been harder to implement.

Discussion
Recommendations for ongoing implementation and wider expansion of the program will be discussed along with considerations of further model development. The development of a fidelity tool has helped services monitor and improve performance. The difficulties of using fidelity measures as a formative tool as opposed to performance measures will also be discussed.
**y-QUIT? A tobacco cessation program for young people experiencing psychosis**

**Sunday, 27th October - 16:15: Concurrent 2.4 - Oral - Complex Cases (Mezzanine Level, Room M4) - Oral - Abstract ID: 290**

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Introduction: Smoking is a major contributor to the 15-year gap in life expectancy between people experiencing severe mental illness (SMI) and the general population. Young people experiencing psychosis are six times more likely to be tobacco smokers than their gender- and age-matched peers. There is a need for smoking cessation programs that address the specific needs of young people at high risk for, or experiencing SMI. This study aims to measure the prevalence of smoking and offer a tailored smoking cessation intervention to young consumers with first episode psychosis (FEP) or at high risk of developing psychotic illness and assess the smoking related outcomes.

Methods: Young consumers (aged 16–27yrs) of three community-based youth mental health services across South Eastern Sydney were screened for tobacco use using a brief assessment tool. Identified smokers were invited to participate in a new 12-week, tailored, youth smoking cessation intervention (y-QUIT). The program was delivered by a Tobacco Treatment Specialist that incorporated pharmacotherapy (varenicline, nicotine replacement therapy: NRT), motivational interviewing and behaviour change techniques. Those unwilling to participate in a full intervention were offered a brief intervention. Outcome measures included prevalence, engagement in the intervention and proportion who achieved smoking cessation. Smoking related outcomes were assessed at commencement and at 12 week endpoint; daily cigarettes smoking (self-report), exhaled CO, nicotine dependence, readiness to quit and confidence to quit.

Results: Smoking prevalence was 48.2% (53 of 110) among consumers of the youth mental health service. Smokers were significantly more likely to be male. Sixty-seven percent of eligible clients engaged in a smoking cessation intervention. Twenty-one clients participated in a full intervention (34.4%), of whom three (14.3%) received a brief intervention initially and during engagement converted to full intervention. Twenty participants (32.8%) received a brief intervention only. Ten participants in the full intervention (47.6%) and five in the brief intervention (25%) dropped out. Six (28.6% of full intervention) reported smoking cessation verified by CO monitoring. Participants who completed the full intervention (n= 9) reduced number of cigarettes smoked, nicotine dependence, and exhaled CO, while readiness to quit and confidence to quit increased. Pharmacotherapy was predominantly combination NRT (n= 18; 85.7%). No adverse events were reported.

Conclusion: The very high rates of smoking in young people experiencing mental health issues, and the failure of public health measures targeting the general population to have any significant impact on smoking levels for these young people, mandates new approaches. The y-QUIT program demonstrates that a tailored smoking cessation intervention strategy is feasible and acceptable in youth experiencing or at risk of psychosis and improves smoking related outcomes.
The Reduce Trial: comparative case studies of functional recovery with early antipsychotic medication discontinuation

Sunday, 27th October - 16:30: Concurrent 2.4 - Oral - Complex Cases (Mezzanine Level, Room M4) - Oral - Abstract ID: 463

Dr. Jesse Gates (Orygen Youth Health, Melbourne; NorthWest Mental Health), Prof. Eoin Killackey (Orygen, The National Centre for Excellence in Youth Mental Health)

Current Australian guidelines recommend that young people with first episode psychosis remain on antipsychotic medication for at least one year, preferably two, following remission of positive symptoms. There is strong evidence to suggest that remaining on medication reduces the risk of subsequent relapse of psychotic symptoms. However, the impact of antipsychotic medication on longer term functional outcomes is less well established. The Reduce trial is a randomised controlled trial examining the effect of early antipsychotic medication reduction/cessation - with the addition of intensive psychosocial and vocational support - on functional outcomes in young people with first episode psychosis.

Many young people who have experienced a first episode of psychosis are keen to reduce and cease antipsychotic medication earlier than the recommended one to two years, in part due to many of the side effects reported. This presentation will outline comparative case studies from the Reduce trial, with a brief formulation provided of two young people who participated in the trial in the dose reduction group. The case studies will explore the potential impact on functional outcomes during the first two years of treatment with early discontinuation of antipsychotic medication alongside intensive psychosocial and vocational support.
United by a common language of outcomes: conceptualizing and measuring the needs of young people with mental health and wellbeing challenges

Sunday, 27th October - 16:45: Concurrent 2.4 - Oral - Complex Cases (Mezzanine Level, Room M4) - Oral - Abstract ID: 673

Dr. Skye Barbic (University of British Columbia), Dr. Steve Mathias (Foundry BC), Ms. Corinne Tallon (Foundry)

BACKGROUND: As improved mental health and wellbeing of all young people becomes common vision across the globe, one element to success is critical: metrology. Metrology, or the science of measurement, has a significant role in dictating how young people, their families, practitioners, researchers, and policy makers use a common outcome language to drive a “unified effort to create global and lasting change across the youth mental health sector” (IAYMH, 2019). Currently, two problems exist to measure outcomes in youth mental health: (1) most outcomes are not directly observable, and (2) most available outcome measures have not been developed by young people themselves. The routine use of patient-reported outcomes measures (PROMs) with young adults provides an opportunity to help drive how health care is organized and delivered. The purpose of this presentation is to summarize a novel metrological approach to identifying and measuring the needs of young adults living with mental health and wellbeing challenges.

METHODS: This two-year study used an iterative mixed methods approach to answer two questions: (1) what are health needs and priorities of youth living with mental health and wellbeing challenges?; and (2) how can these needs best be measured to inform services and system transformation? After hiring and training six youth researchers across British Columbia (BC), our team conducted focus groups and used the results to inform the selection of 12 measures to be psychometrically tested and validated in five integrated youth health centres (Foundrybc.ca) across British Columbia Canada. We used Rasch measurement methods to guide the psychometric evaluation of these PROMs and develop new items (when needed) or develop complete new PROMs to capture constructs important to young people if required.

RESULTS: Sixty young adults, aged 18-24 years, participated in the focus groups and 950 in the cross-sectional psychometric study. Three of 12 measures met the conceptual (as identified by youth) and measurement standards (as outlined by Rasch methods) required for youth-centered and psychometrically robust measurement in this setting. Based on these results, each measure was modified for further testing. As well, based on feedback from young people that available measures were primarily deficit focused, the development of three new PROMs was initiated to capture function, recovery, and general “health”.

CONCLUSIONS: Rasch measurement methods, when combined with ongoing youth engagement, can provide robust and meaningful approach for how youth health outcomes can be designed and evaluated. The results of this study contribute evidence towards how to use youth-centred measurement to improve evaluate collaborative models of care for young people who experience mental health and wellbeing challenges in Canada and beyond.
Suicide in adolescents exposed to the youth justice system

Sunday, 27th October - 16:00: Concurrent 2.5 - Lightning - Diverse Populations and Contexts (Plaza Level, Room P1) - Lightning Presentation - Abstract ID: 154

Dr. Rohan Borschmann (The University of Melbourne), Ms. Holly Tibble (University of Edinburgh), Prof. Matthew Spittal (The University of Melbourne), Mr. Alexander Love (University of Melbourne), Prof. Stuart Kinner (University of Melbourne)

Background: The incidence of suicide is elevated in incarcerated and formerly incarcerated adults and this difference is even more pronounced among young people (those aged <25 years) in the adult justice system. Despite this, little is known about the epidemiology of suicide in young people exposed to the youth justice system (YJS). We aimed to estimate the suicide rate in a large cohort of young people exposed to the YJS in Australia, and to identify the demographic/criminogenic risk factors associated with these deaths.

Methods: Data relating to all young people who had any contact with the YJS in Queensland between January 1993 and December 2014 (N=49,228) were linked to Australia's National Death Index. We calculated the incidence rate of suicide within the cohort, stratified by sex and Indigenous status. Poisson regression was used to assess the change in suicide rates over time. Crude mortality rates (CMRs) were calculated for all-suicide and method-specific suicides, both overall and within subgroups.

Results: Of the 48,228 participants, 1452 (3%) died during the follow-up period. For 31% (458) of decedents, the cause of death was suicide. The proportion of deaths due to suicide was highest for Indigenous females (37.9% of all deaths), followed by Indigenous males (36.8%), non-Indigenous males (30.1%) and non-Indigenous females (25.8%). Hanging was the most common method of suicide (83%).

Conclusion: The disproportionately high incidence of suicide deaths following contact with the YJS represents a considerable cause for concern. There is a pressing need to better understand the trajectories of young people after discharge from the YJS, possibly through the use of linked administrative health and social care data. This missing epidemiological knowledge would inform targeted, preventive interventions to be implemented during the window of opportunity when these vulnerable young people are under the care of the YJS.
Patterns and prevalence of the “Big 6” behavioural risk factors for chronic disease among Australian adolescent females

Sunday, 27th October - 16:15: Concurrent 2.5 - Lightning - Diverse Populations and Contexts (Plaza Level, Room P1) - Lightning Presentation - Abstract ID: 262

**Background:** Chronic diseases, such as cardiovascular diseases, cancers and mental disorders, are the leading cause of death and disability worldwide. Physical inactivity, poor diet, smoking, alcohol use, sedentary recreational screen time and unhealthy sleep have been identified as the “Big 6” behavioural risk factors associated with chronic disease. In addition to the long-term harms, these risk factors are associated with short-term harms including symptoms of depression and anxiety, and obesity. Given depression, anxiety and obesity escalate during the adolescent years and, in Australia, female adolescents are more likely to develop anxiety and major depressive disorders compared to males, interventions targeting this group may have a substantial health impact. In order to develop such interventions, a greater understanding of adolescent females’ current health behaviours and levels of knowledge is needed.

**Objective:** This study aimed to provide a snapshot of the Big 6 health behaviours among females aged 12-15 years and explore whether knowledge of national guidelines relates to better health behaviours.

**Methods:** Female students (N = 687) from grades 7-9 (M_age = 13.82 years) at three independent high schools in Australia completed an anonymous online survey assessing perceptions of health, current health behaviours, and knowledge of national guidelines. Descriptive statistics and regression analyses were used to identify engagement in the Big 6 health behaviours, adherence to national guidelines, and whether knowledge of national guidelines related to health behaviours.

**Results:** Participants most commonly rated their health as ‘very good’ (42%) or ‘good’ (35%); however, only 11% of participants met national guidelines for moderate-vigorous physical activity (MVPA), 49% met national guidelines for recreational screen time on weekdays, 23% met national guidelines for recreational screen time on weekends, and 50% met national guidelines for sleep. Additionally, 86% of participants reported not having consumed a standard alcoholic drink in the past 6 months, and 98% of students had never tried tobacco. Knowledge of national guidelines significantly predicted MVPA, weekend recreational screen time, fruit and vegetable consumption, healthy sleep, and consumption of a standard alcoholic drink in the past 6 months.

**Conclusion:** These findings suggest that despite having positive perceptions of their health, many adolescent females are not meeting the national guidelines for health behaviours putting them at risk for chronic disease and poorer mental health. Additionally, greater knowledge of national guidelines related to better health behaviours, suggesting educational interventions that focus on increasing awareness of national guidelines may be valuable to help to reduce the risk of chronic disease and improve physical and mental wellbeing.
Low birthweight as a risk factor for mental health in childhood & adolescence

Sunday, 27th October - 16:30: Concurrent 2.5 - Lightning - Diverse Populations and Contexts (Plaza Level, Room P1) - Lightning Presentation - Abstract ID: 277

Ms. Niamh Dooley (Royal College of Surgeons in Ireland), Dr. Mary Clarke (Royal College of Surgeons in Ireland), Prof. Mary Cannon (Royal College of Surgeons in Ireland)

The risk for most psychiatric diagnoses in young adulthood is linearly related to birthweight, with the smallest newborns at the greatest risk of later mental illness and this risk subsiding with increasing birthweight$^{1,2}$. The effect is small but robust, existing independently of socioeconomic factors, familial effects and gestational age at birth$^{1,2}$. The effect also appears to be non-specific to a certain type of mental illness$^1$, supporting the idea that lower birthweight is a liability for general psychopathology.

But how does the risk associated with lower birthweight manifest in children prior to a formal diagnosis? No study to date has assessed the childhood mental health profile associated with birthweight in a normative population sample of children. Combining birthweight and childhood mental health data, may improve our identification of at-risk individuals for early intervention and prevent transition to mental illness.

Specific research questions include:

1. does decreasing birthweight correspond to an increasing risk of significant mental health problems in childhood?
2. does this effect persist across childhood (age 3-17)?
3. is lower birthweight associated with a specific type of mental health problem (e.g. negative emotionality), or does it increase odds of all types of problems equally?

To measure the mental health of a large sample of children, we used the SDQ (mother report), which provided a total psychological problems score for each child and 4 sub-scores (emotional, peer, conduct, hyperactivity/inattention problems). We used data from 2 cohorts from the “Growing Up in Ireland” study: the first aged 3-7; the second, aged 9-17. To identify children with significant mental health issues at each age, we computed the 90th percentile for each SDQ sub-score and used these cut-offs to create binary (case/control) outcome groups. Birthweight (maternally-reported) was recoded into categories between from lowest (0.5–1.49kg) to highest (4.5kg+). The median birthweight (3.5–3.99kg) was used as a reference category to calculate odds ratios. Logistic regression tested the effect of birthweight on one's odds of having significant mental health issues, controlling for gestational age at birth, gender, current health status, and socioeconomic factors.

Our core result mirrors that of adult psychiatric research$^{1,2}$— the odds of significant mental health issues in childhood increase linearly, with dropping birthweight. The risks to mental health associated with low birthweight are of similar magnitude to that posed by low household income and low maternal education. While lower Birthweight was linked with a range of a problematic behaviours in childhood, issues with (in)attention and hyperactivity appeared to be particularly affected.

Poor Mental Health in Early Career Researchers: An Unmet Need?

Introduction: Academia has been likened to a ‘game’, involving all the elements of “players (researchers), competing teams (paradigms), arbiters (reviewers/editors), points (publications), and trophies (grants/awards)”. The problem with this ‘game’, is that researchers must compete in an unstable environment, in which they are exposed to negative consequences such as career uncertainty, metric-based appraisals of worth, psychological burnout, and blurred work-life boundaries. Indeed, there is strong anecdotal evidence that mental health disorders occur at a high rate within academia. In particular, young researchers may be at an especially heightened risk. There may be many reasons for this, not least the significant discrepancy between employment supply and demand, managing early family commitments, relocation, and heightened competition at the early stages of one’s career. It is well established that PhD students experience high rates of mental health disorders. However, the mental health of early career researchers (i.e., 5 years since PhD) is inadequately described in the literature.

Objectives: To explore the currently known literature and potential mechanisms around the mental health needs of early career researchers, and highlight the need for structured research programs exploring this topic.

Policy Implications: Understanding the mental health of early career researchers is vital for informing university policy and practice, as well as upskilling supervisors and university staff to deal with such concerns. In addition to the benefits of better understanding the health needs of an under-explored population, it is likely that treating mental health needs in early career researchers has additional benefits. Given the known economic burden of mental illness in the Australian workplace, it can be estimated that reduced scientific and medical progress will also result when researchers are unable to perform at optimum levels due to mental illness. Young scientists who have previously received PhD/ECR funding and subsequently leave academia also represent a key economic loss to the University system.
**Making it Relevant: Research translation for a general audience of young people**

Sunday, 27th October - 17:00: Concurrent 2.5 - Lightning - Diverse Populations and Contexts (Plaza Level, Room P1) - Lightning Presentation - Abstract ID: 348

Ms. Paris Jeffcoat (YRC, Orygen the National Centre of Excellence in Youth Mental Health), Ms. Adele Romagnano (YRC, Orygen the National Centre of Excellence in Youth Mental Health), Ms. Kate Obst (YRC, Orygen the National Centre of Excellence in Youth Mental Health), Ms. Lilian Ma (YRC, Orygen the National Centre of Excellence in Youth Mental Health), Ms. Lucy Williams (YRC, Orygen the National Centre of Excellence in Youth Mental Health), Ms. Sarah Langley (YRC, Orygen the National Centre of Excellence in Youth Mental Health), Ms. Somayra Mamsa (YRC, Orygen the National Centre of Excellence in Youth Mental Health), Mr. Taylor Johnstone (YRC, Orygen the National Centre of Excellence in Youth Mental Health), Ms. Sarah White (Quit, Cancer Council Victoria), Prof. Eoin Killackey (Orygen, The National Centre for Excellence in Youth Mental Health)

Introduction
A key focus area for Orygen’s Youth Research Council (YRC) is to improve the translation of Orygen’s research results for a general audience, particularly young people. Largely, the results of Orygen’s research projects are published in academic journals with restricted access. As findings contain actionable information about managing or preventing mental illness in young people, it is imperative that this information is more widely accessible and engaging so that young people can take agency and be better informed to make decisions about their mental health.

Objectives
To pilot a model for the translation and dissemination of research results, in line with three overarching aims: (1) to improve the accessibility of research results so that young people are better equipped with the knowledge and tools required to take steps towards improving their mental health; (2) to increase the level of engagement that young people have with mental health research; and (3) to better inform study participants as to what their data has been used for.

Approach
To pilot a model for the translation of research results, Orygen’s YRC partnered with Professor Eoin Killackey, to translate the results from his recently published study on *Attitudes Towards Smoking*, which was carried out in partnership with QuitVic. The YRC developed a series of take-away messages that were to be turned in a range of infographics. This process was done in collaboration with the key study stakeholders (Orygen researchers and funding partner QuitVic) as well as with input from the communications and media team at Orygen.

Results or Practice/Policy Implications
The YRC translated research results concerned with the perceptions young people had toward the relationships between tobacco, mental health, and mental health care. The YRC deliberated and selected key research results based on importance for young people to be aware of. There was consensus for confidence to quit and resilience in reattempting to quit after previous failed attempts. These key research findings were translated into infographics for dissemination online and through social media channels.

Conclusion
This pilot project serves as a model of how young people can work in partnership with researchers to translate and disseminate key research findings in a way that is more accessible and engaging for a general audience of young people than the traditional formats.
The wellbeing of LGBTQIA+ youth activists

Ms. Tabby Besley (InsideOUT), Mr. Alex Ker (InsideOUT)

This presentation draws on data from a collaborative research project between academic researchers and youth activists from InsideOUT - a group that aims to make Aotearoa New Zealand a safer place for young people of minority sexualities, genders and sex characteristics. The project is in its early stages and in this presentation we reflect on young activist participants’ talk about their involvement in activism/volunteering and how it affects their well-being. Many LGBTQIA+ young people struggle with poor mental health, and they report higher rates of depression, self harm and suicide attempts than other young people of their age. However LGBTQIA+ youth are more likely than their peers to volunteer. Initial results from this research suggest that volunteering in an activist group does provide some protection for LGBTQIA+ young people. Having a sense of purpose, helping other young people who were going through similar challenges and belonging to a group of like-minded people contributed to these young people's well-being. However, these young people belonged to a group that was particularly mindful and respectful of the challenges facing LGBTQIA+ young people so that they did not become overwhelmed and ‘burn out’, which some considered to be a risk. The group provided support, training and understanding within a structure focused on caring for the volunteers and those they were working with. We argue that it is important to have safe, well-structured systems for young activists so that their involvement contributes to, rather than undermines their mental health.
Outcomes from mental health services: Are they sustainable for young people?

Sunday, 27th October - 17:30: Concurrent 2.5 - Lightning - Diverse Populations and Contexts (Plaza Level, Room P1) - Lightning Presentation - Abstract ID: 481

Mr. Nic Telford (headspace), Dr. Kelly Mazzer (headspace), Prof. Deb Rickwood (headspace National)

Background
headspace National Youth Mental Health Foundation was initiated in 2006. There are now 110 headspace centres across Australia servicing young people aged 12-25. headspace centres aim to improve outcomes for young people by addressing the major barriers to service use and enabling better access to and engagement in early intervention services that provide holistic and integrated care.

headspace has a strong focus on continuous quality improvement and providing evidence based and best practice services and conducts evaluation activities to investigate the implementation and outcomes of all headspace programs. Of particular interest is to understand whether headspace services are meeting their main objectives – that they are accessible, acceptable and appropriate to young people, and whether they are effective and sustainable.

Recent investigation into the effectiveness of headspace services have concentrated on the extent to which young people are achieving positive clinical, wellbeing, economic and social outcomes, revealing that around 2 out of 3 young people significantly improve in psychological distress and/or social and occupational functioning (Rickwood et al., 2015).

Aims
This paper will further investigate the effectiveness of headspace services by determining the sustainability of these outcomes, and explore whether young people are able to maintain or improve their wellbeing and participation in society (work and study), up to two years after accessing services. Additionally, this study will also explore the ability of headspace services to equip and support young people to better understand and manage their own mental health issues and how they impact on their vocational situation and life more generally.

Method
More than 22,000 young people who had completed an episode of care, received at least 3 or more services, and consented to be followed up, were invited to complete an online survey. The survey assessed their current level of psychological distress, social functioning, wellbeing and confidence, involvement in education and employment, and skills and confidence in managing their mental health and its impact on their lives, up to 2 years after participating in headspace services.

Results and Conclusion
This paper will report on change over time for participating young people and whether outcomes are sustainable. Group differences across young person demographic characteristics, rurality/region, and number and type of services received will also be examined. The voices of young people will be presented outlining how their experience at headspace has helped them in their day-to-day life. Finally, implications for measuring outcomes in mental health services and the value of longitudinal data to inform service improvement will also be discussed.
Does improving self-concept reduce the risk of psychotic experiences in adolescence? Results from the Growing Up in Ireland study

Sunday, 27th October - 17:45: Concurrent 2.5 - Lightning - Diverse Populations and Contexts (Plaza Level, Room P1) - Lightning Presentation - Abstract ID: 536

Prof. Mary Cannon (Royal College of Surgeons in Ireland), Mr. Colm Healy (Royal College of Surgeons in Ireland), Ms. Helen Coughlan (Royal College of Surgeons in Ireland), Dr. Mary Clarke (Royal College of Surgeons in Ireland), Dr. Ian Kelleher (Royal College of Surgeons in Ireland), Dr. Emmet Power (Royal College of Surgeons in Ireland)

Background: Psychotic experiences (PEs) are commonly reported in adolescence and are associated with a range of negative outcomes. Few targets for intervention for PEs have been identified. One potential target is self-concept: an individual's beliefs about his/her personal attributes. We aimed to investigate whether there was an association between self-concept and adolescent PEs; and whether changes in self-concept between childhood and adolescence would affect that association.

Method: Using data from age-9 and age-13 (n=7423) waves of follow-up from the Growing Up in Ireland study we investigated the relationship between self-concept at age-9 and at age 13 and PEs at age-13. PEs were measured using the Adolescent Psychotic Symptoms Screener and self-concept was measured using the Piers Harris-II. Using a stratified analysis, we investigated the relationship between change in self-concept between age-9 and age-13 and the risk of PEs at age-13. Additionally we investigated changes across the six self-concept sub-scales.

Results: PEs were reported by 13% of participants at age-13. “Very-low” self-concept at age-9 was associated with an increased risk of PEs at age-13 (Adjusted-OR:2.74,CI:1.80-4.19), and “High” self-concept at age-9 was associated with a decreased risk of PEs at age-13 (Adjusted-OR:0.77,CI:0.60-0.97). The stratified analysis indicated that improvements in self-concept reduced the odds of adolescent PEs and decline in self-concept increased the odds of adolescent PEs. This effect was noted across the majority of the self-concept sub-scales.

Conclusion: There is a strong relationship between self-concept and PEs. The antecedents of low self-concept may be a useful target for preventative psychiatry. Broad-spectrum interventions targeting self-concept in childhood may help to reduce the incidence of PEs in adolescence.
Many young people between the ages of 12 and 25 in Canada struggle with mental illness. Overall, 75% of ongoing mental health illnesses develop during this period, affecting an estimated 12-25% of this population, with the rate of onset of mental health disorders peaking between the ages of 19 and 25 (Kutcher, Hampton & Wilson, 2010; Mental Health Commission of Canada, 2017). The majority of children and adolescents do not receive needed mental health treatments in Canada, with only an estimated 25% of youth affected getting the help they require (Lyon & Bruns, 2019; Mental Health Commission of Canada, 2017). This unmet need is resulting in growing service demands in different areas of the health system often ill-equipped to respond to mental health issues. For example, emergency room visits for mental health issues increased by 55% for children and 37% for youth from 2006-2007 to 2013-2014, and self-harm resulting in hospitalizations increased 85% during the same period (Canadian Institute for Healthcare Information, 2015). Suicide is the second leading cause of death for young people under the age of 24 in Canada (Canadian Mental Health Association, 2018).

Marginalized young people who experience oppression on the basis of gender, gender identities, sexual orientation, race, socio-economic status and other grounds for oppression and/or are multiple service users have higher rates of mental health illness (Garland, Hough, McCabe, Yeh, Wood & Aarons, 2001; Iwasaki et al, 2014). Marginalized populations face other barriers to accessing health care, including previous negative health care experiences, service provider attitudes and competence, and services that address single issues and not broader social determinants of health (Flanagan & Hancock, 2010; Kirmayer et al, 2011; Williams & Williams-Morris, 2000; Woodgate, Sigurdson, Demczuk, Tennent, Wallis & Wener, 2017).

Children and youth access mental health services in non-mental health service sectors more often than in the specialty mental health sector (Burns & Birrell, 2005; Larsson, Pettersson, Koog & Eriksson, 2015; Mitchell, 2011). Further, there are consistent mental health outcomes regardless of who provided the service (Garland, Haine-Schlagel, Brookman-Frazee, Baker-Ericzen, Trask & Fawley-King, 2013). NPOs, in partnership with formal mental health services, can help overcome disparities in health care access through establishing connection and trust, and promoting positive development among youth (Flanagan & Hancock, 2010; Lerner et al, 2011; McLaughlin, 2000; Mitchell, 2011). Adopting a positive youth development approach, especially in a youth-led context, can increase positive outcomes from NPO services (Masselli & Bergan, 2018; Sanders, Munford, Thimasarn-Anwar, Liebenberg, & Ungar, 2015).

This presentation will provide an overview of a 2019 project undertaken in Nova Scotia Canada to understand the role of the community-based sector in supporting youth mental health, particularly for more marginalized young people and in rural and remote areas. This project included a province-wide survey, key informant interviews and a social innovation lab process. The presentation will contrast the project's findings with the emergent literature on the collaborative elements of Integrated Youth Service initiatives.
Reported sick from school; growing awareness for youth mental health care

Sunday, 27th October - 18:15: Concurrent 2.5 - Lightning - Diverse Populations and Contexts (Plaza Level, Room P1) - Lightning Presentation - Abstract ID: 625

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Introduction or Rationale
School absence can lead to educational and psychosocial problems and students with a high level of absence often become dropouts. Teachers are convinced that these students would benefit from extra (health) care. School absence, in particular sickness absence, can be a sign of a wide variety of underlying problems and factors, that need to be addressed. However, teachers find it difficult to discuss absence with students and their parents. Students, on the other hand, want attention to be paid to their absence and want to receive the adequate support, for example in addressing the underlying problems and catching up with their learning activities.

Objectives (of project and or research)
Schools encounter problems in approaching students and managing their absences. The Dutch intervention Medical Advice for Sick-reported Students (MASS), is developed to address sickness absence among students. ‘Reported sick from school’; https://cris.maastrichtuniversity.nl/portal/en/publications/reported-sick-from-school(c5cce1a9-0bdd-4450-9707-fd62331b9492).html)

Methods or Approach
MASS is a collaboration model to actively trace, guide and monitor students who are frequently or prolonged absent from school after reported sick. It consists of a standardized approach by which schools, in direct collaboration with youth health care physicians, act upon student’s sickness reporting, followed by making and monitoring a personal health and education plan to optimize students’ health and maximize students’ participation in school activities.

Results or Practice/Policy
MASS leads to a better understanding and an altered mindset of teachers towards sickness absence and addresses the way students perceive their sickness absence. Moreover, it allows teachers to identify students at risk at an early stage and optimizes guidance of these students. MASS makes it easier for teachers to enter into conversation with students and their parents about medical absence and to refer them to get the needed care. Reducing school absence due to sickness benefits the psychical and mental health and also educational opportunities of young people. It prevents students from early dropping out of school and also contributes to the reduction of socioeconomic health inequalities.

Implications and Conclusion
In research, we found that medical absence is an important signal that needs to be addressed and that in more than 50% of the cases the given reason (such like headache and abdominal pain) is not the main issue. We often see that early life stress, psychosocial problems and medically unexplained physical symptoms (e.a. psychosomatic problems / idiopathic fatigue) are underneath issues that play an important dominant role. Consequently, they can impact on a child’s development due to the strong relationship with mental health and wellbeing. By intervening at an early stage, this can be altered and influenced.

As to the theme of this 5th IAYMH conference “United for Global Change”, we think that tackling sickness absence
is a universal problem. We would like to explore the necessity and possibility of introducing MASS more globally.
Exploring intergenerational relationships between young people and their families from refugee and migrant backgrounds and its implication to young people’s mental health

Mr. Harry Koelyn (Youth Affairs Council of Victoria & Office for Youth)

This project was aimed to explore how young people from migrant and refugee backgrounds make their own life decisions and how it affects their relationship with their parents and families. This project was completed as part of Youth Affairs Council of Victoria and Victorian Government's Office for Youth's Young Thinker in Residence Program (YTiRP).

I chose this topic because I noticed my peers from culturally diverse backgrounds have struggled to make their own life decisions. Their cultural upbringing frequently contributed to the strains of their relationships with their families and struggle with making choices that they can call their own. When these struggles are unresolved, I see it unfold into poor mental health.

The method for this project was to find culturally and linguistic diverse 1st and 2nd generation Australians and conduct interviews with them. The interviewees were asked how they approached decision making with their parents during their adolescence and at present day. The cohort consist of 5 young women and 2 men aged between 16-25, 3 men and 4 women who are above the age of 25.

Every interviewee commented how education was heavily discussed between themselves and their families in regards to decision making. The interviewees elaborated how the decision making process of their education affected their relationships with their parents and identified multiple stressors. These stressors include, but not limited to, their parents’ unrealistic and/or different expectations, burden of explaining societal norms and translating concepts into their mother tongue, parental fear and anxiety, and gender. The interviewees who commented on encountering challenges of their relationships with their parents experienced stress and/or mental health problems. For some, the impact lasted well after their 20s and further along into their adulthood. Additionally, it was interesting to see the challenges that were discussed by the older interviewees were similar to the challenges that younger interviewees shared. I believe it suggests there isn’t enough changes in Australia to accommodate and support young people from refugee and migrant backgrounds for decades.

Upon reflection, I believe we need to re-examine how we support young people from refugee and migrant backgrounds and their families. I believe sectors that support these young people need to address specific challenges that are a result of their culturally diverse background. I believe these issues are underrepresented and under-discussed in the Australian landscape. I believe the system needs to be more inclusive and allow itself to work with young people from refugee and migrant backgrounds to co-design and co-produce projects that can tackle the challenges that are especially unique to these young people.
Mental health literacy of teachers: An Irish perspective

Introduction
The role of schools, specifically teachers, in the prevention, identification and support of students with mental health difficulties has been observed as critical to promoting student health and wellbeing (Whiteley et al., 2012). However there is a lack of information as to teachers capacity to carry out this work, and existing evidence suggests they do not have the prerequisite knowledge and skills (Rothi et al, 2008).

Aim of Study
This study aimed to assess the mental health literacy of Irish teachers relative to student anxiety and depression.

Method:
This study of 124 in service teachers employed a cross sectional, quantitative survey design. Participants completed measures of depression and anxiety literacy (adapted from the work of Coles & Coleman, 2007; Jorm, Wright & Morgan, 2007; and Griffiths et al, 2004). Participants also completed measures of intentions to help students with mental health issues (Jorm et al, 2010), stigma towards students with mental health issues (Jorm et al, 2010) and beliefs about the treatment of mental health issues (Jorm et al, 2010).

Results
Findings indicated that teachers had positive attitudes towards students with mental health issues and also towards their role in supporting students. However findings suggested that teachers struggled to correctly identify symptoms of anxiety and depression and were unclear as to the appropriate interventions for students experiencing such symptoms. There were variations in participants according to gender, subject discipline and years of teaching.

Policy Implications
Recent educational policy both internationally and nationally emphasise the role of the teacher in supporting student wellbeing. In Ireland the teachers role extends to the design of short courses for students relative to wellbeing. This research raises questions as to the capacity of teachers to direct and engage with such activity and highlights avenues for training and further education on student mental health.

Conclusion
Teacher mental health literacy is the cornerstone of supporting youth mental health in school settings. A cross sectional survey accessing the mental health literacy of Irish teachers suggests that, whilst teachers view their role in supporting student mental health positively, further education and training of Irish teachers relevant to mental health is critical to positive outcomes for students.
Facilitators and barriers to adolescents’ use of mental health services in Norway: A questionnaire survey

Introduction: Previous studies suggest that one quarter of Norwegian adolescents suffer from mental health problems to such an extent that it affects their ability to function. However, many delay contact with healthcare services or do not seek help at all. This includes half of those with more severe problems. Little is known about the reasons for use and non-use of mental health services.

Objectives: To assess the extent of adolescents’ use of mental health services, and to determine facilitators and barriers to health service use and satisfaction with services.

Method: Three cross-sectional surveys were carried out with second year high school students in six municipalities in Norway. University and adolescent co-researchers collaborated for development of the project, and two of the surveys were initiated and led by the adolescents. Questionnaires were developed by adolescents and researchers, and partly based on three validated outcome measures: the Generic Short Patient Experiences Questionnaire (GS-PEQ), Evaluating and Quantifying User and Carer Involvement in Mental Health Care Planning (EQUIP), and The Norwegian Knowledge Centre for Health Services’ Patient Experiences in Specialist Health Care Questionnaire. Statistical analyses were used to test associations between use of and satisfaction with the services, treatment dropout and adolescent and health service characteristics.

Results: A total of 1072 out of 1366 questionnaires were completed (response rate 78%). Forty-five percent (n=479) reported current or past mental health problems affecting their everyday life. Common problems included high levels of stress, depression, anxiety and sleep difficulties. Less than half had consulted with a healthcare practitioner. More than a third had not talked to anyone about their problems, including ten percent of those who had five or more different mental health problems. Two thirds had at least four treatment sessions, and one third had more than ten sessions. However, four in ten dropped out from treatment. Several potential barriers and facilitators to mental health service use were identified. User involvement was strongly associated with satisfaction with health services, experienced benefit of treatment and lower drop-out rates. This included, for example, adolescents and practitioners reaching consensus about the content of treatment plans. Teenagers who felt they had sufficient time with their practitioner and who found the practitioner was easy to understand were less likely to drop out from treatment. We present additional facilitators and barriers to mental health service use, treatment satisfaction and treatment continuation. A larger and more representative survey will be carried out by our current research team which includes researchers, healthcare practitioners and ten adolescent/youth representatives and co-researchers.

Conclusion: A significant proportion of Norwegian adolescents suffer from mental health problems and many do not receive help from healthcare practitioners or drop out from treatment. Several potential barriers and facilitators to health service use and treatment satisfaction have been identified. User involvement was consistently found to be associated with positive treatment outcomes. The results of this research may add to the international research literature and contribute to globally improve youth mental health services.
Introduction: Despite unprecedented opportunities for interpersonal connection, particularly through online options, young people have been reported to feel lonelier than any other age group and loneliness is argued to be the next major public health issue.

Objectives: This study examined the prevalence of loneliness and its correlates among a nationally representative sample of Australian young people aged 12-25 years, focusing specifically its relationship with mental health and wellbeing.

Method: Data were collected from 4065 young people in late 2018 through a computer assisted telephone interview commissioned by headspace National and undertaken by Colmar Brunton. A nationally representative community sample was attempted through random digit dialling of mobile phones and landlines. Stratified sampling ensured equal representation of males and females, and those aged in early adolescence (12-14 years), mid-adolescence (15-17 years), late adolescence (19-21 years) and early adulthood (22-25 years). Measures of loneliness, psychological distress, wellbeing, cyberbullying and social support were assessed, as well as help-seeking sources.

Results: For the whole sample, while almost 8% reported often feeling lonely, half the young people reported hardly ever feeling lonely. For those with poorer mental wellbeing, however, these proportions were flipped, with over half often feeling lonely. There were weak age and gender effects. Greater feelings of loneliness were moderately associated with higher psychological distress, lower wellbeing, less perceived social support (particularly from friends), and less strongly with cyberbullying. The ways young people who felt lonely addressed their mental health and wellbeing was also explored.

Conclusions: This Australian national community survey found lower levels of loneliness than have been reported internationally. Nevertheless, almost one in ten young people felt quite lonely, and these young people were the most vulnerable in terms of their mental health. The help-seeking sources they use need to recognise loneliness as an important issue for many young people with mental health issues.
Today, when researchers, educators, marketing or business executives speak of young people, they often refer to them as “digital natives” or the “online generation”. Their culture is one of digital technology, which is as dark as much as it can be helpful. As a short-film producer, Ashlen realised that young people look at online videos, such as on YouTube, not only for entertainment; but, to find solutions to their immediate problems. YouTube videos provide advice and information for larger real-world queries in a short format. These short films are just long enough to pose a question, to think of possible answers, and they represent the potential for a positive change. Building on her personal experience in making the short films and how popular “Core.” is in Canada and the USA, Ashlen is seeking to use her two short films to engage interest, to invite discussion, and to encourage an active sharing of personal and lived experiences within a safe space on High School and Tertiary Campuses.

Recent research indicates that this generation is hurting. With almost one in seven (13.9%) 4-17 year-olds were assessed as having mental disorders in the previous 12 months, to 2016. This is equivalent to 560,000 Australian children and adolescents. Of those:

- One in four (25%) 16-24 year-olds
- Males were more likely than females to have experienced mental disorders in the 12 months prior to the survey (16.3% compared with 11.5%).
- ADHD was the most common mental disorder in children and adolescents (7.4%), followed by anxiety disorders (6.9%), major depressive disorder (2.8%) and conduct disorder (2.1%).

Tragically, only ONE in six (17.0%) children and adolescents aged 4-17 years had used services for emotional or behavioural problems in the previous 12 months. Of those:

- One in seven (14.8%) used health services.
- One in nine (11.5%) used school services.
- Just over half (53.5%) of 4-17 year-olds using services used both health and school services.

In light of these statistics, this tabletop session will start with viewing Ashlen’s award-winning short five-minute film ‘Core.’ Just as ‘Core.’ has become a useful tool to empower young people to reach out for support by the international organisation Art With Impact, across Canada and the USA. This session seeks to identify how expressive arts can be harnessed by young people to learn about mental health, to reduce the stigma they may feel about their own mental health, and to promote a way that expressive art can be used within their school curriculum to heal that hurt. We need to improve the statistic of only ONE in NINE seeking support from school services.

Ashlen would like the opportunity to bring the two films into high schools across Australia and use them as a catalyst to encourage high school students to use expressive arts to tap into their own potential, to foster...
empathy, and to create courage to face mental health issues within a safe community. How can Brave For Dragons promote the power of expressive arts, such as these two films, into High Schools?
Ms. Jennifer Jamieson (Black Swan Health headspace Youth Early Psychosis Program (hYEPP))

Rationale
From all the groups run at Perth’s headspace Youth Early Psychosis’ Functional Recovery Program (FRP), the Art group is consistently one of the most well attended. The group is intentionally non-directive and client centred. The activities are soothing and allow self-mastery and agency as well as lateral creative problem solving. The program is run by the author, a qualified Art psychotherapist with many years’ experience working with young people with mental health issues. The author feels confident in managing the frustration of participants who initially seek direction and instruction. The author empathetically reflects this frustration back to the participants who are able to find their own solutions and overcome self-judgement and notions of “good and bad”. Participants in this group keep coming back, and the author believes that this is because the group is nurturing, allows for self-mastery and agency and allows lateral creative problem solving. There is no judgement, nor comparison or failure.

Functional Recovery refers to activities aiming to promote the recovery of young people with early psychosis. The FRP team delivers psychosocial group-based and one-on-one interventions within the hYEPP. operates across three Perth headspace sites, draws on a multidisciplinary team of clinicians, and builds on strong partnerships with a variety of community agencies. This program is unique in Australia.

Other clinicians often feel uncertain with the author’s lack of clear instructions to run the group, but with the author’s training in art psychotherapy and ethos in client centred work, the group offers participants an opportunity to access their own creative responses in a completely non-judgemental atmosphere.

Objectives
This presentation will summarise the strategies used in a non-directive creative art group, as well as report on a mindfulness-based self-evaluation that has consistently showed improved mood and insight for participants. The author wants to generate a conversation about benefits of non-directive groups and why they can be so useful in mental health, and popular with young clients.

Methods or Approach
Summary of a typical art group session with scenarios of client engagement.
Large visual summary of the 2 years of data collected by author regarding participants mood before the group and then afterwards. This will be printed on a large colourful sheet to aid discussion. A4 handout copies for each table delegate.
Open discussion and Q&A re: this style of group approach.

Results or Practice/Policy Implications
The outcome (evaluation) of a sample size from the art group.

Conclusion
An open discussion about a non-directive approach to running a creative expression art program and summary of outcomes that show improved mood, self-direction and confidence of young people.
Ms. Sarah Sowry (ACT Disability Aged and Carer Advocacy Service), Mrs. Helen Connolly (ACT Disability Aged and Carer Advocacy Service)

The ACT Disability, Aged and Carer Advocacy Service (ADACAS) is an independent community organisation that provides free advocacy and information to people with disability, older people, people with mental ill health and carers. We drive systemic change in response to the lived experience of people with whom we work.

We have been delivering projects around supported decision making at ADACAS for almost a decade – exploring how we can uphold the rights of individuals interacting with systems. Decision making is a key avenue through which we enact our right to self-determination. It is a learnt and evolving skill over our lifespan as we encounter new challenges and situations and inform our decisions.

Support is a vital part of decision making and of recovery. Support needs are unique for each person and are decision specific and time specific - it really is a “one size fits one”. The Australian Law Reform Commission has provided decision making principles to inform the legislation that covers the exercise of decision making rights. ADACAS has used the experience of clients over nearly 30 years to inform a framework for our projects resulting in development of an innovative strengths based model. It recognizes the extant support network in an individual’s life in order to identify decision supporters and opportunities for further relationship building. This ensures that the person is at the centre of their decision making and the support provided is guided by their values, will and preference.

In this tabletop we will explore supported decision making and its impact on individual participation in decision making using the amalgamation of client experience theory and legislation and the model developed at ADACAS. In particular, we will discuss how we have applied this model to inform the use of advanced care documents within the ACT Mental Health Act, 2016 and to support people with mental ill-health to feel more confident in their engagements with health services. For young people, it has proved particularly beneficial in the identification of support and safeguards and has provided a way to understand how our decisions may affect other people in our lives.
The proposed presentation is not of a quantifiable research project, but rather the accumulation of years of experiences that has led to the publication of my first book – on the relationship between indigenous and non-indigenous communities in Canada – and, more relevantly, the development of a unique model of mental health wellness for remote indigenous communities across the country.

Although I had not been very involved in mental health issues, I was the most accessible resource available to the Mishkeegogamang Ojibwe Nation; which was looking to develop their own model for an addictions treatment centre and youth wellness program. The community is young – 80% of its 1080 members are under the age of eighteen. Like many indigenous communities in Canada – it does not have full access to running water; the influence of drug and alcohol abuse is rampant; the risk of dying in a house fire is exponentially higher than other communities in the country; and the number of youth who are at risk of attempting suicide is more than the community's services can handle.

I have been involved in developing a number of Mishkeegogamang's strategies. Eventually, the community seeks to create a ‘wellness community of services’ – and it is this model that we would like to discuss at the conference. It was identified that any strategy for youth mental health needed to combine services that balanced their wellnesses – their physical wellness, mental wellness, spiritual wellness, and their environmental wellness. This would be attained by opening two centres in the community – a larger mental health and addictions treatment centre for the whole community, and a targeted youth centre that would act as both an open-door recreational centre and a satellite to the adult centre. These centres would combine community-based events (gatherings, workshops) to ensure that they become normalized welcoming spaces with traditional mental health practices like counselling and group sessions.

Mishkeegogamang has been successful in getting funding for the youth centre, but not the full centre. The Nishnawbe Aski Nation – in which Mish is a member – did receive funding for two centres in the region. Mishkeegogamang is currently working with NAN to ensure that their model is the one that is going to be used by the NAN centres; and is even making headway in convincing the other 48 NAN communities to build the western centre in Mishkeegogamang – as a wellness hub an entire region the size of France.

Mishkeegogamang has also given the model to the ILTC in Manitoba, who worked with me to re-develop the model to fit their needs. Island Lake is a region with four First Nations at a combined population of over 15,000 people. We changed the model to a hub-and-spoke model with a crisis centre in each community and a large retreat at Red Sucker Lake; and put more development into the idea of a ‘Mental Health Directorate’ for the entire region.

These models are unique and transformative, something that both communities want to share.
Mrs. Alisa Simon (Kids Help Phone)

In Canada, as in many countries that have experienced colonization, many Indigenous young people continue to experience intergenerational trauma from the ongoing effects of colonization. The effects of colonization are well-documented. High incarceration rates, extreme suicide rates, substance misuse, and high frequency of physical and sexual abuse are just some of the indicators that emphasize the need for greater supports for Métis, Inuit, and First Nations young people. Many Indigenous people, particularly in the north, live in isolation and experience high rates of poverty which creates additional barriers to accessing health services, nutritious food, and safe housing. Mental health workers are intermittently available in many communities with long waiting lists and limited resources.

As a national charity, Kids Help Phone recognized that more should be done to support Indigenous youth and, that as Canada’s only 24/7 counselling, support and referral service, we knew we could bridge the gap for many Indigenous young people in need of mental, emotional, and spiritual support, particularly when other services are not available.

While many Indigenous young people recognize Kids Help Phone as a safe place, we know we must, do more. This means we must evolve our services to be relevant, equitable, and accessible to Indigenous young people from coast to coast to coast. For this reason, Kids Help Phone, identified the development of an Indigenous Strategy as essential to our 2017-2021 Strategic Plan.

The objective of this session is to present the Kids Help Phone experience as we developed and launched a strategy with and for Indigenous youth to better support their mental health and well-being. During the session we will outline the steps required to build an organizational Indigenous Action Plan, including:

- Establishing a dedicated position with recognition that the implementation of our Indigenous Strategy must be Indigenous-led.
- Creating an internal Indigenous Initiatives committee to ensure that every department within the organization was directly linked to this important work.
- Establishing an Indigenous Advisory Council comprised of First Nations, Inuit, and Métis experts from across Canada with frontline experience supporting the mental, emotional and spiritual well-being of Indigenous young people. In order to ensure the voice of young people is front and centre in all of our work, 50% of the members of the Council are youth.
- Developing and launching an Indigenous Youth Action Plan with 7 goals and 37 actions meant to identify and reduce barriers to access, support Indigenous economies, ensure our services are equitable, and that our brand resonates with Indigenous young people, and support inclusion to strengthen our workforce.

This session will include information on the benefits to organizations and charities to commit to supporting Indigenous youth and communities as well as how this work has impacted Kids Help Phone and our relationships with Indigenous peoples and organizations. We will outline how we approached the work, review the agreed-upon goals for supporting First Nations, Inuit and Metis young people and provide information on the outcomes and next steps for this work.
TABLE 2 - INDIGENOUS: Aboriginal (Nyoongar) Elders as mentors and teachers of cultural knowledge; Aboriginal Youth as the voices (leaders) in improving youth mental health services and outcomes for Aboriginal peoples.

Dr. Michael Wright (Curtin University), Mrs. Nikki Peapell (Youth Focus - headspace Midland)

headspace

Midland (Youth Focus) has been working with Aboriginal Elders, young people and the Building Bridges research team for the past two years. Working closely with local Elders, and local Aboriginal youth has significantly improved the way we deliver youth mental health services to Aboriginal young people and their families in the Midland region. headspace Midland is applying the key learning from the Building Bridges project to the headspace Youth Early Psychosis program with the appointment of an Aboriginal Liaison officer and Cultural Support being employed to implement the findings from the project. headspace Midland is experiencing many benefits of having local Elders supporting the agency through their mentorship and teaching of local history, community issues and service gaps needing to be addressed so as to ensure better outcomes for Aboriginal youth accessing our services. This includes but not limited to, increasing and retention of an Aboriginal workforce, a deeper and more authentic understanding of the Aboriginal world-view, and the development of the skillset needed to work effectively with Aboriginal Elders and youth; who are recognized as the future leaders in our community.
Introduction: Substance use by young people is a global health priority, and impacts on sustainable development goals and mental health. This presentation reviews available data on the use of alcohol, kava, tobacco, cannabis, ATS, heroin, and injecting drug use (IDU) among young people in the Pacific Island Countries and Territories (PICTs).

Method: Systematic review of data obtained from published and unpublished studies, websites and key informant interviews.

Findings: Despite significant limitations of the data, concerning trends emerged with regards to levels of alcohol, cannabis and ATS use, and IDU. Levels reported in many PICTs far exceeded those for Australia and New Zealand. The specific needs of young people are recognized, in particular their mental health, but remain largely unmet in most/many settings.

Implications for policy and practice: There is a need for: (i) Improved data collection via routine surveys to identify trends and mental health implications for young people in and out of school, especially most at risk adolescents, including those with diverse gender and sexuality; (ii) development of a enabling policy and practice environment, focused on health and not criminalization (iii) trialling evidence-informed prevention and treatment, especially brief and non-residential interventions, addressing co-existing mental health concerns and involving families and the community; (iv) building the capacity of both primary health carers, and the generalist and specific workforces to meet the multiple and complex needs of young substance users in youth friendly settings; and (v) exploring diverse sites for prevention and screening activities such as schools, dormitories and other out-of-home accommodation used by students, workplaces that employ young workers, and other sites such as seafarer/ marine colleges.

Disclosure of Interest Statement: Nil
This presentation will cover the implementation, evaluation, translation, and dissemination of a sports based mental health program for young men. Specifically, the presentation will outline the process of moving from community-based research project into the reality of dissemination on a global scale.

Among other important outcomes, the movement towards research impact places specifies that the knowledge generated by research should have a clear societal impact, including public health and wellbeing. This is perhaps particularly so for young people where mental health problems represent one of the greatest burdens of disease worldwide. The Movember Foundation (working with its partners) has a strategic goal to drive research impact by championing its most impactful research pieces into full scale implementation. This approach prioritises the effective distribution of programs from research into reality in the settings where young men are most present.

Organized sport is a popular, time-consuming, and engaging vehicle for the promotion of mental health for young men. It is one of the most popular forms of leisure time activities worldwide, with at least one third of children and adolescents participating in organized sports in almost every country worldwide. This is reinforced by the views of adolescent sport participants themselves, who see sport as an engaging vehicle for supporting mental health.

In 2014 the Movember Foundation funded the University of Wollongong to develop a comprehensive sports-based program intended to promote and improve mental health among young men. The program was named Ahead of the Game (AoTG). This three-year research program demonstrated that participants in community sports clubs who implemented the AoTG program reported increases in wellbeing, resilience, depression and anxiety literacy, attitudes that promote help-seeking, and intentions to seek help from formal sources such as a general practitioner or psychologist at one month following participation. Furthermore, adolescent participants also reported greater engagement, less burnout, and greater levels of self-determined motivation at one-month follow-up.

Over the next three years the Movember Foundation and partners will translate and disseminate AoTG across five markets including Australia, New Zealand, UK/Europe, Ireland and Canada. Adapting the program from implementation within a research study to real world settings has required a number of processes. These processes have included a product development phase in which Movember have localised and modelled the product around the end user (young men, parents and coaches). This development process is comprised of ideation, concept testing and an implementation pilot, followed by full roll out. The first product development phase will be completed in Canada with the product in market by mid 2019.

Early findings from the initial adaptation have focused around the challenges of operationalising of the intervention into sporting organisations. This has included the re-design of some program components to comply with accreditation models within organised sport and coaching, changes to the brand and design to appeal to the youth target audience, as well as re-designing e-learning platforms, filming of video content to use sport stars and influencers. Throughout this process model fidelity has been maintained with few changes to substantive program content.
The Live4Life initiative commenced in 2009 in response to an increase in anxiety, depression, self-harm and suicide among young people in the Shire of Macedon Ranges, Victoria, Australia, where it has undergone progressive innovations, into the current model. Live4Life reflects a highly successful school and community partnership engaging local Council, schools and community organisations. In 2017, with support from the Myer Foundation, Live4Life was expanded to two additional pilot sites in Benalla and Glenelg Shires in Victoria, with potential to expand into further regional communities in subsequent years. Youth Live4Life are now in their third year working with Benalla and Glenelg communities.

Youth Live4Life’s purpose is to reduce youth suicide in rural communities; reduce barriers to help seeking; decrease mental health stigma; increase awareness of local professional help; increase the mental health knowledge of secondary school aged students, teachers, parents and community members and build community resilience to address common mental health problems. Youth Live4Life works with rural communities to implement the Live4Life model.

Based on five years of independent evaluation and eight years of operation, the four essential and locally adaptable components of the Live4Life model are:

1. High level coordination, support, mentoring and evaluation by Youth Live4Life staff and Board members.
2. The development of a School and Community Partnership Group. Senior community and school leaders drive implementation and provide local oversight.
3. Delivery of evidence-based mental health education across all local secondary schools and community.
4. Delivery of the youth leadership and participation program with a ‘Crew’ of young people aged 15 and 16 (Years 9 and 10). The Crew is given mental health education and with support, collectively ‘drives’ positive messaging across all schools and deliver three key events.

Critically, the model focuses on engaging a range of community stakeholders, and allows for some tailoring of approaches to the specific community.

The Live4Life model has been validated through desktop review as part of an evaluation in 2017, conducted by Orygen, which concluded that the model aligns well with national and international policy on suicide prevention, and is consistent with current state and federal policy in identifying young people in rural and regional communities as a particularly vulnerable group, and recognising the importance of a holistic, community-based approach[1].

In 2017 Live4Life Macedon Ranges won the Suicide Prevention Australia LiFE Award for community development and in 2018 Live4Life has received several competitive awards recognising the importance and impact of the initiative: the YACVic Innovative Youth Project in Rural or Regional Victoria, and the VicHealth award for improving mental wellbeing.

Our presentation would draw on our evaluation findings and stories from our communities to illustrate the strength of the Live4Life model – working in partnership across rural communities and with young people in order to reduce mental health stigma, increase mental health knowledge of young people and community members and build community resilience.

Ms. Stephanie Wong (University of Hong), Dr. Gloria Wong (University of Hong Kong), Dr. Simon Lui (Hong Kong Hospital Authority), Prof. Eric Chen (University of Hong Kong)

Hong Kong currently does not have a youth-specific platform for mental health provision. A pilot project has been conceptualised to transform under-utilised youth centres into youth-friendly engagement platforms, in which young people at risk of mental health deterioration could be identified and invited for preventative intervention.

Evaluation of the program will consist of the following components:

Longitudinal data will be collected via a brief assessment at every point of service use, covering distress, functioning, quality of life, and feelings towards service received. This data will describe the naturalistic changes in mental status for all participants in the project. Symptom data will be collected using experience sampling in a subset of young people to examine the connections between external stressors and the evolution of symptoms. A cluster-controlled study will compare mental symptoms in young people receiving the new service and those who received regular youth services at baseline, 3 months, 6 months, and 1 year. Economic data will also be collected in this sample.

The project will offer intervention for young people at risk of deterioration in mental health. The effectiveness of these interventions will be evaluated by randomised controlled studies using a waiting list control group.
Dr. Simon Lui (Hong Kong Hospital Authority), Ms. Stephanie Wong (University of Hong), Dr. Gloria Wong (University of Hong Kong), Prof. Eric Chen (University of Hong Kong)

Since June 2019, Hong Kong had unexpectedly plunged into unprecedented societal unrest, leading to a protracted period of demonstrations, mass protests, strikes, confrontation with the police, as well as to smaller extant, sectorial confrontations. There have been varying degrees of violence, multiple arrests and injuries. Many of the protests involved young people. The mental health consequences of the unrest are not yet known. We consider some of the challenges for an initiative to evaluate the mental health consequences for young people. Challenges include the need to build trust for young people towards the researchers, in the context of a massive crackdown from the government. There is also a lack of baseline data for young people before the unrest. A survey may include four components: (1) current mental status (including both psychological factors such as hope and anger; as well as psychopathology such as symptoms of PTSD, anxiety disorder, or psychosis); (2) Exposure to conflict events (such as violence, arrests, verbal abuse, as well as social media and video exposure of news etc.); (3) potential modifying factors, such as support, coping, and making sense of the conflicts; (4) a retrospective evaluation of changes in mental status from pre-June situation.

The proposed approach will not only probe the relationship between conflict-exposure and subsequent psychopathology, but also explore factors that modulate outcome. In particular, we wish to identify factors that distinguish between individuals who became more vulnerable after the exposure to conflict and those who became more resilient as a result of the exposure. This data will facilitate the design of a screening method to identify those who are at risk of future vulnerability, as well as the development of interventions that could modify this risk.
Despite overall affluence in society, mental health resource in Hong Kong is scarce. Notwithstanding a significant level of mental health distress in young people, most with mental health needs are not engaged with any help. There is as yet no designated Youth Mental Health platform in Hong Kong. A pilot program has been conceptualised to address these needs. The project aims to transform under-utilised youth centres into youth-friendly engagement platforms, in which young people at risk of mental health deterioration could be identified and invited for preventative intervention. A health economic analysis has been planned for the project.

The project will be evaluated using a cluster control study with health-related quality of life measure to generate quality-adjusted-life year (QALY) estimates. QALY gains in young people in the project will be compared with those from control districts without the pilot “YMH Hub” services. The differential gain in overall QALY will be considered together with direct and indirect costs over the study period.

One novel aspect of the project is the opportunity to feedback interim health economics data to the project team to facilitate optimal deployment of resources to fine-tune the project details (e.g. resources in screening vs intervention, type of preventative intervention selected) to attain optimal cost-effectiveness for the project.
**Background:** Nearly 50% of all mental illness begins in childhood before the age of 14 years, and over 20% of parents have a mental illness. Few studies have examined the co-occurrence of mental illnesses in parents and children. **Methods:** The extent of mental illness in families of children attending a regional child and adolescent mental health service (CAMHS) was examined. A cross-sectional study design was employed involving a case record review and clinician-completed questionnaire of the children and youth attending the CAMHS. This was followed by family interviews of 37 children and parents. **Results:** It was found that 78% of children attending the mental health service were living with a parent who also had a mental illness. The predominant diagnosis of both child and parent was an anxiety or mood disorder, and many families had co-occurring risk factors. The voices of children and parents provided a rich and unique account of the challenges faced in families where there is co-existing mental illness. **Conclusion:** While novel in nature, my research has highlighted the extent of mental illness and scarce supports for both children and parents in the same family. Findings indicate the need for a coordinated multiservice delivery of appropriate and consistent family-focused interventions, responding to both mental illness and social supports for children and parents. Through interviews with parents and children some symmetry was found with current unidirectional investigations, but additional challenges and pressures particularly in relation to bidirectional influences were important determinants in these families. Findings suggest different methodologies need to be taken in recognising and supporting families where there is co-existing mental illness. It is important for those working with young people and their carers to receive specific training and strategies for working with families where there is co-existing mental illness. Additionally there needs to be greater awareness of the challenges specific to families with co-existing mental illness as well as more account taken of bidirectional impacts of mental illness on young people.
**TABLE 5 - FAMILIES : Everyone on the team? Family, friends and mental health services – vital partners in recovery**

Sunday, 27th October - 19:15: Concurrent 2.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 258

*Ms. Bev Brechin (Black Swan Health headspace Youth Early Psychosis Program (hYEPP))*

**Introduction or Rationale**

The family work program in Black Swan Health run hYEPP consists of Family Peer Support Workers, Family Worker and Senior Family Counsellor. These roles are across three sites in metropolitan Perth in a mix of part and full time positions.

**Objectives**

This presentation seeks to promote understanding of and engagement with family and friends as vital in the recovery of young people with early psychosis.

**Methods or Approach**

The program follows the Early Psychosis Prevention and Intervention Centre (EPPIC) model articulated in the publication “In This Together – Family Work in Early Psychosis”. Family is seen as anyone the young person identifies as family while acknowledging who the young person identifies as their primary support may be different to who is supplying the bulk of their care. Family work is taken to be a level of engagement with family and friends by everyone in hYEPP with the core principles of assumption of least pathology; flexible, phase-specific approach; eclectic theoretical models; collaborative therapeutic approach and a focus on family issues in the whole team. Degrees of engagement with family and friends range from that offered to all families - regular contact with treating team - to that required by most families - engagement and orientation to service, peer support, psychoeducation - to that required by fewer families with increased need - specific structured interventions with specialist family worker and finally to few families with high need - family therapy. Speaker will use mobile of birds to illustrate nature of systems: young person in family as system, consulting with service organisation system within the community system.

**Results or Practice/Policy Implications**

Working collaboratively with family and friends needs to be service wide and recognises family interventions also need to meet the family’s needs; as they too may have a trauma history as well as experiencing trauma from the onset of an episode of psychosis in a loved one.

**Conclusion.**

Engaging with family and friends can promote recovery and help reduce likelihood of relapse by increasing potential protective factors and reducing interpersonal stressors. This has broad implications not only for acute mental health settings but in other youth mental health services globally.
Youth with mental health and/or addictions (MHA) issues and their families face numerous individual, social, and systemic barriers to finding timely and appropriate care. Family Navigation programs have a goal of improving access to services and are gaining recognition as a resource to support youth and families in connecting with appropriate MHA services. Although Family Navigation programs have been growing in presence across Canada and the United States, no agreed-upon outcome and evaluation measures exist. This presentation will share the process of developing and implementing an Evaluation Framework at the Family Navigation Project (FNP) in Toronto, the first known evaluation of a Navigation service for youth with MHA concerns. Working group consultations were held over the course of one year (2017-18) with FNP management, staff, youth and caregiver clients, and Family Advisory Council members to define overarching evaluation questions, key outcome measures, and implementation considerations. Over the course of one year, this working group selected key indicators and valid measurement tools and developed an implementation plan. The resulting FNP Program Evaluation was piloted in March-August 2018 and became part of ongoing FNP service delivery in September 2018.

We will share the process of engaging the working group, our program evaluation implementation process, and preliminary findings pertaining to caregiver and youth functioning, health and quality of life, and achievement of goals and satisfaction with the FNP. Analysis of pilot data with 27 respondents completing a baseline and four-month follow-up survey revealed significantly decreased caregiver strain (p<.05), significantly higher youth quality of life (p<.001) and caregiver quality of life (p<.05), significantly higher youth mental health (p<.001) and improvement in the youth’s mood (p<.01). High levels of service satisfaction were indicated among respondents, in FNP service overall (88% of respondents satisfied), FNP’s ability to address the barriers to care experienced (87%), availability of FNP staff (96%), emotional support provided by the navigator (88%), the navigator’s knowledge of MHA (91%) and the MHA system (87%), and finally, with the resource options the FNP staff provided for them (91%).

Through describing the development, implementation, and early findings of this program evaluation, this presentation will highlight our findings around upholding program evaluation principles and applying evidence-informed measurement of key program processes and outcomes, providing high-quality Navigation programming for youth and families, and ensuring accountability to stakeholders. Plans for utilizing positive and negative findings for navigation service quality improvement and implications for clinical practice will also be shared. Exploring the successes and challenges experienced in the development and implementation of a Program Evaluation Framework for the Family Navigation Project will help inform effective approaches for the evaluation of MHA services. Contributing to the development of best practices in Family Navigation programs can help inform the development of Navigation services in other settings, in order to help reduce service gaps for youth and families and increase their engagement with appropriate care across the MHA system. Evaluating the effectiveness of innovative models of service delivery will help ensure quality care for youth and families who interact with MHA services.
**TABLE 6 - SERVICE MODELS**: Transforming youth mental health & addictions services by building optimal integrated service models: protocol of a discrete choice conjoint experiment modelling stakeholder perspectives

Sunday, 27th October - 19:45: Concurrent 2.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 205

Dr. Leanne Wilkins (CAMH - McCain Centre), Dr. Lisa D. Hawke (CAMH - McCain Centre), Dr. Vidya Iyer (McGill University), Dr. Lehana Thabane (McMaster University), Ms. Gloria Chaim (CAMH - McCain Centre), Ms. Samantha Docherty (Transition Aged Youth System of Support), Ms. Carolyn Walsh (Transition Aged Youth System of Support), Dr. Paula Reaume-Zimmer (Access Open Minds), Dr. Joanna Henderson (CAMH - McCain Centre), Dr. WISH LIST TEAM (CAMH - McCain Centre)

**Introduction**: There is increasing provincial, national and international interest in the development of integrated youth service hubs (IYSHs) as one-stop shops for youth and emerging adults mental health and addictions (MHA). However, it is unclear which service components and characteristics would make such a model appropriate, feasible, and youth-and family-friendly. With multiple IYSHs initiatives spearheaded around the world, it is crucial to identify the most important service components and characteristics. Importantly, a recent scoping review conducted by our team revealed that evidence of the most crucial components from various stakeholder groups is lacking. This presentation highlights an innovative, stakeholder-engaged mixed-methods project that moves beyond traditional consultation models by systematically examining youth/emerging adult (ages 16-29), caregiver and service provider preferences for service components and characteristics of IYSHs.

**Method**: The project consists of four phases with a focus on broad service design components/characteristics for which research evidence is lacking (e.g., access mechanisms, hours, wait times, setting, service provider characteristics and complementary service options). Phase 1: literature review and stakeholder consultations have occurred to develop a list of services characteristics (“attributes” e.g., types of services) and options (“levels” e.g., mental health, addiction, employment, housing services) to create a discrete choice experiment (DCE). Working with a multidisciplinary team including emerging adults and caregivers, attributes and levels were prioritized and ranked to produce a list of 12 attributes with 4 levels that were most important for preference feedback. Phase 2: a diverse sample of individuals representing our stakeholder groups were selected to individually pilot and provide in-person feedback on the DCE survey, alongside a member of the research team (Toronto, North Simcoe/Muskoka). Phase 3: an Ontario-wide DCE is being administered to youth/emerging adult adults (n=1,500). Phase 4: member-checking stakeholder focus groups will be held (Toronto, Chatham, Muskoka) to support and validate the findings from our DCE study. **Results**: Pilot data will be presented for Phase 1 and 2. The consultation, DCE tool development, and piloting processes will be described, together with the resulting highest priority service characteristics used in the final DCE. DCE analyses will determine the relative preference for different sets of service options and consumer subgroups (e.g., youth and emerging adults) with different sets of preferences. **Implications**: The perspectives of youth and caregivers are rarely integrated in service planning, development, and research, missing out on the benefits shown through patient-oriented research and care. In addition, including perspectives and preferences of service providers and leadership should facilitate effective implementation of services. This area of service optimization is critical considering extensive government and philanthropic investments in IYSHs occurring provincially, nationally and internationally. Through a strong integrated knowledge translation plan, the results will guide IYSHs optimization initiatives around the world, supporting the enhancement of services to foster service access by emerging adults with MHA challenges.
TABLE 6 - SERVICE MODELS: Headspace Israel: An integrative clinical model providing psychological services focusing on prevention and early intervention and preliminary findings

Sunday, 27th October - 20:00: Concurrent 2.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 621

Dr. Dana Lassri (University College London (UCL), headspace Israel), Mr. Lior Bitton (headspace Israel), Dr. Meytal Fischer (headspace Israel)

Objectives: The crucial need to focus on preventing the emergence of mental health diagnoses among youth has been almost fully marginalized from the clinical field. In addition, psychological services are not accessible for many young people dealing with various psychological difficulties due to both knowledge and stigma related to mental health usage. Subsequently, many young people's needs remain unattended. In the attempt of addressing these concerning issues, headspace, a clinical center for youth, originated in Australia, has been implemented in Israel since 2014. Headspace is aiming at intervening in the early stages of psychological difficulties in order to prevent the emergence of severe psychopathological symptoms as well as to enable youth an access to clinical services. Nevertheless, despite its advantages, the Australian headspace clinical model did not fit the unique needs of youth and their families in Israel, leaving ample room for improvement and adaptation.

Methods: First, we will present our novel headspace-Israel clinical model, and discuss its implementation in terms of adherence to the Australian model as well as the adaptations and changes made to fit the unique needs of youth in Israel. Second, we will present the efficacy of the model as measured in the first Israeli headspace center based in Bat-Yam.

Results: The proposed headspace-Israel clinical model consists of an integrative stepped-care, modular, multi-componential model, based on evidence-based treatments, and tailored to meet the specific needs of each individual and their family. It also integrates principals of staging in diagnosis (Bower & Gilbody, 2005; McGorry, 2013). The model includes our multifaceted work, combining individual psychotherapy with youth, relational work with parents and in multi-family groups based on the principles of mentalization-based interventions, as well as the ways we employ compassion-based interventions both in our clinical work and as part of the discourse in the center in the aim of preventing therapists’ burnout.

Conclusions: Our new clinical model offers a comprehensive integrative framework for a potentially widely implemented clinical work with youth. Following the first few years of implementation in Israel, we will discuss future research and development plans, in terms of improving our clinical model and identifying significant therapeutic mechanisms.
TABLE 6 - SERVICE MODELS: www.headspace.org: A blueprint for a stepped care online service

Sunday, 27th October - 20:15: Concurrent 2.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 797

Mr. Nick Duigan (headspace National Youth Mental Health Foundation), Dr. Steven Leicester (headspace National Youth Mental Health Foundation), Mr. Shaun Douglas (headspace National Youth Mental Health Foundation)

Providing comprehensive online support for young people and families across Australia is a key component of the headspace service framework. Historically, this support has predominantly been provided via one to one webchat from credentialed mental health practitioners, through the dedicated online service eheadspace. The opportunity to access high quality individualized interventions with credentialed mental health practitioners, away from the traditional domains of face to face clinical environments, until late in the evening has been shown to be an appealing service offering. Since inception, demand has increased from year to year.

As demand has increased, a growing number of young people and families have been unable to access support due to clinician capacity. With these trends continuing over time it has been necessary to review the structure and nature of service offerings within eheadspace, so that young people are offered choice across a range of service options varying in intensity, to meet their needs.

There was a need to embrace the opportunities that online environments can offer. The intention was to allow visitors to the headspace website to have a range of service options available, in order to choose what worked best for them at that time. One to one clinical care is not always indicated or necessary. There are many other mechanisms for support that not only meet the needs of many users, but free clinician capacity for one to one care for those who need and want it most.

A more diverse, coordinated and responsive experience, integrating best online options available across everyone's help seeking experience intended to provide a dynamic, personalised and highly accessible service for everyone.

We challenged ourselves to design and develop a website that can ensure everyone can easily access outstanding resources, have a personalised experience according to their individual needs, connect with peers and moderated communities, as well as access one to one support with a mental health clinician.

We have adapted the principles of stepped care by repurposing our website www.headspace.org.au toward a design that places the help seeking needs of the young person first. The steps or streams of support options vary in intensity according to individual and include:
- comprehensive suite of static online information and resources;
- interactive self-guided materials that can respond to the needs of individuals;
- opportunities to connect with others in moderated online communities;
- access to support and treatment with credentialed youth mental health clinicians.

All of this is tied together via a headspace account, where young people can create their own ‘space’ with resources that suit their needs. Young people can also connect with others in supportive, moderated ‘community spaces’.

This has been a big step for headspace, in its efforts to reach and support as many young people as possible. We're committed to making sure the headspace website adapts and responds to the growing demand for online and digital support options. With the right design, we're confident we can support young people and families in a responsive and personalised way that connects young people across Australia.
It is estimated that 55% of young Australians visit social networking sites more than 5 times a day, and on average, young people spend approximately 23 hours per week on these platforms. These levels of engagement mean that social media is an important part of young people's lives. This can present many advantages for young people, as well as a number of disadvantages, if social media is not engaged with in a healthy way. Drawing on current research and the experiences of young people, we will discuss the potential problems that social media can present for a young person's mental health, and ways that these problems may be avoided or addressed. We will then summarise some clinical practice tips for professionals working with young people to consider.
**TABLE 7 - DIGITAL : How to use authentic youth co-design to inform digital clinical service design**

Sunday, 27th October - 20:45: Concurrent 2.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 644

*Ms. Kristal Chenery (headspace), Ms. Grace Miller (headspace)*

**Introduction**

“Spaces” is a brand new digital initiative by *headspace* that gives young people, and those supporting them, a way to gather and organise tailored information and resources for their mental health and wellbeing.

When designing a product it is imperative to include the end user in the design process to ensure the product effectively meets their needs. Involving users throughout all design stages to understand problems and explore solutions provides opportunities to recognise the user as an expert.

*headspace* sought to embed co-design into the recent service development of “Spaces”. Learnings and reflections from this process can be used to inform future co-design processes.

**Objectives**

- Ensure that “Spaces” would be useful, accessible and engaging to the end user.
- Ensure that the design process was safe, welcoming, respectful and enjoyable for the users involved.
- Ensure that the design process gave results that helped inform the digital design and development team and the clinical service provider.

**Approach**

Using principles of human-centred design young people aged 16 – 25, their adult supports and clinical service providers were included in separate workshops, interviews and/or product testing to ensure all perspectives were captured.

Given the design process was focused on developing a mental health and wellbeing support option various guiding principles were used across all user groups, with special consideration for participants' possible mental health experience and for young peoples' developmental needs. These guiding principles include:

- **Respectful** – All participants are seen as experts and their input is valued and has equal standing. Strategies are used to remove potential or perceived inequality.
- **Participative** – The process itself is open, empathetic and responsive. Co-design uses a series of conversations and activities where dialogue and engagement generate new, shared meanings based on expert knowledge and lived experience. Major themes can be extracted and used as the basis for co-designed solutions.
- **Supportive** – Locations and support people are chosen recognising the needs and demands of group members’ various experiences. The emotional comfort and safety of participants is considered and catered for as much as possible.
- **Communication** – Language used is age appropriate, understandable and jargon free.

**Conclusion**

Co-design within clinical service design involves the people who are likely to be impacted by or will benefit from the service, either directly or indirectly. Working with young people requires consideration of developmental stage and life experience. Working within the mental health sector requires awareness of potential topics of concern and supportive response processes if needed. This presentation will explore the transformative power of authentically involving young people, adult supports and professionals in the co-design and delivery of the services that affect them.
Jacinta Sherlock and Nicole Juniper

An introduction that speaks to the rationale of the project

Body image is a significant concern for young people, with poor body image impacting on mental health and wellbeing. To our knowledge, no research has explored the impact of body image on the mental health and wellbeing of young people living with serious mental illness.

Objectives

Focus groups were conducted with young people living with serious mental illness to capture the impact of body image on their mental health and wellbeing. These focus groups aimed to identify relevant needs and supports for young people experiencing negative body image. Additionally, the focus groups hoped to facilitate conversations between young people around the issue.

Based on the information collected the clinician and consumer involved aim to co-design more holistic programs that provide a safe and supportive environment for people to address concerns related to identity and wellbeing.

The methods

Young people of diverse identities, culture and, experiences were recruited from the youth advisory group of a tertiary youth mental health service aged 12-25. Three 60 minute focus groups were facilitated by a peer support worker with lived experience and dietitian employed by the service.

Results or policy implications

Young people involved in the focus groups identified body image was not adequately addressed as part of their clinical care. Young people identified body image was something they wanted to have the opportunity to address both with clinicians and peers as part of their care.

It is proposed that these findings will contribute to the co-design of resources such as a toolkit, training package or groups for both practitioners and service users to assist in the development of programs addressing this need.

Conclusion

Body image is a significant issue for young people accessing youth mental health services. Services providing mental health support need to co-design services to address body image as part of the holistic treatment to support optimal mental health and wellbeing.
TABLE 8 - SERVICE PROVISION: Exploring the experience of working in a transdisciplinary team: A study of allied health professionals working in Jigsaw, a primary care youth mental health service in Ireland.

Introduction: Jigsaw is an Irish organisation which aims to advance the mental health of young people in Ireland aged 12-25 by influencing change, strengthening communities, and delivering services. Jigsaw services are currently located in 13 communities across Ireland providing supporting to young people with mild to moderate mental health difficulties. Jigsaw employs clinicians from occupational therapy, psychology, social work and mental health nursing who operate in a transdisciplinary manner. In these transdisciplinary teams, clinicians draw on each profession’s skills and knowledge to develop a shared language and approach to assessment and intervention, a shared understanding of the work context, and policies and procedures needed to support this work.

Objectives: As transdisciplinary working is relatively new in the mental health context this study aimed to explore the experience of clinicians who operate within this model. The study sought to identify the benefits, challenges and opportunities associated with this way of working as well as what additional supports staff need to support this way of working.

Method: This study involved inviting 53 clinicians to complete an online author-designed questionnaire which was largely qualitative in nature. 27 questionnaires were completed fully, i.e. 50% response rate, with a further 6 responses excluded as they were incomplete. The study population was comprised of clinical staff across the Jigsaw services from a mix of professional backgrounds; Psychology (n = 10), Occupational Therapy (n = 7), Nursing (n=2) and Social Work (n=8) with a mix of ages and genders. Data collected were analysed using thematic analysis, using inter-rater coding, checking for trends, contradictions and gaps.

Results & Practice implications: This paper will present the findings of the research. It will contribute to our understanding of the experience of clinicians who are working in this unique transdisciplinary setting. It will identify factors that can enhance or hinder this approach to service delivery. Finally, it will outline how the findings have informed Jigsaw’s induction and training programme to support clinicians working in a transdisciplinary model.

Conclusion: There are many benefits to the transdisciplinary model and this way of working has a lot to offer in terms of building a sustainable global primary care mental health workforce into the future.
Ms. Muna Dubad (The University of Warwick), Dr. Catherine Winsper (The University of Warwick), Prof. Steven Marwaha (University of Birmingham)

Introduction: Mood-monitoring smartphone applications (apps) can transform the way in which we measure and understand moods, and have the potential to positively influence mental health. Given young people's familiarity with and access to smartphones, it is often assumed they will readily adopt the use of this technology for the management of their mental health. However, there is a paucity of research exploring young people's experiences with and attitudes towards the use of digital health tools, including mood-monitoring apps. Similarly, more research is needed to explore clinicians' perceptions on the use of mood-monitoring apps, who play a key role in the uptake of this technology in mental health services.

Objectives: The objectives of this study were to understand whether: (1) use of a mood-monitoring app aided clinical communication, care planning, and delivery; (2) use of the app improved young people's experiences of mental health services.

Methods: A mixture of telephone and face-to-face semi-structured interviews were held with young service users (aged 17-24 years) with affective instability who used a mood-monitoring app for a longitudinal study, and their mental health clinicians (e.g., psychiatrists). Interviews were digitally recorded, professionally transcribed, and analysed using thematic analysis, supported by NVivo software.

Practice/policy implications: Findings from the thematic analysis demonstrated that mood-monitoring apps have the capacity to provide detailed and accurate information on young people's mental state. This has the potential to facilitate assessments, reports, and strengthen the therapeutic relationship. Feedback relating to young people's compliance with and ease of use of the app, illustrated the potential usability of this technology for use in mental health services. Reported improvements in young people's understanding and management of their moods, suggested that mood-monitoring technology may positively influence young people's mental health. Nevertheless, some of young people's negative experiences and difficulties with the app, may have affected their engagement with this technology, and needs to be taken into consideration. Moreover, clinicians' concerns regarding service users' safety and potential risks of biased mood-monitoring data, also requires further investigation.

Conclusion: This qualitative study provided insight into the potential usability, clinical utility, and clinical impacts of a mood-monitoring app from the perspective of young people and clinicians. Addressing both young people's and clinicians' views and experiences can help inform the successful and safe implementation of this technology in mental health services.
Background: The NorthBEAT (Barriers to Early Assessment and Treatment) Collaborative is a four-year research-to-action initiative to shift the system for youth with psychosis in Northwestern Ontario, Canada. The Collaborative was formed in 2017 after findings from the NorthBEAT Research Project (2012-15) identified that young people do not receive early psychosis intervention (EPI) as a result of barriers including an isolating and disconnected system of care and a lack of knowledge about psychosis and appropriate intervention across that system of care. To date, the Collaborative has over 30 signed member organizations and two advisory groups who are committed to help youth with psychosis in Northwestern Ontario get the help they need, when they need it. NorthBEAT’s Youth Advisory Group (#northbeatYAG) meets monthly to provide feedback on the Collaborative’s activities and to co-create resources for youth and families.

Process: The literature on youth engagement consistently emphasizes why youth engagement is important and conceptual best practices, but there are limited resources to guide the process of putting this into practice. NorthBEAT’s youth engagement strategy has been developed using principles from academic journals—i.e., accessibility, respect, diversity, etc.—but the actual day-to-day processes have been built on anecdotal best practices informed by other local youth groups—i.e., how to best recruit, how to establish group norms, etc. This tabletop presentation will briefly describe our internal best practices for youth engagement, as well as a summary of the Youth Advisory Group’s activities, successes, and lessons learned to date.

Results: The NorthBEAT Youth Advisory Group is in the early stages of co-creating resources and social media content for youth to educate them about psychosis and where to turn for help. Supported by dedicated support staff, the YAG has recruited over 35 members from across Northwestern Ontario and has held monthly meetings since fall 2018. Youth in attendance at our monthly meetings consistently provide thoughtful, high-quality feedback and generate valuable ideas. We continue to look for ways to improve our practices to maximize regional and long-distance engagement and increase numbers in attendance at each meeting.

Discussion: NorthBEAT is interested in getting a global perspective on what works and what doesn’t when it comes to youth engagement and youth-led initiatives. Participants will be encouraged to share experiences, ideas and feedback for our youth advisors, and will be given the opportunity to let the Youth Advisory Group know how they think they are doing or ideas for what to do next by recording a video, taking a photo, or sharing handwritten messages. These messages will be shared with the YAG at their next meeting and made available online via our website and social media.
TABLE 9 - BEST PRACTICE: Measuring care and collaboration: Capturing data to improve youth service quality in Ontario

Sunday, 27th October - 22:00: Concurrent 2.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 578

Dr. Karen MacCon (CAMH - Provincial System Support Program), Dr. Joanna Henderson (CAMH - McCain Centre), Ms. Shauna MacEachern (Centre for Addict), Ms. Sara Korosi (CAMH - Provincial System Support Program)

Introduction:
In Ontario, Canada, the system of care for youth with mental health and substance use problems suffers from a lack of information about the quality and outcomes of services. One initiative working to change this is Youth Wellness Hubs Ontario (YWHO). YWHO aims to bring the right services to youth at the right time and in the right place, by establishing “one-stop shops” for young people to receive all the services they need in a way that is seamless and youth-friendly. In the process, we are strategically capturing data to tell us how we’re doing and how we can do better.

Objectives:
By establishing a comprehensive evaluation plan, YWHO aims to collect information that will help to improve the quality of youth services in Ontario. It aims to do this in a way that is meaningful to youth, service providers, funders, and policy makers, and without being a burden on the young people who are contributing data about themselves and their care experiences.

Approach:
All hubs will use a shared data platform which includes client data collected through a standardized set of measures captured on a youth-friendly tablet interface. This data will be reviewed and reported on collaboratively by all hub network partners. In addition to collective measures, YWHO will examine evaluation questions and select measures that are deemed most relevant to each hub’s local community. Data about the processes of planning and implementing hubs, and the engagement of youth and families in these processes, will also be captured and analyzed. Furthermore, social network analysis will be used to measure the strength of connections within each hub’s network of partners and across the provincial network of hubs. The findings of this analysis will assist with identifying strategies for improving collaboration across the system. Youth and families will be engaged through every stage of the evaluation process to ensure the most appropriate measures are being used, at the most appropriate times, and in a respectful and non-obtrusive manner.

Practice/Policy Implications:
Evaluation of hubs will serve to demonstrate the adequacy and effectiveness of Youth Wellness Hubs for improving care for young people in Ontario. More specifically, the data collected will show the impact of the YWHO model of care on indicators such as wait times for services, perceptions of care, social and psychological functioning, and collaboration between service providers. By actively involving youth and family members in evaluation, and by analyzing our processes of engaging youth and families, YWHO will better understand what works, what does not, and why. This will help enhance clinical outcomes and service satisfaction, and allow for ongoing responsiveness to the changing needs of youth.

Conclusion:
Ultimately it is hoped that data from the YWHO initiative can inform understandings of how to improve mental health and addictions services for young people in Ontario and beyond. The measures used at each hub, and the way in which they are collected, are a powerful way to learn how we can do better.
TABLE 9 - BEST PRACTICE : Leveraging best practices internationally: The adaptation of ReachOut Australia’s NextStep tool for foundrybc.ca

Sunday, 27th October - 22:15: Concurrent 2.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 632

Introduction
Foundry is transforming access to care through a province-wide network of wellness centres and online resources for young people ages 12-24 in British Columbia (BC), Canada. Foundry's online platform, foundrybc.ca, is powered by BC Children's Hospital and helps young people to easily access mental health, substance use and other wellness resources as well as navigate online and community-based supports and services. As part of our efforts to support young people in navigating resources and supports, we are working to adapt ReachOut Australia’s NextStep tool for use within foundrybc.ca.

Objectives
The purpose of this online tool is to help young people identify challenges they may be experiencing and to support them in navigating appropriate resources and supports. ReachOut Australia has already completed great work on this tool so with their support and permission, our team took the opportunity to build on their work and adapt the tool with and for young people in BC.

Approach
From the outset we worked with a youth advisory committee and a clinical advisory committee to validate the usefulness of the tool within the local BC context and identify what needed to be adapted. We worked with the two advisory committees and a digital marketing agency to adapt the content where necessary, redesign and develop the tool for use on foundrybc.ca. Throughout the redevelopment process we consulted with ReachOut Australia to ensure we leveraged their learnings wherever possible.

Practice Implications
The first version of this online tool will be released in spring 2019. Shortly after being released, we will conduct user testing and evaluation to inform ongoing design and usability improvements to consider in future iterations as well as to understand whether the tool is achieving our intended objectives. With over 150,000 people accessing foundrybc.ca since its launch in January 2018, it is our hope that this tool will play a role in supporting young people to access the right support, at the right time, in ways in which they prefer.

Conclusion
Our focus is to support young people navigate mental health, substance use and other wellness resources that meet their needs and preferences. Without engaging young people during the development process this would not have been possible. As such, this project aligns closely with IAYMH's mandate to ensure youth mental health services are appropriate to a young person's age and stage of development and ensuring young people have an active voice in determining what is best for them. In addition, our work together with ReachOut has demonstrated the value in international collaboration and building off of existing initiatives.
Most mental health disorders, including depression, substance abuse, eating disorders and anxiety have their onset during adolescence. It has been argued that this peak in psychopathological symptoms is a result of developmental changes, which hamper emotion regulation. The transition from late childhood to early adolescence is a critical period to target emotion regulation and prevent the development of more severe mental disorders. Hence, we developed the new mobile application “Eda”, which supports young people with their everyday feelings, by teaching them about emotions and different emotion regulation strategies. When developing Eda we did not only include evidence-based therapeutic methods - like mindfulness and cognitive-behavioural therapy techniques - but also put a great focus on young users’ experience with the app. A series of workshops with young people helped us to create an app that attracts young users while also supporting their emotional wellbeing.

We have tested the use of Eda within and outside of the class room setting. During this session we will introduce the Eda app and share with everyone what we have learned so far. Starting with facilitating cross-disciplinary communication to co-designing and testing the prototypes and finally implementing a digital intervention in schools.

While we have had some great feedback on the current version of Eda, we would like to invite everyone in this session to share their views and suggestions with us. Finally, we would like to make Eda known to more young people in and outside of the UK, so that Eda can grow with them in the future. To say hello to Eda have a look at the following link: https://eda.me.uk
Ms. Corinne Tallon (Foundry), Mr. Mohammed Khaleghi-Moghaddam (Foundry), Ms. Adelena Leon (University of British Columbia), Ms. Sarah Irving (Canadian Mental Health Association Vancouver-Fraser), Ms. Jayde Boden (Foundry), Dr. Steve Mathias (Foundry), Dr. Skye Barbic (Foundry, University of British Columbia)

Introduction: Foundry is a network of integrated service centres in the province of British Columbia (BC) that is transforming the way in which young people (12-24 year olds) access health and social services. In 2018-19, the Foundry Research Team led a study to understand and measure the health and recovery needs of young people accessing Foundry services to ensure the right treatment at the right time. In order to complete this work, we hired six youth peer research assistants (RA’s), designing and evaluating a process for employing youth peers in this role.

Objectives: To describe our process and lessons learned for hiring, training, and supporting youth peer RA’s to conduct research in an applied clinical context.

Methods: The Principal Investigator and study coordinator were based centrally and undertook hiring, training and ongoing support of the RA’s. Hiring was done remotely, with centre support, and training involved in-person, skype, and webinar sessions. RA’s received paid training on research ethics and conducting recruitment, screening, informed consent and data collection for the study, using tailored training materials. A point person at each centre offered on-the-ground support for the RA, often serving as a liaison between the RA and centre staff. Evaluation of the role involved three separate feedback surveys for RA’s to complete at different points in the study process, as well as informal feedback through check-ins (email, text, and phone).

Outcomes:
Study activities began in August of 2018 and are currently ongoing. Study timeline at each centre typically involved: (1) two weeks for hiring, (2) two weeks for training, and (3) three months for data collection, for a total of approximately four months or 120 hours of paid work time. No centre had difficulty in identifying interested candidates for the RA position. Three of six RA’s have successfully completed their contracts with the remaining three on track to complete by end of June 2019
RA’s made unique and invaluable contributions that led to improved study logistics, data collection tools, and recruitment strategies as some examples. RA’s developed new and/or strengthened existing relationships at their centre, and in some cases, leveraged this role to gain other employment and education opportunities with Foundry (e.g. evaluation, peer support).
RA’s appreciated flexibility in work hours and highlighted the value of building skill development and training into the role. RA’s expressed an interest in the role due to the focus of the study, as well as a way to “try out” what it was like to work at a Foundry centre. Challenges for the position include limited opportunities for hands-on coaching given the decentralized team, and having to balance expectations of both the study team and centre staff.

Conclusions: The experience of hiring youth peers for this study has allowed for the creation of a framework for employing young people as members of a Foundry study team and supporting them to thrive in an applied research environment. The RA position has opened further employment opportunities that have benefits for the youth peer employees, their centres, and Foundry.
TABLE 10 - INNOVATIONS AND PRACTICE 2 : Understanding the brains of cyberbystanders: Pilot data on a functional MRI study of young adults

Sunday, 27th October - 23:00: Concurrent 2.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 654

Dr. Larisa McLoughlin (University of the Sunshine Coast), Prof. Daniel Hermens (University of the Sunshine Coast), Dr. Kathryn Broadhouse (University of the Sunshine Coast), Ms. Natalie Winks (University of the Sunshine Coast), Dr. Gabrielle Simcock (University of the Sunshine Coast), Prof. Jim Lagopoulos (University of the Sunshine Coast)

Background: To date there has been limited research specifically examining potential links between cyberbullying and adolescent brain development. Whilst some studies have shed light on how the brain responds to exclusion and aggression, there is a dearth of research regarding the brain, functional magnetic resonance imaging (fMRI) and cyberbullying specifically, particularly in a real-time situation such as observing a cyberbullying scenario.

Methods: This pilot study of young adults aged 18-25 years, includes using the Cyberbullying Picture Series (CyPicS) in task-based fMRI to examine which areas of the brain are activated when passive cyberbystanders observe cyberbullying stimuli compared to neutral stimuli. A Self Report also was administered to understand personal experiences of cyberbullying and/or cybervictimisation, as well as indices of social connectedness and mental health and wellbeing.

Results: By determining if fMRI can be used to examine the way the brain responds to witnessing cyberbullying, interventions and education programs can be more appropriately tailored at the individual level. Furthermore, the aim is to replicate this research longitudinally with a larger sample. Initial Pilot results will be discussed.

Conclusion: This project would be the first to use fMRI to examine brain activation in cyberbystanders from a sample of university students, and will bring us closer to understanding the various neurobiological underpinnings that may be associated with cyber-victim/bully status and outcomes. This study has the scope to better identify specific brain patterns and abnormalities that may be occurring in young adults when they witness cyberbullying. Fundamentally, such information will help us pinpoint the target of early and appropriate interventions, and may assist in understanding the behaviours of those who defend versus those who do not defend cyberbullying actions.
Introduction
Young adults (ages 18 – 29) are highly vulnerable to develop mental health concerns and illnesses (Chong, Abdin, Vaingankar, et al., 2012), which is a concern because untreated mental illness is often debilitating and associated with significant functional impairment (Kim-Cohen et al., 2003). Young people often prefer to reach out to friends instead of seeking professional help. Peer influence is an important leverage to facilitate early help-seeking by distressed young people.

Community Health Assessment Team (CHAT) is a national youth mental health outreach and assessment service for young people aged between 16 to 30 years old in Singapore. Since 2009, CHAT has been delivering strength-based peer helping training to young people as part of its purpose to build capability to improve Singapore’s youth mental health landscape. To facilitate real-time peer helping skills application beyond training workshops, CHAT created a deck of “Let’s CHAT about mental health” cards that aim to support helpful conversations with distressed young people.

Objective
This paper describes the use of the cards in conversations with distressed young people.

Method
Each deck contains 52 cards, divided into five color-coded themes: ‘Showing Empathy’, ‘Giving Compliments’, ‘Discovering Possibilities’, ‘Ask about Coping’ and ‘Preventing Suicide’. Every card contains either a strength-based statement or question that players can use in conversations with distressed young people. Blank cards are included for users to build additional helpful statements/questions as they continue to grow conversational skills with distressed young people. Themes can be used individually or mixed up for use. During conversations, the distressed young person is invited to draw a random card and discuss his/her response to the card drawn with the supporting peer. This process continues until the distressed young person decides to stop.

Results
Between the periods of March 2018 to January 2019, more than 4000 deck of cards were given away upon request from young people and helping professionals. A re-print with visual enhancement is in progress. Young people feedback that the cards helped them clear their own thoughts about personal challenges when used individually. When used with a distressed friend, the cards helped to shape mental health support conversations towards a more hopeful direction, the latter being reinforced by feedback from helping professionals like counsellors, social workers and psychiatrists.

Conclusion
The cards have been well-received by young people as well as helping professionals who work with young people. It may serve as a useful resource for other international youth mental health services. Future plans include partnering young people and other stakeholders to co-create more youth mental health collaterals designed with therapeutic applications.
AIM: Computer simulations allow exploration of complex systems in order to help assess alternative policy choices. Analysing and synthesising data to create the agents (e.g. young people, clinicians, services) that populate more complex models can be a major undertaking. To help researchers undertake this task, and as part of a VicHealth funded project called readyforwhatsnext, we aimed to develop novel open source software and apply it to some longitudinal Australian datasets.

METHODS: We created four new packages in the R programming environment. The readyforwhatsnext package include a number of useful functions to automate a number of data analytic and synthesis tasks relating to the exploration of longitudinal data and the creation of agent classes for use in simulation models. We applied the packages to the HILDA and LSAC databases in order to construct agents representing households and individuals. These extensive datasets provide rich information on family dynamics, mental and physical health characteristics, sociodemographic and environmental characteristics. We also extracted data specifically related to Adverse Childhood Events (ACEs) as well as risk and protective factors influencing mental health have been extracted and estimated hazards of various outcomes such as progression to adult mental disorder.

RESULTS/POLICY IMPLICATIONS:
The packages have been written using object oriented programming techniques that will enable other researchers will to extend them so that they can be applied to other datasets / in other jurisdictions. The labour intensive task of wrangling large datasets into a suitable form to inform the model has been simplified which means that extending models as new data becomes available is more feasible.

CONCLUSION: Open source tools can help extend the scope and real world usefulness of simulation models in mental health.
Background and Aims

To date research about how marginalised young people interact with services and navigate health systems has mainly considered one marginalised group at a time, yet their access is likely to be affected by multiple disadvantage. Intersectionality, or multiple dimensions of social disadvantage, may be a barrier to care and be associated with poorer health outcomes.

Methods

Access 3 is a multi-methods research project with young people aged 12-24 in NSW, focusing on those who belong to one or more of the following marginalised groups: Indigenous; living in rural and remote areas; homeless; refugee; and/or, gender and/or sexuality diverse.

This paper presents findings from two studies, focusing on the role of technology and help-seeking: Study 1: Cross-sectional survey (n=1,416) and Study 2: Qualitative longitudinal study (n=41)

Results

In Study 1, of the 1,416 young people who completed the survey, 897 (63.3%) belonged to one or more of the five marginalised groups - with 574 (40.5%) belonging to one group, 281 (19.8%) belonging to two groups and 42 (3.0%) belonging to three or four groups. We found significantly poorer health and wellbeing outcomes for young people experiencing multiple disadvantage. Young people who belonged to an increasing number of marginalised groups more likely to have a greater number of health conditions (p=0.001), have very high levels of psychological distress (p=0.001); spend time away from school or work due to illness or injury (p=0.032) and be young carers (p=0.001).

Additionally, in Study 2, in young people belonging to multiple marginalised groups there was less family and financial support, multiple discrimination and difficulty finding non-judgmental services.

Conclusion

High health needs make it important for health services to better understand the impact of multiple disadvantage so they can promote service access and provide respectful and welcoming healthcare.
Ms. Genevieve Ladd (SANE Australia)

With the support of Future Generation Global Investment Company, SANE Australia has been actively targeting young adults aged 18 to 30 at risk of, or experiencing, complex mental illness to reduce stigma and barriers to care for young adults thereby promoting help-seeking and early access to treatment.

Through a partnership with youth mental health organisation batyr, SANE has engaged 17 young adults who have experienced a range of complex mental illnesses including bipolar, personality disorder, psychosis, obsessive compulsive disorder, eating disorder, and severe and enduring mood and anxiety disorders. Those participating were given opportunities to:

- Participate in capacity building training to equip them to co-produce story-telling content
- Produce ‘first-person’ content to promote positive mental health and SANE’s service online; including user-generated videos, blog articles, and social media posts
- Contribute to online forums events and the review of suitable information about complex mental illness aimed at young adults
- Participate in a Project Advisory Group.

This presentation will share the learnings and impact of this work, including the young adults’ experience participating in the project, the duty of care involved in engaging young adults with complex mental illness, and the reach and impact of the content produced. We will also discuss the insights we have gained from working with young people particularly around their preferred methods of engagement across digital mental health services.
TABLE 12 - COMPLEXITY: Young People’s Experiences in an Intensive Mobile Youth Outreach Service: A Qualitative Study

Ms. India Bellairs-Walsh (La Trobe University), Dr. Robyn Stargatt (La Trobe University), Dr. Maria Nichterlein (Austin Health), Dr. Catherine Coffey (Austin Health), Mr. Ben Assan (Austin Health), Ms. Barbara Woods (Austin Health), Ms. Chloe Sutton (Austin Health), Mr. Stephen Rock (Austin Health), Ms. Jennifer Ellis (Austin Health)

Rationale: Intensive Mobile Youth Outreach Services (IMYOS) are a specialist component of Victoria’s Child and Youth Mental Health Services (CYMHS). They provide intensive mobile outreach to at-risk young people with severe and complex mental health needs, who have difficulties engaging in traditional mental health services, and require flexible yet intensive treatment in their own environment. In similar types of services for adults, previous research has demonstrated high retention rates, improved psychosocial and psychiatric outcomes, and identified factors that both promote and inhibit service engagement. However, there has been limited research examining the factors associated with engagement in populations of young people, and previous studies have all utilised retrospective, quantitative designs that have neglected aspects of young people’s lived experiences.

Aims: Utilising a qualitative paradigm, this study sought to investigate young people’s experiences of severe and persisting mental illness, as well as their treatment experiences and engagement with a Victorian IMYOS program. The central areas of inquiry were to examine IMYOS client’s:

- (a) subjective experiences of symptoms and treatment,
- (b) treatment and program aspects perceived as beneficial to engagement and recovery, and
- (c) treatment and program aspects perceived as barriers to engagement and recovery.

Methods: In-depth interviewing was undertaken with nine young people aged between 16-19 years ($M_{age} = 17.61$ years, $SD = 1.09$) who were current or recent clients of the Adolescent Intensive Management Program (AIM) – an IMYOS provider at the Austin Hospital in North-eastern Metropolitan Melbourne. A semi-structured, in-depth interview protocol was used to elicit illness experiences and perspectives on the IMYOS intervention in a face-to-face setting. Responses were analysed thematically, using the six phases of thematic analysis, as well as microscopic data analysis techniques from constructivist grounded theory methodology.

Results: The results revealed that young people’s experiences associated with severe mental illness involved feelings of restriction, and facing ignorance, disbelief, and stigma. Features of the IMYOS program perceived by young people as promoting service engagement and recovery included the continuity of care provided, AIM’s availability, responsiveness, and accessibility, AIM’s specialised expertise, and the program’s emphasis on community engagement. Perceived barriers to service engagement and recovery included perceived unsuitability of interventions, and having a lack of autonomy or choice.

Implications: The importance of addressing social exclusion and functional impairment for young people is apparent, underlining the necessity of IMYOS to support community and schooling integration. The IMYOS outreach approach served to maintain connections to support, and the continuity of care provided helped to facilitate psychosocial support across settings, which may assist recovery gains and enhance community integration. To minimise perceived unsuitability of treatments, the findings suggest that clients must see the value in treatments provided, and these must be collaboratively endorsed, rather than clinician-generated. Overall, the findings have important implications for the development of this innovative service for at-risk young people, and contribute to understandings of illness experiences and service engagement in young people more broadly.
An eHealth intervention to improve physical and mental health in adolescence and beyond: The Health4Life Initiative

Dr. Katrina Champion (Centre of Research Excellence in Mental Health and Substance Use, UNSW Sydney), Prof. Maree Teesson (Centre of Research Excellence in Mental Health and Substance Use, UNSW Sydney), Dr. Nicola Newton (Centre of Research Excellence in Mental Health and Substance Use, UNSW Sydney), Dr. Frances Kay-lambkin (University of Newcastle), Dr. Cath Chapman (Centre of Research Excellence in Mental Health and Substance Use, UNSW Sydney), Dr. Louise Thornton (Centre of Research Excellence in Mental Health and Substance Use, UNSW Sydney), Prof. A/Prof Tim Slade (Centre of Research Excellence in Mental Health and Substance Use, UNSW Sydney), Prof. Katherine Mills (Centre of Research Excellence in Mental Health and Substance Use, UNSW Sydney), Dr. Matthew Sunderland (Centre of Research Excellence in Mental Health and Substance Use, UNSW Sydney), Ms. Scarlett Smout (The Matilda Centre, The University of Sydney)

Background: Smoking, alcohol use, poor diet, and physical inactivity are consistently identified as key lifestyle risk factors for chronic disease. In recent times, recreational screen time and unhealthy sleep have also been associated with poor health outcomes. These risk factors (the “Big 6”) are highly prevalent among adolescents, commonly co-occur, and become entrenched by adulthood. Not only do they increase the risk of later chronic disease, including cardiovascular disease, cancers and mental disorders, they are also associated with more immediate problems such as obesity and symptoms of depression and anxiety. Interventions that simultaneously address multiple lifestyle risk behaviours have the potential to improve both the physical and mental health of young people.

Objective: This study aims to develop and evaluate an eHealth school-based prevention program to concurrently target the Big 6 risk factors among 12-15 year-olds, known as the Health4Life Initiative.

Methods: Intervention development is currently underway; scoping activities include a systematic review of existing eHealth multiple health behaviour change interventions, an online survey to understand health beliefs, knowledge and technology use among students, and consultation with teachers and health professionals. The Health4Life intervention consists of three parts: 1) A school-based program delivered online via interactive cartoons (for all Year 7 students), 2) An accompanying smartphone application for self-monitoring and goal-setting, and 3) A booster app, grounded in cognitive behavioural therapy, delivered to students who remain ‘at-risk’ as they progress throughout high school. A cluster randomised controlled trial (RCT) will be conducted in 80 schools (n=8000 Year 7 students) from 2019 to 2022. Schools will be randomised to receive Health4Life or health education as usual, and students will be assessed at baseline, post-test, and 12, 24 and 36-months later on measures of the Big 6 and mental health outcomes.

Results: This presentation will describe the development process of Health4Life, including results from the systematic review and online survey. An overview of the cluster RCT will be provided and preliminary baseline data will be presented. Conclusion: This is first trial of an evidence-based eHealth multiple health behaviour intervention to concurrently target the Big 6 among adolescents. Simultaneously addressing key lifestyle risk behaviours among youth has the potential to improve both their physical and mental wellbeing in adolescence and beyond.
The terms “Ultra High Risk” for psychosis (UHR) and “At-Risk Mental State” have been used to designate young people with increased risk of developing a psychotic disorder. After debate the Attenuated Psychotic Syndrome was added in section III of DSM5 as “condition for further study”. The debate focused on stigma, discrimination, unnecessary exposure to antipsychotic medication and high number of false-positives.

The language used in clinical and research settings is important because it can provide a more understandable and accurate way of describing clinical and theoretical concepts resulting in less stigma, more engagement and compliance. Efforts to update psychiatric labels to more culturally appropriate and youth friendly terms resulted in renaming ‘schizophrenia’ in several Asian countries.

Research looking at stigma in UHR has focused on clinicians’ perspective. Orygen Youth Healthprovides a unique environment where consumer participation is integrated to clinical work. New/alternative terms describing the At-Risk concept were generated by former patients now enrolled in the Platform Team. The generated terms included “pre-diagnosis stage”, “potential of developing a mental illness” and “disposition for developing a mental illness”.

50 UHR patients, 50 family members/caregivers and 50 clinicians will be asked to answer a questionnaire assessing stigma, acceptance of the currently used at-risk-related terms compared to these newly generated terms and the preferred timing, extent and context of disclosure of diagnosis.

Preliminary results will be presented at the conference. Discussion will focus on clinical and service delivery implications for people at risk of developing full threshold disorders.
Every voice counts - using nominal group techniques in research advisory meetings

Dr. Nicola Evans (Cardiff University)

In a study looking at risks inpatient mental healthcare for young people, we convened a research advisory group consisting of healthcare practitioners, managers, young people, parents and researchers to guide the development of the study. We were mindful that some people might have found it challenging to speak freely in such a mixed group, so we used the ‘nominal group technique’ as a method for ensuring all members were able to have their views heard and considered in an equal way. The accepted format for applying this technique is to use a five-step format by firstly using an opening statement to set the scene, then enabling a silent generation of ideas, followed by an invitation to a ‘round robin’ of feedback, a clarification of ideas and finally a voting and ranking process of the ideas generated.

In this table top presentation, I will give an overview of the technique and an opportunity to briefly take part in a nominal group technique process for the audience to experience it. They will then be able to evaluate its usefulness and suitability for effectively gaining contributions from young people and parents or carers in their own areas of research and/or other areas of practice.


Evans N; Hannigan B; Pryjmachuk S; Gillen E; Edwards D; Longo M; Trainor G; Hathway F(2017): Using the Nominal Group Technique to Involve Young People in an Evidence Synthesis which Explored ‘Risk’ in Inpatient Mental Healthcare, Research Involvement and Engagement, 3:16 DOI10.1186/s40900-017-0069-8
INVESTing in youth with borderline personality disorder: a randomised controlled trial protocol for individualised vocational support.

Ms. Ashleigh Salmon (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Katie Nicol (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Andrew Chanen (Orygen, The National Centre for Excellence in Youth Mental Health)

Introduction: Borderline personality disorder (BPD) is associated with low rates of vocational (education and employment) engagement, compared with the general population. Early features of BPD have been shown to predict poorer occupational and academic attainment 20 years later, suggesting a need for early vocational support. Although current early intervention programs for young people with BPD are effective in reducing symptom severity, there is little evidence that they affect functional recovery. Individualised Placement and Support (IPS) is a client-driven, specialised program, which offers ongoing vocational support through a dedicated IPS worker. The worker assists individuals to identify education and employment opportunities appropriate to the client’s goals and offers support during the application process and the initial period of employment or education. IPS has been shown to improve vocational outcomes in both adults and young people experiencing psychotic disorders, including first episode psychosis. However, IPS has not been extended to other severe mental disorders.

Objectives: The INDividualised Vocational and Educational Support Trial (INVEST) aims to investigate the effectiveness of IPS at improving vocational engagement for youth with between three and nine BPD features compared with the usual vocational services (UVS) offered as part of routine clinical care. Outcomes for this trial include the number of days in mainstream employment or education, BPD symptom severity, and quality of life. An economic evaluation will also assess the cost or benefit of the IPS program, comparative to UVS.

Methods: INVEST is a single-blind, parallel groups randomised controlled trial comparing nine months of IPS to nine months of UVS. INVEST will recruit 108 young people (aged 15-25) with at least three BPD features from the Helping Young People Early (HYPE) program, a specialised early intervention service for BPD. Outcomes will be measured across five research interviews at 0, 13, 26, 39 and 52 weeks.

Implications: This trial is ongoing. The findings will provide evidence as to whether IPS is an appropriate vocational intervention for young people with BPD features, including evidence for the program’s effectiveness in improving vocational engagement, its economic cost, and its effects upon quality of life and BPD symptom severity. This trial will inform treatment for functional recovery in early stage BPD.

Conclusion: Vocational outcomes are poor in young people and adults with BPD. INVEST will be the first study to investigate the effectiveness of IPS for vocational support in this group.
Development and Application of an Assessment Tool for Text-Based Counselling

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 90

Prof. Lawrence Murphy (WorldWide Therapy Online)

Despite the popularity of text-based online counselling methods, assessing the quality of text-based clinical work continues to be a challenge. Whereas standardized measures are available to evaluate the competency of face-to-face clinical practice, no such tools exist for cyber counseling.

Together with a team at the University of Toronto, the presenter developed and pilot tested a new method and tool: the Cyber-counseling Objective Structured Clinical Examinations (COSCE). The COSCE allows supervisors and instructors to assess the quality of a clinical reply in text as well as the calibre of the counsellor.

This presentation will describe the development of the tool, review its reliability and validity and discuss its strengths and limitations.

We will also explore its implementation in two training programs. One is a completed program of training MSW students in online counselling methods at the University of Toronto. The other is an ongoing post-graduate training program delivered by WorldWide Therapy Online. Results from these two implementations will be discussed and potential future applications in online work will be identified.
Adverse childhood experiences, family functioning and young people’s mental health problems - a systematic review

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 107

Dr. Claudia Scully (University College Dublin), Dr. Jacintha McLaughlin (University College Dublin), Dr. Amanda Fitzgerald (University College Dublin)

Introduction: There is a growing body of research that reports an association between adverse childhood experiences, family functioning and mental health problems among young people. However, there is limited clarity regarding how family functioning is related to mental health problems following the experience of adverse childhood experiences, and no study has systematically reviewed the available literature in the area. Family functioning is viewed as the process by which family members relate to each other, whereas adverse childhood experiences are individual events or a series of events which may or may not occur within the family context (e.g. domestic violence, abuse).

Objective: The focus of this review was to examine studies which explored an association between adverse childhood experiences (ACEs), family functioning and child/adolescent mental health problems.

Method: Three databases were searched between 2006 and 2018, and a narrative synthesis of the final 34 articles is presented.

Results: The results of the review are presented under five themes: 1) The association between family functioning and child/adolescent mental health is mixed. ACEs such as parental mental health problems, abuse, domestic violence, and parental divorce were positively associated with child/adolescent mental health problems. The higher the number of adverse childhood experiences that a young person experienced, the poorer the mental health outcomes. 3) ACEs are related to poorer family functioning; and both ACEs and family functioning were predictors of each other. Those who had experienced adversity consistently reported poorer family functioning such as poorer parent-child relationships. Higher frequency of ACEs was related to poorer family functioning. 4) Demographic factors such as greater social disadvantage are related to greater adversity, poorer mental health problems and poorer family functioning. 5) There is a clear relationship between ACEs, family functioning and mental health problems. Various family functioning factors (such as mother-adolescent conflict) mediated the relationship between specific ACEs and internalizing and externalizing problems. Healthy family functioning was related to better mental health outcomes following ACEs. Family functioning (family cohesion and family stress) was also found to moderate the relationship between ACEs and mental health.

Practice Implications: Clinicians working with young people with mental health problems should be mindful of family-centred care and the value of asking children and adolescents about their experiences of adverse childhood experiences in clinical practice.

Conclusions: These findings inform the global community of the significance that ACEs and family functioning play in the development and maintenance of child and adolescent mental health problems.
Estimating the need and describing the type and quantity of youth-focused services required in Australia for 18-24 year olds

Ms. Kate Gossip (The University of Queensland), Ms. Imogen Page (The University of Queensland), Ms. Charlotte Woody (The University of Queensland), Ms. Sandra Diminic (The University of Queensland)

Background: Many young adults are significantly impacted by mental illness and have a need for services that are different to those for children, adolescents and other adults. Their unique service needs should be carefully and adequately planned for to support their access to appropriate and beneficial care. The National Mental Health Service Planning Framework (NMHSPF) is a tool used by jurisdictions, Local Health Networks and Primary Health Networks in Australia to estimate total need for mental health care and the level and mix of services required for a given population. During the initial development of the model the specific service needs of young adults (aged 18-24 years) were not considered separately from a broader adult group (18-64 years).

Methods: A program of work is being undertaken to model the mental health service needs of young adults in Australia at a population level. Estimates from the Global Burden of Disease study are being used to quantify the prevalence of mental disorders in this age group and national mental health surveys, health service administrative data, published evidence, and expert consensus are being used to identify sub-groups of young adults that require access to particular types of mental health services. A rapid literature review will provide evidence on how the types, quantity and frequency of mental health services needed by young adults differ from adolescents and adults. These findings will be discussed with an expert panel consisting of consumers, carers, representatives from tertiary care, primary care and the non-government sector. The expert panel will meet several times during a 12-month period to develop profiles of care that quantify the resources (e.g. staff costs, bed numbers) and activity (e.g. occasions of service) required to deliver mental health care to young adults.

Results: The epidemiological modelling estimated the overall prevalence of mental disorders to be higher across all levels of service intensity among young adults when compared to all other age groups. Preliminary discussions with experts have highlighted key differences between the types of services needed by young adults compared to adults, for example increased access to vocational support and a reduced need for non-acute hospital stays. Differences between young adults and adolescents have also emerged such as less intensive family engagement and increased involvement of peer workers in service delivery. The modelling principles defining key areas of service difference will be presented, along with how they have been used to guide modifications to the NMHSPF.

Conclusion: The new youth component of the NMHSPF will produce evidence-based and nationally standardized estimates for the resources and activity that are needed to provide appropriate and adequate care to young adults. It will help guide strategic reform and support governments to identify priorities for service development.
Effects of peer-based educational sessions on adolescent mental health literacy: Development and implementation of an innovative high-school based Dr YES mental health program

Dr. Sarah Bailey (Fiona Stanley Hospital)

The Australian Medical Association (WA) (AMA) currently run a program called Dr YES (youth education sessions) where medical students go out to high-schools to have open and engaging conversations about issues facing youth health, including sessions on mental health. Dr YES is primarily a harm-minimisation program whose aim is to reduce the stigma and fear surrounding the topics of mental health. The impact of mental health issues on young people is significant, with negative effects on quality of life, physical health, academic achievement and risk-taking behaviours. It is widely accepted that the health issues that arise in youth could be avoided or greatly minimised by education and early interventions, and that adolescence is a crucial period for establishing positive health and social behaviours. This knowledge provided the impetus for the introduction of the Dr YES mental health program.

I have developed and implemented an innovative mental health session and have gathered both qualitative and quantitative data which has assessed the effectiveness of the current single Dr YES mental health session in providing information to improve mental health literacy in the long term, in comparison with the effectiveness of the pilot program.

Methods
Participants included 603 students ranging from year 9 - 12 recruited from 4 schools in Perth, Western Australia. Two of the four high-schools received the normal Dr YES mental health single session, and two high-schools had the additional pilot session.

The new session is an extension of the current program and covered topics based on the student responses to a survey form given at the end of their first session which included self-harm, suicide, and eating disorders. As a secondary outcome of the project, the medical student volunteers were given education in how to give mental health education to young people in a safe way.

Results
The results are both in quantitative and qualitative forms. The data shows there is a generally low baseline level of mental health literacy in young people with only 40% of students feeling they would be able to identify a mental health problem within themselves and only 59% of students who know of a single mental health service that is available to them. The innovative program was shown to be successful in improving mental health literacy both immediately after the session and after the 3-4 month follow-up. Students felt more confident in recognising a mental health problem in themselves and also more comfortable in talking about mental health.

Conclusion
The newly introduced mental health session was successful in improving: mental health literacy; confidence in recognising mental health problems; comfortability in talking about mental health and reducing stigma; and improving coping strategies. The improvements were substantially higher in the groups who received the innovative session. The program that I developed is now being delivered regularly across WA schools and is deemed sustainable by the AMA. The recommendations and findings of the project should provide an impetus for the implementation of improved mental health harm-minimisation programs for young people.
A Systematic Review and Meta-Analysis of the Psychosocial Outcomes of Psychological Interventions for Borderline Personality Disorder in Children and Adolescents

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 153

Mrs. Rose Papadopoullos (University of East Anglia), Dr. Jo Hodgekins (University of East Anglia), Dr. Adrian Leddy (University of East Anglia), Mrs. Aisya Musa (University of East Anglia), Dr. Brioney Gee (Norfolk and Suffolk NHS Foundation Trust)

**Background:** Globally, adolescent borderline personality disorder (BPD) is a topic that is being actively researched, and seen by many as a priority for public health. There is a fast-emerging literature around the role of early psychological intervention. This poster aims to review the evidence we have so far to ask; How effective are early interventions for children and adolescents with BPD or ‘BPD traits’?

**Methods:** A systematic literature search was conducted across six electronic academic databases: Academic Search Complete; AMED; CINAHL Complete; MEDLINE Complete; PsychARTICLES; PsychINFO. Quality was rated using a standardised tool. Outcome data from quantitative papers were included in a meta-analysis focusing on three domains; BPD symptomatology, General psychopathology, and Quality of life. The outcomes from qualitative papers were reviewed narratively.

**Results:** Three randomised controlled trials, eight non-randomised trials, and four qualitative case studies were identified with a combined total of 527 participants. Papers spanned a wide range of intervention types, including cognitive analytic therapy, dialectical behaviour therapy, mentalisation-based treatment, and psychodynamic psychotherapy. Heterogeneity and variability between studies was significant. The pooled effect size for each of the three outcome domains was small, though some of the higher quality papers demonstrated large individual effect sizes. Most consistently, the quality of life domain showed improvement, and this was mirrored in case study outcomes.

**Conclusions:** This review and meta-analysis tentatively suggests that early interventions for BPD might have a positive impact on young people, particularly on quality of life outcomes. However, pooling the RCTs in this meta-analysis suggested that interventions had little benefit over and above standard clinical care. Well-conducted RCTs and longitudinal studies would be a welcome addition to this emerging evidence base.
Finding the sweet spot- Can antipsychotic dose reduction lead to better functional recovery in first-episode psychosis? An RCT comparing a dose reduction anti-psychotic medication strategy to maintenance treatment- The Reduce Trial.

Antipsychotic medication has been the mainstay of treatment for psychotic illnesses for over 60 years. These treatments have been associated with improvements in positive psychotic symptoms and a reduction in relapse rates. Despite these positive outcomes there is increasing evidence that these medications contribute to life shortening metabolic and cardiovascular illnesses.

There is also uncertainty as to the role played by antipsychotic medication in brain volume changes. Additionally, there has been little improvement in functional outcomes for people who experience psychosis. For example, people diagnosed with psychotic illnesses are less likely to complete their secondary education. In addition, unemployment also remains a highly prevalent problem associated with the illness (Waghorn et al., 2012).

Aim: The primary aim of this study is to compare functional outcomes between an antipsychotic dose reduction strategy with evidence-based intensive recovery treatment (EBIRT) group (DRS+) and an antipsychotic maintenance treatment with EBIRT group (AMTx+) at 24-months follow-up.

Methods: This single-blind randomised controlled trial, within a specialist early psychosis treatment setting, will investigate whether the DRS+ group leads to better functional recovery than, the AMTx+ group over a 2-year period in 180 remitted first-episode psychosis patients.

We will also examine the effect of DRS+ vs AMTx+ on physical health, brain volume and cognitive functioning. This study will also determine whether the group receiving DRS+ will be no worse off in terms of psychotic relapses over 2 years follow-up compared with the AMTx+ group.

Participants are aged 15-25 years and are attending EPPIC at Orygen Youth Health in Melbourne.

Results: This poster presents the rationale and hypotheses for this study which commenced recruitment in July 2017. Full results are expected for presentation in 2024.

Conclusion: The Reduce trial will provide evidence as to whether an antipsychotic dose-reduction recovery treatment strategy leads to improved functioning and safer physical health outcomes in first-episode psychosis young people. In addition, it will be the first-controlled trial to assess the effect of exposure to antipsychotic maintenance treatment on brain volume changes in this population.
Sleep Disturbances in Youth At-Risk for Serious Mental Illness

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 225

Dr. Jean Addington (University of Calgary), Ms. Jacqueline Stowkowy (University of Calgary), Ms. Kali Brummitt (University of Calgary), Dr. Benjamin Goldstein (University of Toronto), Dr. Glenda MacQueen (University of Calgary)

Introduction: Sleep disturbances are common across many mental health disorders, with evidence suggesting a bidirectional relationship. However, in order to explore the direction and impact that various risk factors have on the development of illness, it is ideal to use a prospective longitudinal design. An emerging theme in the literature is to attempt to identify at-risk youth using clinical staging models. In these models, individuals are identified along a continuum ranging from ‘at-risk but asymptomatic’ to ‘attenuated syndromes’ to ‘full-blown psychiatric disorders’. The one study to date investigating sleep disturbances using a clinical staging framework with at-risk youth reported that dimensions of rumination and sleep-wake disturbances were detectable trans-diagnostic markers of illness progression.

Objective: The objective of this project was to investigate a wide range of sleep behaviours of youth at-risk for SMI, as well as a group of healthy controls, using a transdiagnostic clinical staging model approach.

Methods: This study included 243 youth, ages 12 to 25: (a) 42 healthy controls, (b) 41 non-help seeking youth with risk factors for mental illness such as a first-degree relative or multiple second-degree relatives with a SMI, low birthweight and preterm delivery or a developmental disorder (stage 0); (c) 53 help seeking youth experiencing distress and possibly mild symptoms of anxiety or depression (stage 1a) and (d) 107 youth with attenuated syndromes (stage 1b). The Pittsburgh Sleep Quality Index (PSQI) was used to assess domains of sleep dysfunction, including sleep quality, latency, duration, disturbances, use of sleep medications, and daytime dysfunction.

Results: Stage 1b individuals indicated the greatest dysfunction in overall scores of global sleep dysfunction (F=26.18, p<0.0001). When compared to HCs, individuals in stages 1a and 1b reported significantly worse subjective sleep quality, a longer sleep latency, more sleep disturbances, more use of sleep medications as well as greater daytime dysfunction. Healthy controls and stage 0 individuals did not significantly differ on their self-reported sleep behaviours.

Conclusion: Research investigating sleep behaviours of youth considered to be at risk for SMI is limited. This study provides early evidence that sleep disturbances are worse for individuals considered to be at higher risk of illness development.

References

The Entourage Project: An innovative pilot to evaluate an interactive comic-based e-mentoring therapy program for young people with social anxiety symptoms

**Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 242**

**Dr. Simon Rice** (Orygen, The National Centre of Excellence in Youth Mental Health), **Prof. Mario Alvarez-Jiminez** (Orygen, The National Centre for Excellence in Youth Mental Health), **Mr. Matthew Hamilton** (Orygen, The National Centre for Excellence in Youth Mental Health), **Dr. Michelle Lim** (Swinburne University), **Dr. Sarah Bendall** (Orygen, The National Centre for Excellence in Youth Mental Health), **Prof. John Gleeson** (Australian Catholic University), **Prof. Patrick McGorry** (Orygen, The National Centre for Excellence in Youth Mental Health), **Dr. Simon D’alfonso** (University of Melbourne), **Mr. Christopher Miles** (Orygen, The National Centre for Excellence in Youth Mental Health), **Mr. Marc Pearson** (Orygen, The National Centre for Excellence in Youth Mental Health)

**RATIONALE:** Social anxiety disorder is a pervasive and distressing mental health problem impacting around 8.5% of Australians. Social anxiety is particularly prevalent among young people, with symptoms typically emerging during mid-late adolescence and ranging into early adulthood. Young people with social anxiety symptoms commonly experience feelings of loneliness and social disconnectedness. Social disconnectedness has been shown to be both a risk factor for, and a contributor to the severity of mental health disorders, and has been suggested as a potential precursor to emerging mental health problems. E-mental health interventions embedding a safe and supported online social network offer a unique opportunity for social anxiety intervention.

**OBJECTIVES:** The aim of the present study was to develop and pilot a bespoke social media-based intervention platform (Entourage) for supporting young people with social anxiety. The study sought to assess the acceptability, feasibility, and safety of Entourage, while also examining the potential clinical utility of the platform to reduce loneliness and isolation, improve social connectedness and restore social functioning in young people with social anxiety symptoms. The also seeks to collect preliminary economic data to inform project scaling.

**METHOD:** Entourage is being evaluated in a 12-week pre/post single-group pilot study seeking to recruit 110 young people aged 12-15 from headspace early intervention centres in North-Western Melbourne. Entourage also includes specifically designed therapeutic comics which seek to provide participants with background knowledge related to skill development, in addition to engaging participants in graded behavioural experiments that seek to falsify negative automatic beliefs that maintain social anxiety-based cognitions. The comics serve as a playful low literacy, high concept medium, using conversational language and relatable characters to model and explicate therapeutic concepts. Each comic is designed in an iterative collaborative process with clinical psychologists, professional writers a graphic artist, and feedback from young people. Comics each comprise 20-25 panels and are optimised for viewing on a smartphone – examples will be presented.

**PRACTICE IMPLICATIONS:** The Entourage study has been informed by ongoing youth participation, including a youth steering group that provides overall guidance. Entourage actively uses an e-mentoring approach, designed to boost engagement of young men in particular – a population known to be more challenging to engage in mental health intervention. The e-mentoring approach focuses on professional peer moderation from trained and supported young people with a lived experience, clinical moderation from expert youth mental health clinicians, and informal input and support from the wider participant cohort.

**CONCLUSIONS:** Recruitment is currently underway, and the study will conclude in mid-2019. Key findings will be discussed, including the effectiveness of the e-mentoring approach to engage young men.
The association between child maltreatment and depressive disorders and anxiety disorders: evidence for recognition on the global stage

Background: Child maltreatment is a serious public health concern around the globe. It includes five forms: sexual abuse, physical abuse, emotional abuse, neglect, and exposure to intimate partner violence (IPV). Child maltreatment causes immediate harmful physical effects as well as adversely impacting mental health. In order to investigate the relationship between child maltreatment and later mental illness, we conducted a review of all of the available literature. To date, there has been no review of this kind on the association between all five forms of child maltreatment and depression and anxiety and disorders.

Methods: A systematic review is a search of multiple databases to find all relevant studies related to a research question. We searched three databases (PubMed, PsycINFO, Embase) up to 5th March 2018 to identify studies that reported an association between any form of child maltreatment two mental disorders: depressive disorders and anxiety disorders. Overall, 80 studies were found for depressive disorders and 45 studies were found for anxiety disorders. The data from these studies were extracted and analysed in a meta-analysis. This method pools the results of each study to give an overall odds ratio (OR). An OR represents the risk or ‘odds’ of an individual developing a depressive or anxiety disorder after experiencing child maltreatment compared to those with no experience of child maltreatment. Corresponding 95% confidence intervals (CIs) were also reported as a measure of uncertainty around the pooled OR.

Results: The meta-analyses showed that all forms of child maltreatment significantly increased the odds of developing a depressive disorder. Exposure to emotional abuse more than doubled the odds of developing a depressive disorder (OR = 2.4, 95% CI 1.7-3.2). Physical abuse and IPV both increased the odds of a depressive disorder by close to double. Experiences of neglect increased the odds of a depressive disorder by a factor of 1.65 (95% CI 1.35-2.02). There were also strong associations between child maltreatment and anxiety disorders. For example, experiencing neglect increased the odds of an anxiety disorder by a factor of 1.3 (95% CI 1.1-1.7). Exposure to sexual abuse increased the odds of experiencing PTSD by more than 3 and a half times (OR = 3.5, 95% CI 2.3-5.4).

Conclusion: The findings of this review found that all forms of child maltreatment were significantly associated with depressive and anxiety disorders. These results provide policymakers with evidence to support prioritising interventions that address violence against children and promote early intervention. This is in line with global efforts from the United Nations Sustainable Development Goals (SDGs) to end violence against children worldwide.
Elite Athlete Mental Health as a Driver for Early Intervention in the Community

Dr. Courtney Walton (University of Queensland), Prof. Rosie Purcell (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Simon Rice (Orygen the National Centre of Excellence in Youth Mental Health)

Introduction: It has been consistently shown that mental health disorders in adolescents and young adults are common, and that better management and treatment of these problems are desperately needed. Exacerbating this issue, help-seeking in mental health within certain populations remains low. For example, young boys and men in particular are known to have lower rates of help-seeking, and higher rates of stigmatising attitudes towards mental health treatment. Methods of increasing help-seeking and reducing stigma in such populations are desperately needed. Elite athletes are commonly presented as role models in society, looked up to by large portions of young people. Importantly, athletes report symptoms of clinical and subthreshold disorders at similar, if not slightly higher rates to other healthy adults. These symptoms relate to a range of stressors such as heightened stress and pressure to perform, injuries, time away from support networks, public scrutiny, and post-career transition (especially when non-voluntary) to a non-athletic identity. In recent times, there has become increasing academic, clinical, and public attention towards mental health in sport. One interesting concept worth further exploration is to investigate the role of this public discourse on help-seeking in more resistant and vulnerable members of the community. In particular, young adults who were previously hesitant to seek help may take strength from this shift, maximizing the success of early intervention occurring.

Objectives: To highlight the potential of novel methods for engaging specific populations of young people with mental health services. Research which explores for whom this approach benefits, and how, is important for developing structured public initiatives.

Policy Implications: Our proposal is two-fold. Firstly, we suggest that a growing body of research and active engagement with real-world outcomes regarding mental health in elite athletes is required. Second, a concentrated effort to make findings from work in this space increasingly public, in order to achieve maximum reach to the public may be beneficial to maximising mental health engagement in young adults.
**Young consumers’ experiences seeking help from emergency departments for self-harm**

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 257

Ms. Sadhbh Byrne (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Jo Robinson (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Simon Rice (Orygen the National Centre of Excellence in Youth Mental Health), Dr. Sarah Bendall (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Michelle Lamblin (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Nina Stefanac (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. India Bellairs-Walsh (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Meghan O’Keefe (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Emily Boubis (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Brianna McGregor (Orygen, The National Centre of Excellence in Youth Mental Health)

**RATIONALE:** Self-harm is one of the strongest predictors of future suicide, which is the leading cause of death among young people worldwide. Research suggests that individuals who present to the emergency department (ED) for self-harm have an increased risk of future suicide, repeated self-harm, and future psychosocial adversity. Despite these risks, the assessment and treatment of people who present to EDs with self-harm is often sub-optimal, with young people reporting that they are often not taken seriously by staff and frequently do not receive adequate follow-up care. This is particularly concerning given that presentation to an ED often marks the instance in which a person discloses their self-harm for the first time.

Additionally problematic is the fact that the information available about experiences of self-harm presentations to EDs is predominantly based on research with adults; there is a substantial gap in our knowledge of the perspective of young consumers. As such, little evidence exists regarding young people's experiences of care received in the ED for self-harm, or what constitutes best practice from the perspective of this population.

**OBJECTIVES:** The current small-scale project is examining young consumers’ experiences seeking care for self-harm from the ED. The study is positioned within the participatory framework, which aims to facilitate more empathic and democratizing approaches to research participation, particularly for people deemed ‘vulnerable’. As such, the project is also investigating the ways in which young people would like to be recruited and consulted in research on this topic.

Specifically, this pilot project aims to:

1. Collect preliminary information about young people’s experiences presenting to EDs for self-harm.
2. Gather feedback from young people with experience of presenting to EDs for self-harm regarding their preferred mode of consultation.
3. Assess the safety of investigating young people’s experiences presenting to EDs for self-harm.

**METHODS:** This is an exploratory mixed-methods pilot study. Qualitative data are being collected through one-on-one interviews using a semi-structured interview schedule, and through open-ended questions in a purpose-designed questionnaire, designed to seek written qualitative feedback on the methods of data collection. Quantitative data are collected through two previously-developed instruments to assess participants’ level of distress. A purpose-designed set of questions regarding the methods of recruitment and data collection also provide quantitative information.

Participants are young people aged 12-25 years, who have presented to an ED with any self-inflicted physical injury, with or without suicidal intent. All participants are currently engaged in treatment at headspace, and are considered stabilised by their treating clinician.

**PRACTICE/POLICY IMPLICATIONS:** This study gives insight to young people’s experiences seeking care for self-harm in EDs. Providing young people with the opportunity to contribute to study design, recruitment, and data collection infrequently occurs in child and adolescent health consumer research, but is encouraged within the
participatory research framework. Furthermore, empowerment and user involvement are important tenets of contemporary mental health care. This project therefore helps to ensure that young people's voices are heard on this issue, and that their experiences and perspectives play a central role in shaping best practice.
Positive Choices: Addressing the evidence-practice gap in alcohol and other drug prevention

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 259

Ms. Lucy Grummitt (The Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney), Dr. Lexine Stapinski (The Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney), Dr. Nicola Newton (The Matilda Centre, The University of Sydney), Ms. Siobhan Lawler (The Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney), Dr. Cath Chapman (The Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney), Prof. Maree Teesson (The Matilda Centre, The University of Sydney), Ms. Chloe Conroy (The Matilda Centre, University of Sydney)

Background
Research suggests the teenage years are when alcohol and other drug use are first initiated. The earlier a young person initiates alcohol and drug use, the greater the risk of negative outcomes including mental health problems, juvenile offending, and poorer education. This highlights the importance of engaging with young people early to prevent drug-related harms.

School communities are an ideal place to implement prevention, with broad reach and tailoring to students’ developmental level. Multiple school-based programs have demonstrated positive outcomes. However, uptake of these programs is low. Additionally, parenting practices are associated with delayed initiation and use of drugs among teenagers. However, the majority of parents do not act in accordance with evidence-based recommendations.

The Positive Choices online portal was developed to address the evidence-practice gap for drug prevention. Through Positive Choices, school staff, parents and students have access to online information and a database of resources that have demonstrated reductions in drug-related harms.

Aim
To assess the portal’s success in reducing the evidence-practice gap, Positive Choices was evaluated using Glasgow’s RE-AIM framework. This framework assesses Reach, Effectiveness, Adoption, Implementation and Maintenance and is widely used in the field of implementation science.

Method
Data was sourced from google analytics and social media tools, as well as survey data from over 300 school staff and 250 parents between 2016-2018. An online dissemination strategy to increase awareness about evidence-based drug prevention resources was also assessed.

Results
Results suggest an increase the uptake of evidence-based resources among school staff and revealed parents intended to implement evidence-based strategies after accessing the portal. Adoption and maintenance of Positive Choices is strong, with over 90% of school staff saying they would use Positive Choices in the future. The portal has global reach, with data from 2019 revealing 40% of site users are in Australia, 29% based in the United States, and a remaining 31% distributed across the world.

Discussion
The importance of research translation into clinical practice is widely recognized. This presentation provides audience members with an understanding of using the Internet to facilitate translation for healthcare across Australia and globally. Delegates will be introduced to the Positive Choices portal where they can find accurate and up-to-date information about alcohol and other drugs. Delegates who work with young people, and parents, will receive information about how it can be of benefit in the school and home environment. Future directions include conducting additional detailed feedback with students about the portal and its resources.
Identifying the key features and outcomes of navigation services for youth with mental health and/or addictions concerns and their families: A Delphi study

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 284

Dr. Roula Markoulakis (Family Navigation Project), Ms. Samantha Chan (Family Navigation Project), Dr. Anthony Levitt (Family Navigation Project)

Background: Family navigation is a mode of support aimed at helping youth with mental health and/or addictions concerns and their families through the complex mental health and addictions system, making well-informed service matches, and engaging with youth and their loved ones throughout their care journeys. As family navigation services emerge and grow, understanding their unique features and impacts is essential to defining evaluation measures and driving good outcomes for youth with mental health and/or addictions concerns and their families.

Methods: The Delphi method originated in the 1950s as a mode of attaining consensus from groups of experts in forecasting technological advancements. This method has since been applied in a variety of health services settings and is appropriate for collecting informed judgements across a range of disciplines. Through multiple iterations of questionnaires, identified experts are given the opportunity to provide their opinions on a topic of interest and consider their opinions in light of group opinions. This Delphi study investigated the defining features of family mental health and addictions navigation, factors involved in a successful service match, and important outcomes of the process through perspectives of youth and family member clients and team members of a family navigation program, as well as those of local mental health and/or addictions service providers. In the first phase, participants (n=41), were asked to respond to a series of prompts pertaining to 1) the key features of a successful family navigation process, 2) the features of good matches between youth or families and the services to which they are navigated, and 3) the outcomes of importance in family navigation for youth, families, Navigation services, and referred service providers. In Phase 2, findings from Phase 1 were presented to participants to select and rank their top ten responses to each prompt. Responses which passed a cut-point were carried into Phase 3, in which participants rated the importance of the remaining items. Items rated as “very” or “extremely” important by 80% or more of participants in Phase 3 had achieved consensus. Intra-class correlation coefficients (ICC) were calculated to confirm participant agreement on all items having achieved consensus.

Results: Sample items with over 95% consensus were as follows: youth experiences improved daily functioning; navigator determines the best fit by understanding and considering the youth and families’ needs, by collaborating with team members and service providers, and by providing individualized suggestions; navigation involves knowledge and understanding of mental health and addictions system and existing services; referred service providers are knowledgeable and up-to-date on evidence-based practice and have multidisciplinary perspectives in service. Overall ICC across all finalized statements following Phase 3 was .84, indicating “excellent” agreement among respondents. Conclusions: Exploring the key features of successful navigation, outcomes of importance to stakeholders, and elements of successful matches can inform the development of navigation services that address youth with mental health and/or addictions concerns and their families’ needs, can support service providers in ensuring well-matched services, and lend vital support to youth and families seeking services within a complex system.
The STEP Trial: A Sequential Multiple Assignment Randomised Trial (SMART) of interventions for ultra-high risk of psychosis patients – Study Rationale, Design and Recruitment

Introduction
Although approximately twenty randomised controlled trials (RCTs) have now been conducted with young people identified as at high clinical risk of psychotic disorder, it remains unclear what the optimal type and sequence of treatments are for this clinical population. There has also been increased focus on clinical outcomes in this population other than onset to psychotic disorder (“transition”), such as psychosocial functioning and non-psychotic disorders. At Orygen, we are currently conducting a trial of a sequence of interventions consisting of two psychosocial interventions [support and problem solving (SPS) and cognitive-behavioural case management (CBCM)] and antidepressant medication. The primary outcome of the study is functional outcome at the end of 6 months. This talk will outline the background, rationale, treatments provided and preliminary recruitment results.

Methods
This is a sequential multiple assignment randomised trial (SMART) recruiting young people (12-25 year olds) who meet ultra high risk for psychosis (UHR) criteria from primary (headspace) and secondary/tertiary (Orygen Youth Health) mental health services in Melbourne, Australia. It consists of three steps: Step 1: SPS (1.5 months); Step 2: SPS vs Cognitive Behavioural Case Management (4.5 months); Step 3: Cognitive Behavioural Case Management + Antidepressant Medication vs Cognitive Behavioural Case Management + Placebo (6 months). Response to treatment is based a combination of reduced attenuated psychotic symptoms, rated using the Comprehensive Assessment of At-Risk Mental States (CAARMS), and functional improvement [Social and Occupational Functioning Assessment Scale (SOFAS)] at the end of the treatment step. The intervention is for 12 months and participants are followed up at 18 months and 24 months post baseline.

Results
Recruitment has recently completed, with 342 patients recruited over a 2.4 year period, representing the largest UHR treatment study conducted to date. Preliminary results indicate that, of the participants who did not drop out and reached the end of Step 1 or 2, there was a 90.2% non-response rate to Step 1 and 81% to Step 2. A 9.8% response rate in Step 1 has been observed and 19% in Step 2. The attrition rate is 22% in Step 1 and 30% in Step 2.

Discussion
Preliminary results indicate high non-response rates following SPS and moderate non-response rates following extended SPS or CBCM. Response rates are lower than expected in both steps, possibly related to the strict definition of response applied, requiring persistent improvement in both symptoms and functioning. Attrition rates are low to moderate in both steps, possibly reflecting the complexity and severity of presentations in this clinical
population. The study indicates that it is possible to implement, and recruit a large number of participants to, a complex trial consisting of multiple stages and treatments in a primary mental health care setting (headspace services). Outcomes will inform the most effective type and sequence of treatments for improving psychosocial functioning, symptoms and reducing risk of developing psychotic disorder in this clinical population.
Implementing Individual Placement Support (IPS) an Evidenced Based Model into a Youth Early Psychosis Service

Ms. Katie Llewellyn (Black Swan Health headspace Youth Early Psychosis Program (hYEPP))

Introduction or Rationale
In 2015, hYEPP service were developed utilizing the principles of the Early Psychosis Prevention and Intervention Centre (EPPIC) service model. One of the core components of this model was embedding IPS within a clinical service. IPS is an evidenced based supported employment model that assists people with acute mental health conditions to find and maintain meaningful work. Original research and evaluation of IPS programs were aimed and designed for adult mental health setting however, it is fast becoming a useful model to adapt for young people. Research is now being conducted by Orygen to help evidence this model in the youth sector.

Objectives
This presentation will provide a description to how IPS was implemented into hYEPP and the benefits to the young person’s recovery. The evidence and outcomes measured on the program will be presented. This data will provide a clear picture of the vocational learnings, outcomes and areas of growth.

Methods or Approach
The methods will entail (i) a description of the IPS vocational phases, (ii) statistics measured on a specifically designed IPS evaluation database and (iii) feedback from young people who have completed their IPS vocational journey and how this improved their mental health presentation.

Results or Practice/Policy Implications
Young people gaining meaningful employment and/or education facilitates hope that their future success is not defined by their mental health challenges. Correlated statistics will be presented demonstrating key vocational outcomes for 2018.

Conclusion
The IPS vocational program is a highly sought-after program by young people and clinical teams. The program focusing on getting young people to continue to set goals, follow their dreams and ultimately become successful in their desired career. Proof of concept of global application across broader youth mental health services can be made.
Specificity of Basic Self-Disturbance to the Schizophrenia Spectrum

Introduction
Phenomenology and cognitive science refers to the ‘basic’ self as an automatic, pre-reflective awareness of selfhood – an implicit first-person ownership of experience and agency in action. A body of work suggests that disturbance of the basic self is a core feature of schizophrenia spectrum disorders, while patients with other psychotic disorders and mental disorders do not display such marked basic self disturbances. Given their status as a possible core marker of schizophrenia spectrum disorders, identifying basic self-disturbances may be of value in early detection and diagnostic clarification. The current study aimed to assess whether basic self-disturbance is more prominent in First Episode Psychosis (FEP) patients with schizophrenia spectrum diagnoses compared with FEP patients with other psychotic disorders. A secondary aim was to determine whether this was also the case across both Ultra-High Risk (UHR) and FEP samples, irrespective of psychotic status.

Method
This was a cross-sectional, observational study recruiting UHR and FEP young people aged 15 to 24 from secondary/tertiary public mental health service, Orygen Youth Health in Melbourne. Basic self-disturbance was assessed using the Examination of Anomalous Self-Experience (EASE); DSM-IV diagnoses were established using the Structured Clinical Interview for DSM-IV (SCID); the Comprehensive Assessment of At-Risk Mental States (CAARMS) was used to assess UHR status; psychosocial functioning was assessed using the Social and Occupational Functioning Scale (SOFAS); and the Brief Psychiatric Rating Scale (BPRS) was used to assess general psychopathology.

Results
Eighty-nine participants were included for the UHR/FEP combined group: 22 with schizophrenia spectrum diagnoses and 67 with other psychoses. For the FEP only group, 39 were included: 17 schizophrenia spectrum and 22 non-spectrum. All analyses were conducted for both the FEP group alone as well as for the combined FEP/UHR group. Significant differences were found on t-tests for both the FEP only group (p < .001) as well as the UHR/FEP combined group (p < .001) between spectrum and non-spectrum psychoses on EASE scores. An ANCOVA was conducted to compare EASE scores between the schizophrenia spectrum group and other psychoses with BPRS scores as a covariate. There was a significant difference between groups on EASE scores for both FEP only, p = .001, and FEP/UHR combined, p = .001. No significant relationship was found between BPRS and EASE scores for FEP only, p = .23, or FEP/UHR combined, p = .12.

Discussion
The results indicate a higher degree of basic self disturbance in FEP and UHR patients with schizophrenia spectrum disorders compared with FEP and UHR patients with non-schizophrenia spectrum diagnoses irrespective of psychotic status. The results are consistent with previous research and complement findings of an earlier study conducted by our group in which basic self-disturbance was significantly more pronounced in first episode psychosis (FEP) patients with a schizophrenia spectrum diagnosis. The differences in degree of self-disturbance in the current study remained significant after accounting for the impact of general psychopathol-
ogy, suggesting that the assessment of basic self-disturbance may have practical utility in the prediction, diagnosis and treatment of early schizophrenia spectrum presentations.
A Naturalistic Study Examining Substance Use in Youth At-risk for Serious Mental Illness

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 357

Dr. Jean Addington (University of Calgary), Ms. Megan Farris (University of Calgary), Dr. Benjamin Goldstein (University of Toronto), Dr. Glenda MacQueen (University of Calgary)

Introduction: Substance use most commonly starts in early adolescence, where youth are more likely to engage in risky substance use behaviours, and potentially experience harm as a result. Early substance use may play a role in later mental illness or may exacerbate mental health issues in those who may already be at risk for serious mental illness (SMI). Recent research has begun to identify youth by using clinical staging models to define who may be at risk of SMI. The Canadian Psychiatric Risk and Outcome Study (PROCAN) is a longitudinal study investigating the clinical, social, and neurobiological factors that may lead to SMI in youth.

Objective: The aim of this paper is to describe substance use of participants in PROCAN.

Methods: PROCAN is a two-site study of 243 youth/young adults aged 12-25 years, categorized into four groups: healthy controls (n=42), stage 0 (non-help seeking, asymptomatic with risk mainly family history of serious mental illness; n=41), stage 1a (distress disorders; n=53) and stage 1b (attenuated syndromes; n=107). Participants were interviewed regarding their substance use histories. The Alcohol/drug use scale was used to collect frequency and severity of substance use in the past month. The Cannabis scale was used to collect more specific information on long-term use, frequency, and patterns of cannabis use. The Structured Clinical Interview for DSM-5 (SCID-5) was used to identify individuals with axis I substance use disorders. Substance use measures were collected at baseline, and at two follow-up timepoints (6- and 12-months).

Results: The most commonly reported substance used in the past month was alcohol (43.6%) followed by cannabis (14.4%) and tobacco (12.4%). Cannabis or tobacco frequency and severity of use did not significantly differ between groups. However, alcohol use was more than 10% lower for stage 1b participants compared to other groups. 42.4% of all PROCAN participants reported ever using cannabis in their lifetime. However, the groups did not differ with respect to ever having used cannabis (p=0.08): 42.9% healthy controls, 31.7% stage 0, 56.6% stage 1a, 39.3% stage 1b. 21.4% reported being current cannabis users. However, there was no difference between the groups (p=0.18): 21.4% healthy controls, 17.1% stage 0, 32.1% stage 1a, 17.8% stage 1b. Regarding lifetime substance abuse disorders in the whole sample, cannabis use disorder (5.7%) and alcohol use disorder (4.5%) were the most common, and more often reported in stage 1b participants compared to other groups. Further, alcohol, cannabis and tobacco use remained relatively consistent at 6- and 12-month follow-ups when compared to baseline use. Interestingly, use of other substances was rare in this sample with only two participants using hallucinogens and one participant using cocaine in the month prior to baseline assessment.

Conclusion: Not surprisingly, alcohol was the most commonly used substance followed by cannabis and tobacco. While substance use did not appear to differ between stages of risk, overall prevention strategies are warranted for youth at risk for SMI given the high prevalence of substance use observed in PROCAN.
An Innovative Approach to a Youth Mental Health Reference Group

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 366

Ms. Jennifer Griffiths (YouthLink, Youth Mental Health, North Metropolitan Health Service, Mental Health, Dental Health And Public Health, Health Department of Western Australia), Mx. Sam Waldeck (Youth Reference Group member/Consumer Advisory Council Youth Representative (NMHS)- Youth Mental Health, WA), Ms. Lili Grygiel (Youth Reference Group member- Youth Mental Health, North Metro Health Service, WA)

Australia’s young people are diverse, yet there are common themes arising in the lives of young people who experience significant trauma and risk of homelessness. Youth Mental Health (North Metropolitan Health Service, Health Department of Western Australia), provides assessment, evidence based therapies, case management and psychiatric services to marginalised young people aged 13 -24 years, across the Perth metropolitan area, who experience barriers to accessing “mainstream” mental health services. These barriers may include homelessness or transience across regions, Aboriginal or Torres Strait Islander identity, comorbidity, and sexuality and gender diversity. Youth Mental Health provides flexible service delivery, longer term support where required, and community outreach.

The Youth Reference Group (YRG) of Youth Mental Health was developed in 2016, to provide consumers with opportunities to contribute to service development, implementation and evaluation. There are also opportunities to provide consultation, contribute to policy development and review, and to engage in co-design of emerging mental health services. Membership of the YRG is open to any current or recent past (two years) consumers of Youth Mental Health, and allows individuals to elect into any activity which they may be interested in, and wish to contribute to.

An innovative addition to the model for the YRG is the focus on creative activities with mental health themes, which are devised, planned, developed and carried out by the YRG. These activities also support the development of participants’ skills and competencies, their sense of their own capacities and potentials, their connectedness with community, and can also serve as a helpful adjunct to the counselling and therapy they receive through Youth Mental Health.

The activities which the YRG has developed since it commenced have included:
- State wide youth photography competition on the theme: “What Self-Care Means to Me” (2016). The resulting photographs were then displayed at a public event: “WA Mental Health Week Family Fun Day”, and have been compiled into a book;
- Skills Development Training (Two workshops in 2016 and 2018) in “Telling My Story Safely” (Mental Health advocacy preparedness) and Peer Support Skills;
- Youth Music Event (2017) in which participants worked with a music mentor to develop their original works, then performed these to a public audience at a WA Mental Health Week event;
- Slide Show presentation in “Pecha Kucha” format: “Images of Recovery: Young People Tell Their Stories” using photographs, artworks, spoken text and music of YRG members, to describe their mental health and recovery journeys. The presentation has now been delivered by YRG members at several local, Statewide and National events (2017 and 2018);
- Writers’ Workshop series in which YRG members worked with a published author and writing mentor, to produce personal works reflecting on “Finding My Strength and Resilience. These works have been presented orally to several public audiences (2018 and 2019);
- Mural Project (2019, in progress) featuring art work and design by YRG members, to be installed on an exterior wall of a Youth Mental Health Service.

Two YRG members will attend this poster presentation.
Problematic smartphone use and related factors in young patients with schizophrenia

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 370

Prof. Ju Yeon Lee (Department of Psychiatry, Chonnam National University Medical School, Gwangju, Republic of Korea), Prof. Young-Chul Chung (Department of Psychiatry, Chonbuk National University Medical School, Jeonju), Prof. Seon-Young Kim (Department of Psychiatry, Chonnam National University Medical School, Gwangju, Republic of Korea), Prof. Jae-Min Kim (Department of Psychiatry, Chonnam National University Medical School, Gwangju, Republic of Korea), Prof. Il-Seon Shin (Department of Psychiatry, Chonnam National University Medical School, Gwangju, Republic of Korea), Prof. Jin-Sang Yoon (Department of Psychiatry, Chonnam National University Medical School, Gwangju, Republic of Korea), Prof. Sung-wan Kim (Department of Psychiatry, Chonnam National University Medical School, Gwangju)

Abstract

Introduction: The present study aimed to examine smartphone use in young patients with schizophrenia and to explore factors that may affect the severity of problematic smartphone use.

Methods: A total of 148 schizophrenia patients aged 18–35 years completed self-administered questionnaires exploring sociodemographic characteristics; Smartphone Addiction Scale (SAS), the Big Five Inventory-10 (BFI-10), the Hospital Anxiety and Depression Scale (HADS), the Perceived Stress Scale (PSS), and the Rosenberg Self-esteem Scale (RSES). All were also assessed using the Clinician-Rated Dimensions of Psychosis Symptom Severity (CRDPSS) scale and the Personal and Social Performance (PSP) scale.

Results: The mean subject age was 27.5±4.5 years. No significant differences in the SAS scores occurred between gender, jobs, and level of education. The Pearson r-correlation test showed that the SAS scores were significantly positively correlated with HADS anxiety, PSS, and BFI-10 neuroticism scores; it was negatively correlated with RSES, BFI-10 agreeableness, and conscientiousness scores. In the stepwise linear regression analysis, the severity of PSU was significantly associated with both high anxiety and low agreeableness.

Discussion: Our results suggest that specific groups of patients with schizophrenia may require special care to prevent problematic smartphone use.
Longitudinal Cohort Survey of Substance Use and Mental Health Problems from Early to Late Adolescents in a School-Based Sample

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 374

Dr. Leanne Wilkins (CAMH - McCain Centre), Dr. Lisa D. Hawke (CAMH - McCain Centre), Dr. Joanna Henderson (CAMH - McCain Centre), Dr. Elizabeth Brownlie (CAMH - McCain Centre), Ms. Gloria Chaim (CAMH - McCain Centre), Dr. Joseph Beitchman (CAMH), Dr. David Wolfe (CAMH), Dr. Brian Rush (CAMH)

Introduction: In Ontario, approximately 20% of adolescents are affected by mental health and/or addictions (MHA). It is estimated that approximately half of all adult MHA arise before the age of 16, with indicators of increasing prevalence of concurrent mental health and substance use disorders. Objective: This longitudinal cohort study tracked substance use and mental health problems during early to late adolescents in a school-based sample. Method: Participants completed a survey adapted from the Ontario Student Drug Use and Health Survey, with three waves of biennial data collection, initiated in grade 7 and 8. Data was collected from schools nested in school boards, purposively sampled across four regions of Ontario (large urban, northern urban, suburban, and rural). Results: Rates of internalizing, externalizing, substance use and concurrent mental health and substance use problems increased from early to late adolescence. Frequency of alcohol use, binge drinking, use of other substances, high frequency cannabis use (10+ and 40+ times in a year), and problematic use of alcohol and cannabis also increased. Rates of internalizing, externalizing and concurrent problems were strongly associated with alcohol and cannabis use. Self-ratings of mental health as fair/poor increased but were not associated with increased utilization of MHA services. Conclusion: The study identified interconnected development of mental health, substance use and concurrent problems. The results highlight the importance of access to early identification and intervention of MHA and a continued need for capacity building to meet the needs of adolescents with MHA concerns across sectors, including in the school context.
**Scanning the Field - What are Integrated Youth Services and how do they work?**

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 375

*Ms. Meriem Benlamri (Frayme), Ms. Kaylyn Dixon (Frayme), Ms. Emily Alexander (Mental Health Commission of Canada; Frayme), Ms. Nancy Zhao (Foundry), Dr. Ian Manion (The Royal's Institute of Mental Health Research affiliated with the University of Ottawa), Dr. Joanna Henderson (CAMH - McCain Centre), Ms. Paula Robeson (Frayme), Dr. Srividya Iyer (ACCESS Open Minds / Esprits Ouverts), Prof. Rosie Purcell (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Steve Mathias (Foundry BC)*

**Introduction**

Youth aged 15-24 are more likely to experience mental health and/or substance use disorders than any other age group. Making matters worse, less than one third of these youth actually receive the services they need. There are far too many barriers that stand in the way of youth being able to get help, including age cut-offs and limited collaboration and communication between different service providers engaging with youth.

Integrated Youth Services (IYS) address these barriers. Designed to meet youth needs holistically, IYS generally serve youth aged 12-25, and provide a “one-stop-shop” for youth to receive help with their mental health, substance use, physical health, housing, education, and other needs. Youth are typically at the core of decision-making processes within IYS, so services are often more youth-oriented and youth-friendly than many other youth services.

IYS show promise for transforming the youth mental health system. As IYS initiatives are implemented in different communities across the globe, there is a growing need for evidence that demonstrates how they work. To fill this gap, a 3-phase scan has collected and summarized information from 10 international IYS initiatives. By aggregating ‘on the ground’, practical information not available in the published literature, this project demystifies what Integrated Youth Services are all about.

**Objectives**

This project seeks to increase awareness and understanding of what IYS are, and how they work to meet youth needs across multiple dynamic areas of their lives. Results from the scan are already supporting organizations and communities with the practical knowledge they need to effectively set up new (or improve pre-existing) IYS initiatives in their own local context, making it easier for youth to get the help they need to be well, when they need it, in the context in which they live.

**Methods**

Administrative and clinical staff from each participating IYS initiative engaged in 3 one-hour semi-structured interviews over the course of a year. In addition, participating initiatives were invited to share any confidential documents relevant to each phase. Information from interviews and documents was then de-identified and aggregated to highlight similarities and differences across models and initiatives. Although youth were not immediately involved in this project, the IYS initiatives involved serve youth ages 12-25, representing various subpopulations of youth, including LGBTQ2SI+ youth, Indigenous youth, and youth at risk of or experiencing homelessness.

**Results or Policy Implications**

Through this project, many themes regarding IYS have emerged, including information about governance and leadership structures, processes of service integration and clinical coordination, methods of information sharing and collection of client outcomes, and the role of youth engagement and family engagement in actively shaping the organization and operation of IYS. Findings have already been used by various jurisdictions and organizations to inform the development of processes and policies that facilitate the implementation of IYS.
Conclusion
This project synthesizes international evidence in high demand within the youth mental health and substance use sector. Results are already informing practice and policy changes to support the implementation of IYS initiatives across the globe.
Youth with mental health and/or addictions (MHA) concerns are faced with physical, emotional, and social strains, all while navigating unfamiliar territory in the healthcare system. Navigation services address care disparities arising as a result of complex and fragmented care systems. Navigators guide youth and their families through fragmented systems of care and eliminate access barriers. Navigation may be particularly important for youth and their families, as MHA concerns affect an estimated 1.2 million youth in Canada, yet fewer than 20% of youth receive appropriate treatment for these concerns. Supporting access to care is essential and should include support for the whole family. The few outcomes studies of navigation for MHA in other populations (i.e., adults, incarcerated groups, those seeking access to primary care) suggest that navigation is associated with a reduction in barriers to health care and substance abuse services, improved access to MHA care providers, and decreases in current health problems. Despite the recognized potential for Navigation services to support youth with MHA concerns and their families, no studies to date have sought to demonstrate the impact of Navigation for this group. The Family Navigation Project (FNP) at Sunnybrook Health Sciences Centre in Toronto, Canada was created in 2013 to increase system cohesion and access to treatment for youth ages 13-26 and their families. The FNP is a non-profit, free-of-charge service. Navigators work closely and engage with youth and families throughout the care process and provide expert, individualized resource options specific to the difficulties the youth and family are experiencing, their preferences, and their goals. To date, the FNP has navigated over 2500 families.

The objective of this pilot randomized controlled trial was to assess whether access to Navigation support leads to improved outcomes for youth (ages 13-26) with MHA concerns and their families compared to those who interact with the MHA system on their own. Participants were assigned to one of two conditions for four months: Navigation (n=30), in which they received FNP service with a Navigator who directly responded to participants’ needs and goals and supported them in accessing the most appropriate care, or “self-Navigation” (n=30), in which participants were provided with a list of services to explore and connect with on their own. Findings to be discussed include Navigation vs. self-navigation group differences, demographic correlates, and outcomes in youth symptoms and functioning, caregiver functioning, youth and caregiver quality of life, family functioning, and health services utilization. Furthermore, themes will be shared from qualitative interviews conducted with participants exploring their experiences in seeking and accessing services and in relation to the outcomes observed.

This is the first clinical trial of a Navigation service for youth with MHA issues and their families, of which we are aware. By exploring the potential of Navigation to improve outcomes for youth with MHA concerns and their families, widespread potential exists to better support youth and families in getting connected to much-needed care in a timely manner and for transformation of the healthcare system into one that is patient-centered, integrated, and accessible.
Suicide Risk in Australian Second-Generation Immigrant Youth with Moderate-Severe Major Depressive Disorder

Australia is a country where multiculturalism and youth suicide are both considered to be major issues. Despite this, not a lot of research attention has been given to suicide risk in second-generation immigrant (SGI) youth, who are born in Australia but have parents born overseas. The multicultural upbringings that SGI youth experience may put them more at risk of suicide, especially if they are female. Past studies have never been able to identify any one pattern of suicide risk for SGI youth. Because of this, our study aimed to look at differences in suicide risk in a large sample of Australian young people (275 people, 58.7% female) from different generations of immigrant backgrounds (37.6% SGI) who were diagnosed with major depressive disorder and had accessed youth mental health services.

Looking at data that had been already collected for other studies, we examined age, sex, immigrant status, and depression severity as different factors that might impact suicidal thinking (also called suicidal ideation) and behaviour. In particular, we compared SGIs to local Australians and investigated whether sex changed the level of risk both SGIs and locals experienced. Our results showed no links between suicide risk, immigrant status, and gender. However, lifetime suicide risk was very high overall, with 94.2% of our sample reporting experiences of suicidal ideation.

Our results found that both first- and second-generation immigrant (FGI and SGI) youth had similar levels of risk compared to local youth. These results are different from studies conducted in other countries such as America and Europe that say SGIs are at higher risk. One explanation for our results could be that Australian SGIs are more integrated into Australian society than SGIs in other countries, resulting in Australian SGIs being more similar to locals. It is be possible that suicide risk is more strongly influenced by a person's depression, and less by their immigrant status.

This research helps young people in several ways. It is the first study to focus on suicide risk in Australian SGI youth, and talks about the relationship between being an SGI young person and mental health in a way that's specific to Australia. It also tells us that the impact of immigrant status on suicide risk is not the same in different countries, and confirms other research showing that depression has a strong influence on suicide risk in youth. Even though this study did not find a difference in levels of risk between SGI and local youth, it is still important to consider how other cultural factors might impact how SGI youth and their families both experience suicide risk and access mental health services.

In conclusion, this study addressed and found no differences in suicide risk between SGI and local youth with major depressive disorder seeking mental health services. Our results provide more information about the ways that immigrant status, major depressive disorder, and suicide risk can interact for young people, and is important for researchers both in Australia and across the world to be aware of.
Declining Rates of Transition to Psychosis in Ultra-High-Risk Populations: The Possible Contribution of Treatment Changes

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 395

Ms. Melanie Formica (Orygen, The National Centre of Excellence in Youth Mental Health), Prof. Lisa Phillips (The University of Melbourne), Dr. Jessica Hartmann (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Alison Yung (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Stephen Wood (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Ashleigh Lin (Telethon Kids Institute), Prof. Patrick McGorry (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Barnaby Nelson (Orygen, The National Centre for Excellence in Youth Mental Health)

Rationale: The ultra-high-risk for psychosis (UHR) population has demonstrated longitudinally reduced psychosis transition, with recent UHR samples less likely to develop psychosis. The factors contributing to this trend remain unclear. Understanding the reasons underlying the decline may reveal important insight into psychosis prevention.

Objective: To examine the contribution of longitudinal changes in standard clinical treatment ('treatment as usual') to declining psychosis transition rates.

Method: An audit was conducted on 105 clinical files of young people, aged 12 to 25, who received standard care at a specialised centre for UHR individuals. The session notes of these files were quantified, allowing examination of treatment quantity, targets, psychotherapy, and medication. Differences in these treatment aspects across patients’ year of clinic entry were assessed. Variables with significant differences across years were further examined using cox regression to assess their contribution to declining psychosis transition. Further analyses are currently being conducted on the dataset.

Results: The results revealed that, as a function of patients’ year of clinic entry, there were increases in: the number of sessions received by patients, benzodiazepine prescription, and supportive therapy, cognitive behavioural therapy, problem solving and risk management. These factors did not account for the extent of declining psychosis transition within UHR cohorts, although, as revealed in our exploratory analysis, increases in formulation-based practice may have contributed to this effect.

Conclusion: These findings suggest that although standard practices for treating UHR individuals have changed over time, these treatment changes do not explain the extent of psychosis transition decline amongst this population. The effect of formulation-based practice however requires further controlled investigation, as this seemed to be associated with the declining transition rate. The impact of other treatment factors such as therapeutic alliance should also be investigated with regard to impact on risk of transition to psychotic disorder.
Emerging Borderline Personality Disorder or “Shit Life Syndrome”? Clinical experiences of Diagnosing Borderline Personality Disorder in Children and Adolescents

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 401

Mrs. Rose Papadopoullos (University of East Anglia), Dr. Jo Hodgekins (University of East Anglia), Dr. Paul Fisher (University of East Anglia), Dr. Sarah Maxwell (Norfolk and Suffolk NHS Foundation Trust), Dr. Adrian Leddy (University of East Anglia), Dr. Brioney Gee (Norfolk and Suffolk NHS Foundation Trust)

Introduction: Borderline Personality Disorder diagnosis during childhood or adolescence is regarded by some as a controversial topic even though diagnosis under 18 years old is now permitted under the most recent Diagnostic Statistical Manual (DSM-5, 2013) and the World Health Organisation International Classification of Diseases (ICD-11, 2018). Existing research on clinicians’ perspectives is minimal, and pre-dates these changes to diagnostic criteria. It seems timely to update the literature in light of this huge shift in the way child and adolescent mental health services around the world might understand and use this label.

Objectives: This research aimed to use qualitative methodology to explore the perspectives of clinicians working with children and adolescents in mental health settings in the United Kingdom, on the diagnosis of BPD under 18 years of age.

Methods: 13 clinicians (four therapists, five psychiatrists and four mental health nurses) working in child and adolescent mental health services were interviewed about their views and experiences of the validity, usefulness and value of BPD diagnosis in children and adolescents. Interviews were transcribed verbatim and analysed using Braun and Clarks’ thematic analysis.

Findings: Five themes emerged from the data. Within these themes, clinicians spoke about how advances in research mean they feel hopeful about BPD prognosis, although the label can feel uncomfortable in the context of adverse life experiences. Clinicians experienced a push and pull between medical and psychological perspectives in the team, as well as trying to personally negotiate perceived pros and cons of a BPD diagnosis for the young person.

Conclusion: This study updates previous research on clinician perspectives of BPD in under 18’s, whilst also providing an in-depth exploration of some of the dilemmas being negotiated. Clinical implications are discussed, alongside some recommendations for further research in this area, particularly from the perspective of young people who have or could attract a BPD diagnosis.
Comorbidities Associated with Psychotic Symptoms in Borderline Personality Disorder: A Systematic Review

Mrs. Aisyah Musa (University of East Anglia), Prof. Sian Coker (University of East Anglia), Mrs. Rose Papadopoulos (University of East Anglia), Dr. Jo Hodgekins (University of East Anglia), Dr. Brioney Gee (Nor)

**Background:** Psychotic symptoms, such as hallucinations and delusions, have always been an important feature in borderline personality disorder (BPD). It is also common for individuals with BPD to have co-morbidities such as trauma and post-traumatic stress disorder (PTSD), mood disorders (MD), and substance use disorders (SUD), with research suggesting that it is these co-morbidities that cause or increase the presence of psychotic symptoms in BPD; however, this has yet to be systematically reviewed.

**Objective:** The review aimed to explore psychological and psychiatric comorbidities associated with the presence of psychotic symptoms in individuals with BPD.

**Methods:** This systematic review explores the psychological and psychiatric comorbidities associated with the presence of psychotic symptoms in individuals with borderline personality disorder (BPD). PsycINFO, PubMed, Scopus, and GoogleScholar databases were searched to find articles published in the English language between January 1980 and October 2018. All quantitative studies addressing psychological and psychiatric co-morbidities associated with psychotic symptoms in adults with BPD were included. From the 12 included studies, data extracted included: study characteristics, participants information, diagnostic criteria, measures used for comorbidities and psychotic symptoms, and relevant findings. The methodological quality of studies was evaluated using the Quality Assessment Tool for Studies with Diverse Designs (QATSDD) tool.

**Results:** Ten cross-sectional studies, and two prospective studies were identified within the review, with a combined total of 4066 participants. All studies have medium to good quality ratings in their methodology. There is evidence to suggest that childhood trauma and stressful life experiences is associated with psychotic symptoms (e.g., hallucinations and delusions) in BPD. However, a less clear picture is presented with other types of co-morbidities, such as MD and SUD, in their associated role with the presence of psychotic symptoms in individuals with BPD. This may be a reflection of the many complexities often present in BPD and lack of understanding of psychotic symptoms in BPD. Furthermore, the heterogeneity of methodology, participants groups, and measures of co-morbidities and psychotic symptoms made it difficult to compare the evidence across studies.

**Conclusion:** The strongest evidence found within the review is the association between trauma, particularly childhood trauma, and symptoms of psychosis in individuals with BPD. Treatment plans informed by a trauma-focused framework may be vital tools in supporting the experiences presented in individuals with diagnosed BPD. Although not the focus of the review, it highlights the prevalence and importance of psychotic symptoms in adult individuals with BPD. Future studies should endeavour to employ prospective study designs to allow for exploration of causal roles of co-morbidities in the relationship between psychotic symptoms and BPD. Other studies would need to explore psychotic symptoms phenomenologically in individuals with BPD through the use of qualitative study designs, in order to better inform future research in this area.
Persistent Negative Symptoms and Premorbid Adjustment in Youth at Clinical High Risk for Psychosis

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 418

Mr. Dan Devoe (University of Calgary), Mrs. Lu Lui (University of Calgary), Dr. Kristin Cadenhead (University of California San Diego), Dr. Tyrone Cannon (Yale University), Dr. Barbara Cornblatt (The Zucker Hillside Hospital), Dr. Diana Perkins (The University of North Carolina), Dr. Larry Seidman (Harvard University), Dr. Elaine Walker (Emory), Dr. Scott Woods (Yale University), Dr. Jean Addington (University of Calgary)

Introduction: Persistent negative symptoms (PNS) are described as continuing moderate negative symptoms. More severe negative symptoms have been associated with poor premorbid functioning in both first episode and schizophrenia patients. Youth at clinical high risk (CHR) for developing psychosis in addition to attenuated psychotic symptoms may also have negative symptoms. Poor premorbid functioning has also been reported.

Objective: The goal of this project was to determine if the presence of persistent negative symptoms were associated with poor premorbid adjustment in a CHR longitudinal cohort.

Method: CHR participants (N=708) were recruited from 8-sites across North America for the North American Prodrome Longitudinal Study (NAPLS 2). Negative symptoms were rated on the Scale of Prodromal Symptoms (SOPS) at baseline, 6, 12, 18, and 24 months. For this project persistent negative symptoms (PNS) were defined as having one of the following three negative symptoms social anhedonia (N1), avolition (N2), and expression of emotion (N3) scored ≥4 (i.e., moderately severe to extreme) for a period of one year. Premorbid functioning was measured using the Premorbid Adjustment Scale (PAS) which provides academic and social maladjustment ratings for childhood, early adolescence, late adolescence, and adulthood. For this study total maladjustment ratings (social and academic ratings combined) were examined for each developmental period. Participants were divided into two groups those with PNS versus those without PNS. A K-means cluster analysis was conducted to distinguish patterns of premorbid functioning across the different developmental stages. Premorbid adjustment and demographics were examined using independent samples t-tests or chi square for categorical variables.

Results: There was significantly more males in the PNS group ($\chi^2$ (1)=6.19; P=0.01), however the groups did not differ in age. Participants with PNS had significantly lower levels of premorbid adjustment in childhood, early adolescence, late adolescence, and adulthood compared to CHR participants without PNS. Results of the cluster analyses demonstrated that the best model was by pre>Selecting four clusters which we labelled stable good (n=216), stable intermediate (n=186), stable poor (n=149), and deteriorating (n=157). Chi-squared analysis demonstrated that there were significant differences among the clusters in terms of number of PNS participants ($\chi^2$ (3)=43.36; P<0.0001). There were more PNS individuals in the stable poor cluster and less PNS individuals in the stable good cluster than would have been expected by chance. In fact 51% of the PNS group were in the stable poor cluster.

Conclusion: Results indicate that CHR youth with PNS have significantly lower levels of premorbid adjustment at all developmental periods compared to those without PNS. There were four patterns of premorbid functioning in our CHR sample, stable good, stable intermediate, stable poor, and deteriorating. Those with PNS were over represented in the stable poor group.
The study was conducted to examine how social networking websites (Facebook, Instagram, and Snapchat) have an effect on the psychological health of the users. In this study, term psychological health referred to depression, anxiety, stress, life satisfaction and self-esteem. The hypotheses for this study were: 1) There exists a significant relationship between usage of social networking websites and depression, anxiety and stress, 2) There exists a significant relationship between usage of social networking websites and life satisfaction, 3) There exists a significant correlation between usage of social networking websites and self-esteem and 4) There will be a significant gender difference in the usage of social networking websites. The sample included 200 young adults (100 males; 100 females) aged between 18 to 30 years. The sample was collected from different areas of Karachi, Pakistan. Purposive sampling was used as only those individuals were selected who use Facebook, Instagram, or Snapchat. After taking the consent from approached individuals through the Informed Consent Form, the participants were then given to fill a questionnaire which included a Demographics Form, Depression, Anxiety, Stress Scale - 21 (DASS 21), Satisfaction With Life Scale (SWLS), and Rosenberg Self-Esteem Scale. The statistical analysis was done through Pearson Product Moment Correlation and Independent Sample t-test using SPSS. The results showed that there is a significant positive correlation between social networking and depression, anxiety and stress. No significant relation was seen between social networking and life satisfaction and self esteem. Also, no significant gender difference was seen in the usage of social networking sites.
Selection of Leucine as a Potential Antagonist From In Silico Analysis of μ-Opioid Receptor In the Treatment of Subjects with Heroin and Opiate Addiction

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 439

Olalekan Oladimeji (Ahmadu Bello University, Zaria), Dr. Olayemi Olajide (University of Ilorin), Dr. Udak Umana (Ahmadu Bello University, Zaria), Dr. Abel Agbon (Ahmadu Bello University, Zaria), Mr. Oche Ambrose (University of Ilorin)

Aim: The aim of this study was to analyse the antagonistic potential of leucine on μ-opioid receptor by molecular docking studies.

Background: Studies has shown that drug addiction has reached epidemic levels across the globe with approximately 247 million drug users worldwide. Heroin binds to and activates μ-opioid receptor thereby stimulating the release of neurotransmitter dopamine, causing reinforcement of drug taking behavior. The life-threatening side effects of the current μ-opioid receptor drugs (Suboxone and Naloxone) such as Asthenia, Insomnia, Rhinitis, Infections, Pain, Headache e.t.c necessitate the discovery of novel potent and safe compounds as a therapeutic approach in the treatment of drug addiction. In view of this, computational tools were adopted to out-source for better antagonist for this druggable target.

Methods: The Leucine chemical compound was retrieved from PubChem data base and was screened for its inhibitory potential on μ-opioid receptor which was retrieved from protein data bank repository. Computational docking analysis was performed using PyRx AutoDock Vina option based on scoring functions and the target was validated so as to ensure that the right target and appropriate docking protocol was used for this study.

Result: Leucine was found to have a better binding affinity with the target (-4.7kcal/mol) when compared with the co-crystallized molecule (-2.5kcal/mol). Leucine has a molecular weight (MW) of 131.174 g/mol, number of hydrogen bond donor is 2, number of hydrogen bond acceptor is 3, LogP is -1.864 and number of rotatable bond is 3.

Conclusion: Docking studies and ADMET(Absorption, Distribution, Metabolism, Excretion and Toxicity) properties evaluation of leucin on μ-opioid showed that this ligand is a druggable molecule when docked well with the molecule. Therefore, Leucine plays an inhibitory role on μ-opioid receptor and thus should be implicated as a potential agent in drug addiction.

Keywords: μ-opioid receptor, Suboxone and Naloxone, Leucine, PyRx AutoDock Vina
VEEP: A feasibility and acceptability trial of social cognitive therapy in young people with early psychosis delivered through a virtual world

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 471

Dr. Andrew Thompson (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Farah Elahi (The University of Warwick), Dr. Alba Realpe (University of Bristol), Prof. Max Birchwood (The University of Warwick), Prof. Ivo Vlaev (The University of Warwick), Dr. David Taylor (Imperial College), Dr. Fiona Leahy (University of Warwick), Dr. Sandra Bucci (University of Manchester)

Abstract

Background: Addressing specific social cognitive difficulties is an important target in early psychosis and may help address poor functional outcomes. However, structured interventions using standard therapy settings including groups suffer from difficulties in recruitment and retention. This appears to be especially in younger people.

Aims: To address these issues, we aimed to modify an existing group social cognitive intervention (SCIT) to be delivered through a virtual world environment (Second Life).

Methods: A single arm non-randomised proof of concept trial of SCIT-VR. Five groups of 3-5 individuals per group were recruited over 6 months. Eight sessions of SCIT-VR therapy were delivered through the virtual world platform Second Life over a 5-week intervention window. Feasibility was examined using recruitment rates and retention. Acceptability was examined using qualitative methods. Secondary outcomes including social cognitive indices, functioning and anxiety were measured pre- and post-intervention.

Results: The SCIT-VR therapy delivered was feasible (36% consent rate and 73.3% intervention completion rate), acceptable (high overall post session satisfaction scores) and safe (no serious adverse events) and had high levels of participant satisfaction. Users found the environment immersive. Pre-post changes were found in emotion recognition scores and levels of anxiety. There were no signs of clinical deterioration on any of the secondary measures.

Conclusion: This proof-of-concept pilot trial suggested that delivering SCIT-VR to young people with early psychosis through a virtual world is feasible and acceptable. There were some changes in pre-post outcome measures that suggest the intervention has face validity. There is sufficient evidence to support a larger powered randomised controlled trial. Other possible uses of virtual worlds in psychosis research will be discussed.
Help when needed: Preliminary Results of an Evaluation of Walk-in Counselling for Youth at Foundry

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 477

Dr. Warren Helfrich (Foundry BC), Dr. Karen Tee (Foundry), Ms. Terry Bulych (Vancouver Coastal Health)

INTRODUCTION: Youth often go through episodes of intense distress or worry caused by a variety of life stressors that may or may not be related to an underlying mental health or substance use issue. While mental health services exist that could address their needs during these times, they are often gated or require lengthy assessments prior to treatment. Having immediate access to low barrier, youth friendly counselling support can help youth successfully navigate early distress and may prevent the need for more intensive services.

In British Columbia (BC), Canada, a new initiative called Foundry has been started to support the full range of needs of young people aged 12-24 years. Included in the integrated service model is walk-in counselling that provides a single session of Solution Focused Brief Therapy (SFBT) on a first come, first serve basis utilizing a session structure designed to be a complete therapy in each session. The single session model is supported through a network-wide community of practice that includes more than 55 practitioners and through standards developed by Foundry’s Central Office.

OBJECTIVES: While the service has been well subscribed, there is little research or evaluation data on the outcomes of walk-in counselling services for youth delivered in an integrated youth services setting. The aim of this presentation is to describe a preliminary evaluation of walk-in counselling at Foundry and describe how the results are currently being used for province-wide evaluation.

METHODS: We conducted a preliminary evaluation of walk-in counselling at one Foundry center. Counsellors provided a single session of Solution Focused Brief Therapy (SFBT) to nine youth. The evaluation included an assessment of each youth’s functioning prior to this session and at two week follow-up using the Outcome Rating Scale (ORS). The ORS (Miller et. al, 2003) was developed as a brief alternative to the Outcome Questionnaire 45.2 and measures a client’s life functioning across four unique domains: individually, interpersonally, socially, and overall. Each scale has a range of values from 0-10, which are summed to compute an overall ORS. The clinical cut-off score is 25, where combined scores above the cut-off indicate global clinically significant distress.

RESULTS: Nine youth (4=men, 4=women, 1=non-binary) participated in the preliminary evaluation. The average score at pre-test was 22.67 (SD=7.00), with 4 of 5 youth scoring above the clinical cut off of 25. All youth reported positive changes on the ORS from pre-test to follow-up, with a mean change of 8.44 points (SD=3.36). The average score at follow-up was 14.22 (SD=6.63), well below the clinical cut off for this age group.

CONCLUSION: The results of the preliminary evaluation indicate favorable results. In response, a full-scale evaluation of walk-in counselling is currently being extended to all centres. Using the protocol from the preliminary evaluation, we will monitor changes in distress 2 weeks post-intervention, controlling for age, gender and ethnicity. We anticipate that this low-barrier care, delivered in the context of a one-stop health service, can help young people receive the care they need immediately or help triage to additional supports.
Moderated Online Social Therapy for family and friends of youth with Borderline Personality Disorder features: Main outcomes from the Kindred pilot study

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 490

**Rationale:** Young people with features of Borderline Personality Disorder (BPD) often experience difficulties interacting with loved ones, posing significant challenges for family and others involved in care. The Mission statement by the Global Alliance for Prevention and Early Intervention for BPD encourages the active involvement of family and friends in early intervention and provision of education, and skill development programs for families. Given the increasing global need for novel, low-cost interventions for BPD, the internet offers cost-effective and accessible means for providing support and information to family and friends. One online intervention, Moderated Online Social Therapy (MOST), has been shown to successfully support families and friends of youth with other serious mental illness.

**Objectives:** This study aimed to evaluate the acceptability and safety of the Kindred program, a MOST intervention designed to support family and friends of young people with BPD features, who were receiving early intervention from a specialist personality disorder service, the Helping Young People Early (HYPE) program.

**Method:** This study was a 3-month single group, pre- and post-follow-up pilot trial. Participants comprised family and friends (‘carers’) aged 18 years or older who had at least weekly contact with their young person and youth (‘clients’) who had BPD features and were receiving treatment with the HYPE program. Assessments were conducted at baseline and three-month follow-up comprising semi-structured interviews and self-report questionnaires. Carers were enrolled in the Kindred intervention for approximately three months, which provided them with (i) information about BPD and interactive therapy, (ii) expert-moderated social networking by a HYPE clinician, and (iii) peer moderation by a trained carer with experience caring for a family member with serious mental illness. The primary outcomes were acceptability (measured by intervention logs ins, semi-structured interview conducted in accordance with the User Experience approach and coded into response themes for analysis, and the Post-Study Usability Questionnaire (PSSUQ)) and safety (measured by the semi-structured interview, carer exclusions from Kindred for inappropriate conduct, unlawful system entries, and carer withdrawal due to adverse impacts of participation). Secondary outcomes included measures of carer functioning and well-being, caregiving experience, knowledge of personality disorders, and severity of BPD in the young person.

**Results:** Twenty carers and ten clients participated in the study. Participants will be characterised in terms of demographic and clinical features. The success of the Kindred intervention will be viewed in light of a priori acceptability and safety thresholds. Descriptive statistics (e.g. means and frequencies) will be reported for carer Kindred usage, caregiving experience, carer functioning and well-being, knowledge of personality disorders, and client BPD severity.
Conclusion: As an online intervention, Kindred is readily accessible and convenient for users, and requires fewer resources to implement than face-to-face interventions. If the Kindred intervention is shown to be acceptable, safe and effective, it could be incorporated into the standard mental health care for youth with BPD features to support, involve and inform carers of youth with BPD.
An Australian University Mental Health Framework

Orygen, The National Centre of Excellence in Youth Mental Health is leading the development of an Australian University Mental Health Framework. The Framework will take a whole-of-university, community-based approach to support the mental health and wellbeing of university students, providing evidence informed strategies for universities to assist in meeting student needs.

More than half of tertiary students aged 16-25 years report high or very high psychological distress, while 35.4% have thoughts of self-harm or suicide. Current student counselling and disability services within universities are struggling to meet the escalating demand for services and the increasing complexity and severity of presentation. Failing to act now to address the needs of young people will see increasing personal, social and economic costs to human society – estimates suggest it may have double the impact of cancer, potentially wiping $16 trillion from the world economy in the next 20 years.

An Australian University Mental Health Framework will provide guidelines and standards to support Australian universities to evolve and develop a system-level approach to meet the needs of students across all stages of mental ill-health. The Framework will establish standards for the treatment and care available and accessible to university students experiencing mental ill-health, strategies for prevention and early intervention, and for the creation of learning environments and organisational cultures that enhance mental health and wellbeing. The Framework will include guidelines to encourage strong engagement with students to understand their needs and preferences, flexibility to enable institutional contextualisation, and recommendations for robust data collection and evaluation.

Development of the Framework is being informed by national consultation to identify evidence-informed practices, consider the realities of implementation and ensure that the final framework meets the needs of the Australian context. Similar Frameworks exist in a number of countries and Australia is working with international collaborators to learn from their experience, contextualise for our unique Australian conditions and share insights to continue driving best practice globally. Some local examples of good practice have also been identified, however, there is a pressing need for national leadership and coordination to address significant gaps.

This presentation will provide an overview of the current progress in developing an Australian University Mental Health Framework, with consideration given to the challenges of developing a cross-sector approach to improve mental health outcomes and service responses within the university setting.
Local service, national brand - assessing model integrity in headspace centres

Mr. Nathan Hobbs (headspace National Youth Mental Health Foundation), Prof. Deb Rickwood (headspace National Youth Mental Health Foundation)

Introduction: The foundation of the headspace initiative is the headspace centre network, which now comprises 110 centre services across Australia. For the first 10 years of implementation headspace National funded and oversaw the operation of centres, but in 2016 commissioning, funding and performance oversight were transferred to the 31 Primary Health Networks that are auspiced by the Australian Government to improve the efficiency, effectiveness and coordination of health services within their local regions. This transition required headspace National to develop a process to determine whether centres, which were no longer under its direct line of vision, were operating in a way that was consistent with the headspace model.

Objectives: This presentation will describe the development, initial implementation and review of the headspace Model Integrity Framework (hMIF). It will examine the value of the model integrity framework according to different stakeholders and determine the learnings gained regarding its development, implementation and revision.

Method: The process for development and implementation of the hMIF will be described, including how it was rolled out across the headspace centre network during its first implementation. Outcomes of the first hMIF assessments will be outlined as well as findings from the recent major external review of the first implementation phase.

Results: headspace National successfully credentialed 97 centres in the first implementation of the hMIF within a two-year period. Such an intensive implementation was challenging for both centres and headspace National, particularly in terms of timing and resourcing. The initial hMIF results showed considerable variation in fidelity to the model across the centre network, but mitigation support was successful in having all centres fully credentialed within less than three years. The external review confirmed the resourcing challenges, but affirmed the value of the hMIF process to the centre network. While the components of the headspace Centre Services Model remain relevant, ways to more effectively and efficiently implement the centre model fidelity assessments have been determined, as well as ways to make the hMIF responsive to model innovations and extensions.

Conclusions: With the devolution of the commissioning of headspace centres to the PHNs and the continued expansion and innovation of the headspace centre network, a model integrity framework is essential to ensure model consistency, albeit within the context of local adaption. The innovative and evolutionary nature of the headspace initiative also means that the hMIF process will need to continue to be revised to adapt to the changing headspace service system.
Adventures in problem solving: Participatory design of a game-based smartphone app for adolescents with common mental health problems

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 530

Ms. Pattie Gonsalves (Sangath), Dr. Eleanor Sara Hodgson (Sangath), Dr. Daniel Michelson (University of Sussex), Ms. Rhea Sharma (Sangath), Dr. Vikram Patel (Harvard Medical School)

Background: Digital interventions offer the potential to overcome many access barriers that exist around conventional mental health service provision and reach vulnerable young people at scale. Particular interest has focused on mental health applications delivered through smartphones. However, the proliferation of publicly available ‘apps’ has far outpaced the available evidence base. Context-specific evidence on mental health apps from low- and middle-income countries (LMICs) is particularly scarce. This paper describes the design process for one of the first ever game-based smartphone-delivered interventions for adolescent mental health in an LMIC setting.

Methods: An initial prototype was informed by: (1) a scoping review of evidence on digital interventions for adolescent mental health problems; (2) focus group discussions and co-design workshops with adolescents in Goa and New Delhi; (3) consultations with local service providers; and (4) user testing in local schools.

Results: The app has been designed to enhance adolescents’ problem-solving skills and support implementation in real-world situations. Multimedia functionality and methods of gamification enhance engagement and motivate behavior change. Low-intensity, face-to-face guidance is provided by school counsellors in order to promote initial uptake and assist with technical trouble-shooting.

Conclusions: Digital technology holds great promise to transform mental health care delivery for young people. It is vital that the design process integrates findings from the international literature, while also reflecting user preferences and contextual constraints. The latest prototype of the intervention, which is being evaluated in a pilot study, will be presented at the conference.
A qualitative study to compare youth who seek and do not seek psychotherapy

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 552

Dr. Kamna Mehra (Centre for Addiction and Mental Health), Dr. Priya Watson (Centre for Addiction and Mental Health), Dr. Lisa D. Hawke (CAMH - McCain Centre), Dr. Joanna Henderson (CAMH - McCain Centre)

Background: Since the prevalence of depression among youth is higher than any other age demographic at 10.7%, appropriate management of youth depression has become a pressing public health concern. Psychotherapy being the primary modality of treatment of depression among youth, it is necessary to understand the barriers and facilitators affecting psychotherapy seeking behaviors among youth with depression.

Objective: The main objective of this study was to understand help-seeking barriers and facilitators among youth who seek psychotherapy versus those who do not. These findings can be helpful to service users and service providers to improve help seeking among youth.

Methods: Out of a total of 234 youth from a provincial cohort, 60 youth (including both youth who received psychotherapy and those who did not) were asked to complete a semi-structured interview. Braun and Clarke’s (2006) framework was utilized for conducting thematic analysis of the data.

Results: 33 youth reported seeking and receiving psychotherapy and 27 youth did not seek psychotherapy. Several themes describing reasons for not seeking psychotherapy were similar among youth who sought versus youth who had not sought psychotherapy. These included limited access, stigma, preference for self-management, and concerns about the relationship with the therapist. Other themes differed between the two groups: readiness for change, and expecting therapy to fail. Themes describing therapy seeking behaviors that were similar among the two groups included wishing to improve coping skills/functioning, inability to manage the problems without help. Among help seeking youth, encouragement from peers and family members emerged as a theme. Reasons for discontinuing psychotherapy included access issues, aging out of services, unsatisfactory experiences and the improvement of symptoms.

Conclusions: These barriers and facilitators include individual, interpersonal, organizational, community and policy factors that influence behavior change. Individual factors include preference for self-management. Interpersonal factors include encouragement from others. Organizational factors include cost of services or flexibility of hours. Community factors include stigma. Policy factors include availability of services. There is a need to address the various levels of behavior change in order to increase help seeking among youth with depression.
Experiences and satisfaction of children, young people and their parents with accessing mental health crisis services and alternative mental health models to inpatient settings

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 571

**Mr. Frane Vusio** (The University of Warwick), **Ms. Latoya Clarke** (The University of Warwick), **Prof. Max Birchwood** (The University of Warwick), **Dr. Andrew Thompson** (The University of Warwick)

**Background**
Previously conducted systematic reviews supported the efficacy of community-based mental health services for children and young people (CYP) as a viable alternative to inpatient settings. Moreover, these community-based models have the potential to act as gatekeepers that prevent unnecessary admissions to inpatient settings and treat CYP in the least restrictive environment. However, the evidence for their efficacy is still limited and inconclusive, while the implementation of such alternative models still varies significantly. Notably, little is known of the experiences of CYP undergoing crisis with alternative models of mental health crisis provision and their level of satisfaction with the care provided, in addition to the experiences and satisfaction of their parents or carers. Moreover, there has been a lack of knowledge of newly developed interventions or models that have unique approaches towards the prevention of inpatient admission.

**Aims and objectives**
The main purpose of this systematic review is to understand the experiences of CYP who have undergone mental health crisis and have accessed alternative model to inpatient care, in addition to those of their parents. Also, we hoped to identify newly created interventions or models that would serve as gatekeepers or alternative to hospitalisation as well as models that combine multiple services under one model.

**Methods**
Articles were identified through three subsequent systematic searches applied to Ovid (Embase, Medline and Psychinfo); Scopus; Web of Science; CINAHL and ASSIA databases. An initial search was conducted in December 2018, followed by searches in January and February 2019. Also, forward and backward manual searching strategies were employed. All studies published in English between 1990 and 2018 were included if they satisfied the inclusion/exclusion criteria. The extracted studies were described using a narrative synthesis, while a Mixed Method Appraisal Tool (MMAT,2018), was used to assess their methodological quality.

**Results**
The systematic review identified 19 studies; out of these, 12 were found to have moderate quality, three were classified as high quality, while four are assigned with low quality. The narrative synthesis grouped the studies according to their particular themes into four separate sets: alternative models (five articles); tele-psychiatry and mobile applications applied to mental health crisis (four articles); interventions applied to crisis (six articles); experience and satisfaction with mental health crisis provision (six articles).

**Conclusion**
Alternative models to inpatient or acute settings may be seen as a feasible alternative for some CYP. Additionally, we didn't find any evidence against newly developed alternative models. Therefore, our findings are consistent with previously published systematic reviews. The identified articles highlighted increased satisfaction in CYP with alternative models in comparison with care as usual. However, the parental experiential data identified high levels of parental burden and a range of complex emotional reactions associated with engagement with crisis services. Lastly, both parental and CYP experiences highlighted a number of perceived barriers associated with help-seeking from crisis services. This systematic review showed that there is a lack of research evidence investigating the accessibility, acceptability, effectiveness and satisfaction of CYP and their parents...
with alternative models of mental health crisis provision.
Historically, young people have been left out of decision making processes that impact their mental health. At Jack.org, we train and support 2500 young advocates from every province and territory to identify and respond to barriers to positive mental health in their communities. Traditionally, this involved concentrating efforts on raising awareness of and changing attitudes about mental health, but increasingly, young people have identified more systemic barriers that negatively affect their mental health. These barriers include poorly designed academic policy that creates mental health stress, a lack of mental health services in their community, and poor access to basic needs (i.e. safe and affordable housing). To address these barriers, young people require cooperation and power sharing from adult decision makers who influence policy and programs that affect their mental health.

In an effort to consolidate and disseminate pointed recommendations to these decision makers, we underwent a mixed methods data collection process. Primarily leveraging existing evaluation processes, we invited members of our network to participate in focus groups, interviews, or complete surveys. Nearly two-thirds (61.4%) of youth in our national network identify as having lived experience with a mental health struggle, and the majority (78%) identify as female. Almost a quarter (21.5%) of our network identify as members of a visible minority group, 18% as members of the LGBTQ2S+ community, and 4% as members of the Indigenous community. The majority (70%) live in cities, both large and small, some (26%) live in suburban areas, and fewer (4%) live in rural areas. Importantly, all members of our network have been involved in mental health advocacy work, and so are intimately familiar with barriers that young people face in achieving positive mental health outcomes.

After analyzing data, policy recommendations were made based on five emergent themes. First, that all policy decisions should be made with due consideration of how it affects young people's mental health. Second, that mental health services should be accessible to all young people. Third, that mental health services should meet the diverse needs of young people. Fourth, communities must be provided with free and accessible training to support young people's mental health. Lastly, that young people must be consulted in decision making processes that affect their mental health.

Moving forward, data collection for the Youth Voice report will be further embedded into Jack.org evaluation processes. In addition, the report will be disseminated to decision makers strategically, and at times ripe for policy change. Jack.org is also exploring opportunities to open source data collection tools for youth engagement partners, globally.
Assessing Systemic Barriers to Youth Mental Health in Post Secondary Institutions

Mr. Pratik Nair (Jack.org), Mr. Bryan Young (Jack.org), Ms. Melanie Asselin (Jack.org)

Jack.org is a Canadian mental health charity that builds youth capacity to promote mental health among their peers. In one of our three programs, the Jack Chapter program, groups of young people are trained to identify barriers to positive mental health in their communities and then coalesce to respond to these barriers. Historically, young people reflected on their communities and anecdotally highlighted examples of barriers to positive mental health for their peers. This form of anecdotal reflection worked well to highlight barriers that related to poor knowledge or stigma surrounding mental health, but increasingly young people began identifying systemic barriers to positive mental health through the same process of anecdotal reflection (i.e. “I could not access psychiatric services because of long wait times”). In identifying these more systemic barriers, concerns were raised about how objective this community reflection process. To this end, a valid, reliable, and easy-to-use tool that more objectively assessed the status of mental health systems was developed.

The tool, called the Campus Assessment Tool (CAT) asks pointed questions about programs and policies that influence mental health in post-secondary institutions. The tool further provided tools (i.e. interview guides and surveys) and directives to gather information to answer those questions. Made up of six sections, the CAT walks through various steps to identify strengths and gaps in post-secondary mental health systems. The first section involves consulting administration and completing a checklist on what programs, policies, and services exist on campus. Following a similar process, the second section qualifies how students of different identities (i.e. LGBTQ, international students) access (or don’t access) mental health programs and services on their campus. For the third and fourth section, students completing the tool survey their peers to gauge the quality and accessibility, respectively, of mental health services on campus. In the fifth section of the CAT, students consult administration to achieve a deeper understanding of policy (i.e. concerning access to scholarships or jobs to ease financial security) that can create or ease mental health stress on post-secondary campuses.

A total of ten Jack Chapters in postsecondary institutions across the country (in Ontario, Nova Scotia, New Brunswick, Alberta, Manitoba, Quebec, Northwest Territories) are taking part in the CAT pilot. The pilot is set to wrap up in the April, with results not only illuminating areas for student advocacy in individual post secondary communities, but also mapping out the current status of a handful of post secondary mental health systems in Canada. Though modest in its findings, a successful pilot will warrant a scalable follow up that will provide a comprehensive assessment of post secondary mental health systems in the country. Future versions of the CAT should allow adaptation to varying different contexts, globally.
INTEGRATE: Protocol for a randomised controlled trial of an integrated psychological treatment for young people with psychological distress and substance use

Ms. Amelia L. Quinn (Orygen), Ms. Amber Weller (Orygen), Prof. Patrick McGorry (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Andrew Chanen (Orygen the National Centre of Excellence in Youth Mental Health), Prof. Frances Kay-lambkin (University of Newcastle), Dr. Nicholas T. Van Dam (University of Melbourne), Prof. Leanne Hides (Centre for Substance Abuse Research, University of Queensland), Dr. Nicola Newton (The Matilda Centre, The University of Sydney), Prof. Maree Teesson (The Matilda Centre, The University of Sydney), Dr. Gillinder Bedi (Orygen the National Centre of Excellence in Youth Mental Health)

Introduction:
Alcohol and other drug (AOD) use typically starts during adolescence, and young people also experiencing emerging mental health issues are at particularly high risk for problematic substance use. Despite this, rates of young people with mental ill-health also seeking help for their AOD use are low. Indeed, many will experience several years of untreated substance abuse before seeking treatment, during which time their AOD use may become entrenched.

Barriers to young people seeking AOD-specific care may include a lack of integrated care within many youth mental health services, young people not experiencing or recognising problems with their substance use, and stigma associated with requesting AOD-specific care. This study proposes to investigate a treatment for AOD use in young people with psychological distress that addresses these barriers, and incorporates both mental health and AOD intervention.

Objectives:
The primary aim of this study is to test whether a novel integrated psychological treatment improves mental health difficulties and decreases substance use in help-seeking young people, compared with usual treatment.

Hypothesis:
Participants with early stage mental ill-health and co-occurring substance use who are randomised to receive the INTEGRATE intervention will decrease their AOD use compared to participants in the Treatment As Usual (TAU) group.

Secondary Objectives
To assess if, compared with usual treatment, the INTEGRATE treatment: reduces new substance use disorder diagnoses during follow-up; improves treatment retention; reduces psychiatric symptoms; and improves social and occupational function.

Method:
The study is a single-blind parallel randomised controlled trial in young people (aged 12-25) with co-occurring early stage mental ill health and current AOD use, who are not currently interested in referral to AOD-specific treatment. This study will be conducted at headspace, a specialist early intervention service, and will test in 400 young people whether, relative to TAU, the INTEGRATE treatment improves mental health concerns and reduces AOD use over a 16-week period, with an 18-month follow up period.

The INTEGRATE treatment is a novel, manualised psychological treatment that involves 10 sessions delivered by trained Integrate clinicians over a 16-week period. It has been designed to address specific risk factors for problematic substance use, including sessions focussing on personality, behavioural, decision-making, and lifestyle vulnerabilities. The intervention also uses evidence-based approaches to treat primary mental health concerns, for example, cognitive behavioural approaches for depression and anxiety. TAU comprises up 10 sessions of evidence-based psychological intervention with a private practice Allied Health Professional.
**Results:** The study will commence recruiting in 2019. Recruitment is expected to take 32 months. Full results are expected in 2023.

**Discussion:** This study uses an integrated approach to treating both psychological distress and substance use in young people, and focuses on building strengths rather than directly reducing substance use. It will provide evidence as to whether an integrated psychological treatment leads to improved mental health and decreased substance use in young people who are not yet prepared to seek out AOD-specific care.
Psychotic-Like Experiences in Help Seeking Young People with Borderline Personality Traits: An Interpretative Phenomenological Analysis of Experiences

Background: It is common for psychotic-like experiences (PLEs) to occur in young people who present with traits of borderline personality disorder (BPD traits). While existing literature show the detrimental effects of these experiences, little is known about the presentation and response towards these experiences in young people with BPD traits. This study explores the nature of PLEs in help-seeking young people and how they are appraised and responded to.

Method: In-depth semi-structured interviews were conducted with seven help-seeking young people between the age of 16 to 25 who described themselves as having PLEs and BPD traits and who were currently receiving care from secondary community mental health services in the East of England. Verbatim transcripts were analysed for themes using Interpretative Phenomenological Analysis.

Results: Four superordinate themes emerged from the analysis:

Description of experiences: Participants describe varied types of PLEs; from visual and verbal anomalies to paranoia and a sense of numbness and being out of touch with reality. These experiences, particularly the voices, are often derogative and commanding. The theme elaborates on how the experiences relate to one another.

Making sense of the experiences: This theme relates to how participants understood their PLEs. Participants reflected on the prolonged nature of the experiences and potential contributors to their presence, such as incidences of trauma and daily life stresses. Some participants reflect that even though trauma occurred prior to PLEs, it is the distress and vulnerability at the time that had contributed to their occurrences. Internalised beliefs of experiences are explored, with most participants expressing the belief of being ‘crazy’, which subsequently led to an avoidance in engaging with their experiences.

Deterioration of sense of self and well-being: Participants identified a loss of confidence and motivation, which ultimately led to the deterioration of their goals in life. All participants expressed a deep sense of powerlessness and lack of control towards their PLEs. Furthermore, participants reflected on the fear and despair towards their PLEs which often led to a desire to isolate themselves within the moment.

Managing and finding respite: Seeking respite and distraction through listening to music, mindfulness and yoga is common. However, when PLEs become too much to bear, participants described using self-harm or illicit substances as a way to self-regulate them. Though these strategies may cause further harm, they are preferable than the despair brought upon by the experiences. Participants also reflected on the need to have supportive relationships as an anchor for dealing with the isolating presence of PLEs, and the need to accept their experiences.

Conclusions: The findings highlight the varied and enduring nature of PLEs in young people with BPD traits, and the despair and loss of control felt as a consequence of the experiences. The distressing and prolonged experiences in addition to the self-stigma expressed in participants emphasises the need for clinicians within mental health services to query a range of experiences that may be concerning to the individual.
How the headspace Youth Early Psychosis Program is providing an integrated, accessible service for young people: evidenced by national program data.

Ms. Cerissa Papanastasiou (headspace National Youth Mental Health Foundation), Ms. Cristiane Cunial (headspace National Youth Mental Health Foundation)

The headspace primary platform provides mental health support to young people aged 12 to 25 years experiencing high prevalence mental health disorders in 109 centres across Australia. In 14 headspace centres across six States and Territories, the headspace Youth Early Psychosis Program (hYEPP) is available for young people experiencing, or at risk of developing psychosis. Based on the Early Psychosis Prevention and Intervention Centre Model developed by Orygen Youth Health Research Centre, the program focuses on intervening early, and provides young people and their families with timely access to specialist support.

Understanding a young person's journey into hYEPP is an important part in providing timely and appropriate care. With specific focus on those young people who were referred through the primary program, the hYEPP service activity data has been explored showing the journey of young people into and out of the hYEPP. Data items included are, referral pathways and additional assessment items, detailed information about the hYEPP services delivered to young people, and future care decisions.

Findings from the analysis of the hYEPP dataset provides insight into the pathways of young people into a national early psychosis service, and how these pathways are streamlined through integration with a primary service approach. These findings have the potential to feedback into service delivery at the hYEPP centres and will be utilised at headspace National to further inform the integration of services, and the headspace Model Integrity Framework – with specific application to the hYEPP.
A retrospective of developing and evaluating MindMax, a sport-themed mental wellbeing app incorporating applied games, psychoeducation, and social connectedness

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 648

Ms. Vanessa Wan Sze Cheng (University of Sydney)

**Introduction:** The University of Sydney, Queensland University of Technology, and the Australian Football League Players’ Association collaborated on the MindMax project (funded by Movember) to develop and evaluate an Australian Football League-themed mental wellbeing app incorporating applied games (including gamification and casual games), psychoeducation, and social connectedness. This talk briefly outlines and reflects on the doctoral work completed by the author on this project.

**Objectives:** Project aims were to identify the best ways to apply games and sport to an app promoting mental health and wellbeing, aimed at younger people aged 16 to 35 years, and to evaluate the impact of using MindMax.

**Methods:** Many research methods were used at different stages of the project. Participatory design (PD) workshops and user testing interviews were conducted to learn how best to present MindMax, and a naturalistic evaluation trial with surveys at multiple time points was conducted to evaluate MindMax’s impact on its users. To investigate younger people’s conceptualisations of help-seeking, an exploratory factor analysis was conducted on General Help-Seeking Questionnaire data from the naturalistic trial. Finally, a systematic literature review was conducted to identify more broadly how gamification is used to improve mental health and wellbeing.

**Results:** PD workshops and user testing interviews found that target end users preferred activities that required active engagement and reviewed useful skills. These findings iteratively informed the continuing development of MindMax during the trial period. Findings from the naturalistic evaluation trial suggest that using MindMax was associated with 30-day improvements in wellbeing, resilience, and help-seeking, particularly in users with low base wellbeing. Findings from the exploratory factor analyses further suggest that MindMax users grouped Internet-based sources like MindMax with other impersonal, informal sources such as phone helplines, and that these sources were preferred by people with low levels of social connectedness. Finally, the systematic review found that while gamification is not being applied to improving mental health and wellbeing in a stereotypical, potentially harmful “points, badges, and leaderboards” manner, there is still an imbalanced focus on using it solely to improve engagement.

**Conclusion:** Collectively, the findings suggest that creating mental health apps in collaboration with existing subcultures such as (video) games and sport can be helpful to mental health and wellbeing initiatives, particularly with regards to reach. While care must be taken in designing mental health initiatives with applied games, games can be beneficial not only for engagement but also other purposes such as education.
The Longitudinal Adolescent Brain Study (LABS): A first look at the data

Dr. Larisa McLoughlin (University of the Sunshine Coast), Dr. Kathryn Broadhouse (University of the Sunshine Coast), Ms. Natalie Winks (University of the Sunshine Coast), Dr. Gabrielle Simcock (University of the Sunshine Coast), Dr. Denise Beaudesign (University of the Sunshine Coast), Ms. Susan Schiotz (University of the Sunshine Coast), Ms. Marcella Parker (University of the Sunshine Coast), Ms. Amanda Boyes (University of the Sunshine Coast), Prof. Jim Lagopoulos (University of the Sunshine Coast), Prof. Daniel Hermens (University of the Sunshine Coast)

Background: Adolescence is an important and dynamic period of life comprising significant neurobiological changes, cognitive development, and emotional maturation. The brain undergoes significant structural and functional changes during adolescence. The Longitudinal Adolescent Brain Study (LABS) is collecting information on numerous psychological constructs including wellbeing/resilience, mindfulness, metacognition (intrusive thinking/worry), impulsivity, and psychological distress as well as important behaviours which are often differentiated in the adolescent period such as sleep and eating habits, physical activity, substance use, and suicidality. Research on adolescence must also consider social factors such as connectedness and bullying. With a focus on neuroimaging and cognitive assessment, LABS will examine the factors associated with mental health and wellbeing in the adolescent period.

Methods: Data is being collected from participants as they progress from their first to final years of high school (i.e., from 12 years up to 17 years and 11 months of age or completion of grade 12). At each time-point, data collected for each individual includes a self-report questionnaire, cognitive assessments, a neuropsychiatric interview, and neuroimaging scans (EEG, MRI) and will take place at the Sunshine Coast Mind & Neuroscience - Thompson Institute (SCMN-TI).

Results: Some initial data will be presented. Our findings will provide important insights into the mechanisms and developmental trajectories associated with a range of important factors that impact this critical period of life: adolescence to young adulthood. This study is also world first in youth mental health, with aspects such as the 4-month timepoints and the inclusion of MRI measuring neurochemistry never being done before.

Conclusion: This study has the scope to better identify specific abnormalities that may be occurring in the brain prior to any gross, structural changes. Fundamentally, such information will help us pinpoint the timing and target of early and appropriate interventions. Furthermore, changes in neurometabolic profiles will provide critical, objective information about subtle brain changes that may occur with treatment, improvements in functioning and/or reductions in harmful substance use.
A systematic review of trauma-informed care in community and counselling youth health settings: What is it and what should it achieve?

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 667

Mr. Oliver Eastwood (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Faye Scanlan (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Georgina Cox (University of Melbourne), Ms. Anna Farrelly-Rosch (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Helen Nicoll (Orygen, The National Centre of Excellence in Youth Mental Health), Mr. Alan Bailey (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Sarah Bendall (Orygen, The National Centre for Excellence in Youth Mental Health)

Rationale: Childhood traumas, such as abuse and neglect, are common among young people attending mental health services. Trauma-informed care has emerged as a model that is well-suited to providing safe treatment environments that meet the specific needs and sensitivities of trauma-exposed young people. While there is a growing consensus that youth mental health services should become trauma-informed to reduce re-traumatisation and ameliorate the harmful effects of trauma, the concept has been criticised for being too broad and vague to offer any clinical utility in practice. This may be the case for those working in youth outpatient and counselling settings as trauma-informed care has not been specifically defined within these contexts.

Objectives: This study aimed to clarify what trauma-informed care is, and what it should achieve in these settings by systematically reviewing how it has been operationalised in practice.

Methods: Studies were identified using a systematic search of keywords related to young people and trauma-informed care within the following databases: Medline, Embase and PsychINFO. Extracted text was qualitatively analysed to identify the components of trauma-informed care and its intended outcomes.

Results: Thirteen publications were reviewed and ten components of trauma-informed care were identified. The most common components were Interagency Collaboration, Trauma Screening and Assessment, and Therapeutic Interventions (e.g. Trauma-focused cognitive-behavioural therapy), featuring in at least nine of the 13 studies, while Youth and Family/Carer Partnerships and Cultural/Gender Sensitivity were the least common, featuring in only three of the reviewed studies. There was little consensus in the literature as to what trauma-informed care should achieve, particularly in terms of outcomes for young people and their families or carers.

Conclusion: This review demonstrates that trauma-informed care has been conceptualised in the youth mental health sector as a system-wide service involving specific clinical interventions and practices (e.g. trauma screening and assessment). Professionals should directly partner with diverse young people and their families when designing and implementing trauma-informed care to ensure services meet the needs of those they purport to serve.

**Introduction:** We will share what we have learned over the past three years using developmental evaluation (DE) and Principles-focused Evaluation (PfE) with Foundry (a Canadian initiative to transform access to health and social care for youth aged 12-24), to evaluate Foundry's work to make mental health and substance use services more responsive to young people's and families' needs. We will draw on examples from four DE/PfE evaluations: one looking at the evolution of the Foundry movement during its proof-of-concept period; one that identified and assessed effectiveness principles for Foundry's integrated stepped care model; one studying the implementation of a mobile Foundry service for under-served youth; and one identifying the needs and priorities for a satellite Foundry service for rural, largely Indigenous youth.

**Approach:** DE and PfE are two new approaches to evaluation that support the creation and implementation of dynamic, complex innovations. DE is used to define and refine new models and approaches at the earliest stages of innovation, when the path to achieving success is unknown and evidence regarding expected outcomes is scarce or unclear. PfE enables innovators to identify emerging understandings about the core principles that are needed to guide their work, and to track whether these principles are being followed in practice. PfE can assist with evidence-informed decision-making by identifying what principles work for what situation with what results. DE and PfE are increasingly being applied in youth health and social care spaces, and can be effective ways to use evaluation to help innovators think differently about core concepts related to young people's well-being, and to identify new ways to analyze and assess how well services work for young people.

**Results:** We will show how we have used DE and PfE to explore questions such as: What are core components that make up a Foundry centre? What ways should Foundry's approach be adapted for services to address the needs of Indigenous and rural youth? How do we decide what services are most “necessary”, and for whom, in the context of an integrated service model? How do we define and act on concepts such as “access”, “integration”, “low barrier”, and “empowerment”? We will also describe how DE/ PfE can create space in evaluation processes to centre the voices, experiences, and priorities of young people and families alongside those of service providers, decision-makers, and funders. Findings will be presented that address such questions as: What have we learned through DE/ PfE about which outcomes are most meaningful to youth and families? What space can DE/ PfE create for conversations that redefine what “success” and “effectiveness” look like from their perspective? What has DE/ PfE allowed us to examine regarding the role of youth and families in transforming how mental health and substance use services are delivered?

**Conclusion:** DE and PfE are effective approaches for gaining understanding and supporting action to understand how, and why mental health systems must be transformed to meet the needs of youth.
There is growing interest in the use of apps for mental health care. Young people are particularly willing to use apps, and health practitioners are keen to recommend apps to their clients. However there are now large numbers of apps and online programs available so it is easy to feel overwhelmed. Where do we start and how do we know which are reliable? We do have to be careful as there are many apps and programs that are not safe to use and have no research evidence behind them.

Reputable digital mental health apps and programs can provide cost effective support and assistance to anyone, any time, anywhere. Furthermore, the ability to access such services anonymously makes digital mental health ideal for young people who are often reluctant to access traditional face-to-face services. It has the potential to underpin the provision of mental health services for countries such as Australia with geographically diverse and isolated populations.

E-Mental Health in Practice (eMHPrac) is a government-funded project which aims to increase awareness of evidence-based digital mental health and provides free training and support to health practitioners about how to use these resources with clients. eMPrac also promotes the new digital mental health gateway, Head to Health, which was launched by the Australian Government in October 2017 and includes links to youth mental health services.

This presentation will outline how to best find trusted mental health apps and online programs and resources. It will demonstrate some useful features of the Head to Health website and also outline how to assess and evaluate other apps and resources that you come across. The presentation will provide examples of apps and programs to support mental health in young people.
Development of an evaluation framework for an adolescent mental health service

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 678

Ms. Madeleine Gardner (The University of Queensland), Dr. Carina Capra (The University of Queensland), Dr. Holly Erskine (The University of Queensland), Prof. James Scott (UQ Centre for Clinical Research), Dr. Harvey Whiteford (The University of Queensland)

Introduction: The evaluation of existing mental health services for adolescents with severe, persistent, and complex mental illness is limited. The aim of this project was to develop and implement an evaluation framework for a new state-wide Queensland adolescent extended treatment service. This evaluation framework was developed to be both feasible and meaningful, i.e. to ensure that consumer, carer, and clinician data is available to facilitate health system change and improvement.

Methods: In addition to reviewing the findings of a report assessing existing evaluation frameworks, an advisory group was established to advise and guide the development of the evaluation framework. This group consisted of stakeholders representing child psychiatry, allied health, regional services, service evaluation, consumers, carers, data and clinical systems, education, health economics, senior policy advisers, and hospital and health services. The evaluation framework was developed according to a project logic model, which included the inputs, activities, outputs, and outcomes (consumer, program, system) of the service.

Results: The evaluation framework was endorsed by the advisory group for implementation (March 2019). It has been split into four dimensions based on who the tool is used for, including: the young person, family/carers/friends, clinician/treating team, and operational processes. The tools have been specifically chosen to measure key performance indicators (KPIs) from the model of service, which include understanding: symptom change, comorbidity, trauma history, and culture; substance use; risk assessment; work and/or education; social connectedness and relationships; gender identity; physical health and general practitioner relationships; functioning; family/carer perspectives of service; service partnerships and transfer of care; individualised, client-centred, recovery-based care; referral processes; and an informed and supported workforce.

Conclusion: As a result of developing the evaluation framework, we are now in the process of navigating the challenges of implementing the framework. Particular complexities have arisen in terms of data i.e. how to collect it on an electronic platform, how to store it, and how to use it for feedback purposes. There have also been significant challenges around including suitable tools to evaluate and understand the cohort of young people that will use the service, as this is an unknown. To aid in communication and embed evaluation as ‘core business’ consumer, carer, and clinician video training tools are being developed. The consumer and carer video is designed for use as a young person enters the service before they complete assessments tools, to outline why we collect their data, what we do with it, and how it will benefit other young people in the future. The clinician video is designed as a mandatory training tool explaining how and why we collect data, what we do with it, as well as having a built-in quiz so it can be used in evaluation as a KPI of ongoing staff training.
Mapping the evidence for interventions in youth mental health

Ms. Alicia Randell (Orygen the National Centre of Excellence in Youth Mental Health/ headspace the National Youth Mental Health Foundation), Mr. Alan Bailey (Orygen, The National Centre for Excellence in Youth Mental Health/ headspace, the National Youth Mental Health Foundation), Dr. Samantha Cooke (Orygen, the National Centre of Excellence in Youth Mental Health/headspace the National Youth Mental Health Foundation), Prof. Rosie Purcell (Orygen, The National Centre for Excellence in Youth Mental Health)

Background: The youth mental health field has seen rapid growth over the last 30 years, with the number of published intervention trials and reviews increasing exponentially. The resource required to navigate this volume of available information is now a significant barrier to the uptake of latest evidence into practice and policy decision-making. We have developed a world-first, open-access, searchable database of all available prevention and treatment trials and systematic reviews in the field of youth mental health.

Aim/Objective: To develop a translation tool that makes a large body of literature accessible, digestible and usable for youth mental health stakeholders.

Methods: A comprehensive search of high-level evidence (RCTs, CCTs and systematic reviews) since 1980 was conducted using the PsycINFO, MEDLINE and Embase databases. Studies were screened and mapped according to predefined study characteristics, including the type of intervention (e.g. psychological therapy, antidepressants) and stage of mental ill-health (e.g. universal prevention, at-risk, disorder established, relapse prevention). Interventions were restricted to the treatment or prevention of the following mental health conditions among young people; depression, anxiety, eating disorders, psychosis, bipolar disorder, substance use, and suicide and self-harm.

Results: The evidence map is presented as a free search engine at https://headspace.org.au/health-professionals/research-database/and https://www.orygen.org.au/Education-Training/Resources-Training/Evidence-Finder. Nearly 300,000 articles have been located and screened to date, with nearly 3,500 records currently included within the database. The evidence map is updated annually with newly published literature.

Conclusions: The evidence map offers rapid access to the best-available evidence for the prevention and treatment of mental ill-health in young people. It is of value to various stakeholders within the youth mental health field who are increasingly required to use high-quality, research-generated evidence in their practice and decision making, while having limited resources to do so. Clinicians may use the database to inform their practice by easily locating the latest intervention studies. Young people and their friends/family may use it to find evidence that underlies an intervention they are engaging with. Researchers may consult the database when planning intervention trials or conducting systematic reviews. Guideline developers and policy makers can access a comprehensive list of available treatment trials and systematic reviews, the building blocks for guideline and policy development. Finally, the database may inform the decisions of funding bodies by providing a snapshot of where evidence exists (preventing unnecessary duplication) and where it is lacking (requiring new trials).
Who comes to eheadspace?

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 701

Ms. Gretel OLoughlin (headspace National Youth Mental Health Foundation), Ms. Vanessa Kennedy (headspace, the National Centre of Excellence in Youth Mental Health), Ms. Katherine Sewell (headspace National Youth Mental Health Foundation)

Background

eheadspace is an online youth mental health service, offering Australia wide service via phone, email and webchat to young people between the ages of 12 and 25. It is anonymous, free and confidential and a young person can access a fully credentialed mental health practitioner anywhere they have access to the internet in Australia. We have over 40,000 registrations of young people each year and have been operating since 2011. eheadspace clinicians are a multidisciplinary team of nurses, social workers, psychologists and Occupational Therapists. eheadspace offer brief evidence based interventions (MI, CBT, ACT solution focused therapy) in a single session model of care. We also offer an allocation with a key clinician for a time limited period for a scheduled number of appointments for some young people as required.

young people engage with eheadspace for a range of issues, from relationship breakups, family violence, sexual assault through to high prevalence disorders emerging and other more complex mental health issues. eheadspace uses a bespoke clinical record management system called Dynamic Health 3. When young people register they do some basic screening questions (minimum data set) and their individual record and all their webchat transcripts, emails and phone calls are recorded. They can choose to remain anonymous and just need a valid email address in order to register for a service.

Approach

eheadspace would like to present research from a random file audit of 6 months of new registrations of de-identified young people across eheadspace. The research will examine the demographic information within the clinical record management system to understand any links or correlations that can be made to understand the question.

Who presents to eheadspace?
The research will look at exploring both the clinician and young person's presenting concerns, the young person's frequency of use, pattern of use, visit reason, gender, sexuality, age, state, postcode (K10) score of psychological distress, intervention offered and treatment outcome, as well as other service involvement.

The information gleaned could also offer some insights into how to work with young people effectively within a digital mental health service.
eheadspace: Developing a Family and Friends online psychosocial intervention

Ms. Gretel O'Loughlin (headspace National Youth Mental Health Foundation), Mr. Brendan O’Hanlon (La Trobe University-Bouverie Centre), Dr. Carol Harvey (Melbourne University - PRC)

Background

eheadspace is an online youth mental health service, offering Australia wide service via phone, email and webchat to young people between the ages of 12 and 25. Since inception 2010, eheadspace has been contacted by, and have worked with families and other adult supports of young people (FAF or Family and Friends). Both young people and families are offered a confidential, free and timely service with highly credentialed mental health clinicians.

At eheadspace, all clinicians are trained to respond to FAF in recognition that families often seek help when young people struggle with help seeking. The research indicates that there are better outcomes for young people when their families are included in mental health treatment, when possible. We also have FAF specialist clinicians that offer family and friends a more comprehensive intervention with an allocated key FAF clinician, over one or more sessions via phone, webchat or email.

Approach

In 2018 eheadspace developed a partnership with the Bouverie Centre (La Trobe University) and PRC Psychosocial Research Centre (North Western Mental Health Collaboration with Melbourne University) with the goal of developing an online psychosocial family intervention. eheadspace has been doing online Family and friends work for 8 years using family centred practice with a single session model of care. In a survey that was conducted online at eheadspace in 2017 the FAF service overwhelmingly received good feedback from clients. However as a service, eheadspace wants to understand through looking at the data and current research as well as conducting file audits, what works for family support and counselling and psychoeducation online?

eheadspace was successful in gaining some funding for a small pilot project in partnership with the Bouverie Institute (Family Therapy Institute) and PRC (Psychosocial Research Centre) in 2019, to research and develop a bespoke eheadspace family and friends psychosocial online intervention. The goal of this project is to create a highly accessible, evidence based online intervention for family and friends that would complement and enhance the support eheadspace is already providing to families and friends of young people across Australia. eheadspace will present the research and findings for Phase 1 of the Family and Friends project.
Background

eheadspace is a national tele web service providing mental health treatments to young people and their families. We offer telephone, email and webchat support with credentialed mental health clinicians from 9am to 1am AEST, 7 days a week, 365 days a year. Young people can access mental health psychoeducation and brief therapeutic interventions in a single session framework across Australia anywhere they can gain internet access. Since its inception in 2010 eheadspace has experienced a progressive growth in demand and in the previous 12 months the service has provided support to close to 40,000 young people and families.

Our Challenge

We have a growing number of young people considered to be presenting with highly complex clinical issues in the online environment. Many of this cohort would be similar to those presenting with acute mental health concerns and suicidality at emergency departments, or specialist youth mental health services. Young people can choose how much identifying information they provide us with because eheadspace is designed to be easily accessible with minimal barriers to service provision. Young people that have significant childhood trauma, attachment difficulties and relational disorders can develop a powerful connection to the easily accessible and youth friendly clinical online environment. They may have had other services involved and be rejecting face-to-face services, because the online environment feels anonymous and highly accessible. These young people often pose considerable clinical risks and present with high levels of distress and open ended access can be counter therapeutic. Working effectively with this client group is often characterised by other challenges, including the creation of multiple identities (or accounts), withholding identifying details and refusal to provide consent for the service to contact appropriate supports such as family, school or community services.

Presentation

Complex trauma presents in the online environment with some unique challenges; in this presentation we will use the case example of an eheadspace-de-identified young person to illustrate how eheadspace can work in a relational way with young people and their family with complex multiple trauma.

eheadspace has adapted clinical principles and guidelines from youth mental health services, in order to develop some unique ways of managing complex young people within the online environment. The key components of this include:

- A clear and consistent management plan
- Clinical approach to treatment planning
- The team structure, culture and environment
- Allocation to a key clinician
- Merging accounts in a collaborative way when a complex young person comes online and makes multiple accounts.
- Clear communication and collaboration with relevant face-to-face services and family and friends as needed.
• Supportive referrals and comprehensive follow up to GP’s, Emergency services, specialist youth mental health services and other relevant psychosocial programs and community organisations.
Engaging stakeholders to develop a conceptual model of resilience with practical policymaking utility

Dr. Petra Plencnerova (Victoria University), Mr. Matthew Hamilton (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Glen Wiesner (Victoria University), Prof. Cathrine Mihalopoulos (Deakin University), Prof. Jon Karnon (Flinders University), Prof. Alex Parker (Victoria University)

Objectives

readyforwhatsnext is a VicHealth funded research project that established a collaborative partnership between young people, health professionals, policymakers and researchers to identify more effective strategies for developing the resilience of young Victorians. The aim was to develop a conceptual model of resilience that had practical utility for guiding policymaking about the mental health and wellbeing of young people and which could be represented mathematically for use in computer simulation models.

Method

A review of resilience and mental health provided the foundation to the current conceptual model. Themes emerging from the evidence were identified by project investigators and presented to external researchers and policy-makers working in youth mental health. Young people were engaged via focus group and a policy hackathon event, to configure strategies from an evidence based menu of options, with the aid of an app developed for the event. These strategies will be explored in a computer simulation based on the conceptual model.

Results/Policy Implications

The concept of resilience includes an interaction of both the individual and environmental influences that contribute to the positive outcomes after exposure to adversity and risk factors. A set of adversities that directly impact mental health were identified as a necessary precursor to resilience. Available evidence suggests that mathematical representations of resilience are likely to be most useful to policymakers when incorporating mental health measures as target outcomes. The project identified a number of strategies and interventions that are acceptable to young people and have supporting evidence the potential to prevent the development of mental disorder.

Conclusion

The readyforwhatsnext project developed a conceptual model of resilience providing a foundation to a research tool that mathematically simulates resilience and child and youth mental health. The authors acknowledged the complexity of the topic of resilience and youth mental health, while the collaboration with relevant professionals and young people enabled to develop and translate comprehensive model of resilience and mental health.
A novel, open source evidence synthesis and simulation toolkit to represent the changing spatial environment in which mental health policy is implemented.

AIM: The generalisability of economic and health service analyses of mental health policies and intervention is often unclear. The demographic, epidemiological and service infrastructure context in which published research was generated, may vary notably from the practical challenges faced by local policymakers and service planners. This project aimed to develop a set of tools to automate the synthesis and simulation of spatial data, to enable more localised analyses.

METHODS: We developed five R packages to automate the synthesis of Australian data relevant to mental health service planning. We undertook a literature review of epidemiological evidence relating to the incidence and prevalence of mental disorders. We used the five R packages to develop an app that simulated the projected epidemiology of mental disorders for areas based on travel time and geometric distance to user entered coordinates representing actual or planned service centres. The app was presented to service planners in multiple contexts to elicit user feedback and suggestions for improvement.

RESULTS/POLICY IMPLICATIONS: The R packages were written using an object oriented programming approach that will allow other researchers to extend them. They are also designed to integrate with a related set of packages which simulate individual agents. The epidemiological tool allows service planners to explore choices about service location.

CONCLUSION: Open source tools can help extend the scope and real world usefulness of simulation models in mental health.
Evaluating the Positive Minds Program: Highlighting the experience of facilitators

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 784

Dr. Dimity Crisp (University of Canberra), Prof. Debra Rickwood (University of Canberra), Dr. Nicola Byrom (Kings College)

Introduction: Structured peer support programs, that promote wellbeing and help students to develop practical skills to cope with university life are increasingly being introduced into academic institutions to assist students in managing stress and the transition to higher education. However, few studies have considered the impact of such programs on the wellbeing and development of student facilitators.

Objectives: This study evaluated a peer support program designed to promote positive wellbeing and examined the impact on both student participants and program facilitators. The presentation will examine the outcomes and challenges of implementing the program with specific focus on the experience of student facilitators.

Methods: Positive Minds is a 6-week peer-led program. The present study focuses on the experience of 16 second and third year students recruited as program facilitators in 2017-2018. Participants and facilitators were invited to complete online surveys both before and after commencing the program to assess their expectations and experiences.

Results: The presentation will discuss the implementation, acceptability and effectiveness of the program. The benefits of participating in the program (reported by both participants and facilitators) included personal growth and skill development, and a greater sense of community and belonging. While program facilitators reported some challenges and concerns relating to participant attendance and confidence in their ability, they overwhelmingly reported a positive experience that they would recommend to their peers.

Policy/Practice Implications: In implementing peer-based programs, the experience of student volunteers should be monitored to ensure best practice and the promotion of wellbeing for all students. Through ongoing evaluation, training provided for student mentors/facilitators can acknowledge and address facilitator concerns and help to further build confidence in their role.

Conclusions: It is vital that we develop appropriate, acceptable and effective strategies for promoting the wellbeing of our university student population. While further evaluation is needed, this initial pilot supports the implementation of the Positive Minds program as a valuable addition to the supports available for students. While challenges can exist in establishing initiatives, peer support and mentoring programs can offer positive benefits for student facilitators in addition to program participants.
Clinical stage transitions and functional outcomes for young people attending early intervention mental health services

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 785

Dr. Frank Iorfino (Brain and Mind Centre, University of Sydney), Dr. Shane Cross (Brain and Mind Centre, University of Sydney), Prof. Elizabeth Scott (University of Notre Dame), Prof. Daniel Hermens (University of the Sunshine Coast), Prof. Adam Guastella (Brain and Mind Centre, University of Sydney), Prof. Jan Scott (Institute of Neuroscience, Newcastle University), Prof. Patrick McGorry (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Ian Hickie (University of Sydney)

Background
The large contribution of mental disorders to premature death and persistent disability among young people means that the earlier identification and enhanced long-term care of those who are most at risk of developing life threatening or chronic disorders is critical. Clinical staging as an adjunct to diagnosis to address emerging mental disorders has been proposed for young people presenting for care, however the longer-term utility of this system has not been established. This study aims to determine the rates and predictors of transition from earlier to later stages of anxiety, mood, psychotic or comorbid disorders, and identify the relationship between clinical stage and functional outcomes.

Methods
A longitudinal, observational study of 2254 individuals aged 12-25 (mean=18.18; 59% female) young people accessing mental health care between 2004-2018 (the ‘Brain and Mind Centre Optymise Cohort’) at two early intervention mental health services in Sydney, Australia. The primary outcomes for this study was transition from earlier to later clinical stages and social and occupational functional assessment score (SOFAS).

Results
Of stage 1a ('non-specific' syndromes) participants, 37% (253/685) transitioned to stage 1b ('attenuated' syndromes), and of stage 1b participants, 13% (176/1370) transitioned to stage 2 ('full-threshold') disorders. Poorer social function, psychotic-like experiences, manic-like experiences and circadian disturbance predict illness progression. Differential trajectories of functioning were also identified for each clinical staging group. Longer-term functional improvement was limited, however the degree of functional improvement was greatest among those who were most severe at entry to care, compared to both stage 1a and stage 1b disorders.

Conclusion
Understanding the course of clinical staging and its relationship with functional outcomes over time provides valuable insights into the utility clinical staging in youth mental health care. These results assist the planning of stage-specific clinical interventions and secondary prevention trials where more intensive and functionally-orientated service packages can be closely matched to a young persons needs.
“We Are No Longer Tokens.” ACCESS Open Minds National Youth Council: A Pan-Canadian Youth Partnership Strategy

Monday, 28th October - 10:15: Poster session - Research related (Great Hall 3 & 4) - Poster - Abstract ID: 790

Ms. Alyssa Frampton-Fudge (ACCESS Open Minds / Esprits Ouverts), Mr. Jimmy Tan (ACCESS Open Minds / Esprits Ouverts), Mr. Fedor Poukhovski-Shermeyev (ACCESS Open Minds / Esprits Ouverts), Ms. Sara Jalali (ACCESS Open Minds / Esprits Ouverts), Ms. Brittany Dalfen (ACCESS Open Minds / Esprits Ouverts), Ms. Chantelle Mireault (ACCESS Open Minds / Esprits Ouverts), Dr. Vidya Iyer (ACCESS Open Minds / Esprits Ouverts)

Rationale:
Effective youth mental health (YMH) services must be co-designed with youth – its service users – to effectively meet their needs. Terms such as ‘youth engagement’, ‘youth champions’, and ‘youth advocates’ are commonly used in academic literature; however, concrete implementation strategies remain ambiguous. The ACCESS Open Minds National Youth Council (AOM-NYC), a diverse team of young people embedded within a pan-Canadian YMH research network, aims to clarify these terms through concrete examples of effective youth partnerships.

Objectives:
Since 2014, the AOM-NYC has improved its pan-Canadian youth partnership strategy. AOM-NYC members will share insights into the evolution of this strategy, specifically on three breakthrough milestones: (1) Strategies that resulted in ineffective youth engagement; (2) The turning point that created meaningful, authentic youth partnerships; (3) Concrete, current examples of these partnerships in practice which can be applied to various diverse settings.

Approach:
The institutionalization of youth advisory roles is central to this strategy. Rather than conducting surveys with youth on an ad-hoc basis, analogous to viewing youth as “tokens”, AOM has shifted towards a firm commitment to partner with youth directly, through youth councils, specific youth roles on site teams, or youth-led working groups. The AOM network also invests in capacity building with youth to challenge the perception that “youth don’t know”.

Results:
By leading a culture shift that recognizes young people as expert knowledge keepers, AOM has facilitated partnerships with a NYC of 28 youth from various diverse contexts across Canada. Many youth council members are also leading change at a local level through local AOM youth councils. AOM’s youth partnership strategy has led to:
(1) Youth-led communication materials and social media campaigns
(2) Paid employment opportunities for youth (peer navigators/advisors)
(3) Youth as equal members of all AOM governance bodies
(4) Youth-designed local youth spaces where youth contribute to daily operations
(5) Youth-partnered hiring interviews for all AOM staff: directors, clinicians and researchers
(6) Co-created presentations for over 10 local, national, and international conferences
(7) Youth-informed research and evaluation protocol for 14 communities
(8) Youth-informed qualitative research strategy
(9) Youth-partnered knowledge translation activities

Implications:
We aim to inspire healthcare settings to build sustainable youth-adult partnerships. After the implementation of this strategy, youth partners expressed feeling less helpless and had a greater sense of empowerment. Given
the diversity at the 14 AOM site teams, which span six provinces and one territory, including members of Indigenous, homeless, and LBGTQ2S+ communities from a range of cultural and economic backgrounds, these insights are applicable to various settings across the globe. Our work unpacks the buzzwords “youth engagement” and demonstrates practical ways in which youth partnerships can be implemented to create real change in YMH services.

**Conclusion:**
We need a concerted, worldwide effort to empower the young leaders of not only tomorrow, but also the leaders of today. When projects forge strong youth partnerships, they will create young leaders with skills to leverage change on a global scale, ultimately transforming the effectiveness of YMH services. The AOM-NYC is living proof of this phenomenon.
The approach to the funding and delivery of child and youth mental health services in Australia is in a transitioning policy context. Primary Health Networks received funding towards youth severe mental health services “to commission a continuum of primary mental health services within a person-centred stepped care approach so that a range of service types are available within local regions to better match with individual and local population”.

A catchment needs assessment, consultation and codesign process was undertaken with local stakeholders including young people, to inform the commissioning process. Key themes identified included improved pathways and the service system integration including headspace centres, tertiary and primary mental health services, vocational and community services;

Two new service models were commissioned to deliver youth severe services in the Eastern Melbourne catchment from July 2017 to June 2020. The service models are being delivered in a catchment area that is highly diverse in both geography and population demographics, including socio-economic status. The catchment covers established metropolitan areas in eastern Melbourne such as Boroondara, Banyule, Monash and Knox LGAs, to semi-rural areas on the north-eastern city fringe including Nillumbik and Yarra Ranges LGAs, to Whittlesea LGA Melbourne’s outer north, one of Australia’s most rapidly growing areas.

Approaching the mid-way point of this service delivery period, EMPHN commissioned independent consultancy Urbis to conduct an evaluation of the effectiveness of the implementation of the pilot models. The evaluation entails, for each model, the development of a program theory and logic, an evaluation of the implementation stages and the identification of emerging outcomes. Consumer and carer consultations form a significant component of each phase of data collection for each of the two models.

The evaluation team are exploring the following key evaluation questions:

- How effective was the implementation and delivery of the models against the intended objectives of the service model, including delivering on the service implementation/project plans and the service outputs?
- What has been the user experience of the service by young people, families and stakeholders?
- To what extent has the integration and collaboration with other services/stakeholders, in particular General Practice and headspace Centres, been achieved in meeting the principle objectives of the service model?
- How effective have the models been in improving access and early identification and treatment for the targeted at risk groups of young people experiencing severe mental illness
- Results of the preliminary round of data collection, taking place from March – May 2019, including results of the knowledge review of program data and documents.
- Emerging findings in relation to evaluation domains and evaluation questions.
- Preliminary considerations relating to continuous improvement of the programs, and policy matters.

This presentation will focus on the draft Interim Report findings from June 2019 which will include the following:

- Results of the preliminary round of data collection, including results of the knowledge review of program data and documents.
• Emerging findings in relation to evaluation domains and evaluation questions.
• Preliminary considerations relating to continuous improvement of the programs, and policy matters.
Young men are the most vulnerable population group in Australia for mental health issues, with only 13% seeking help for their mental health. Moreover, suicide is the leading cause of death among young Australians, and men are three times more likely to take their own lives than women. headspace seeks to motivate Australians, and men to seek mental health advice and support from their friends, family or professional organisations, and to create national change.

In this presentation we outline the research commissioned to better understand young men and their views on mental health – a group who are traditionally difficult to reach and engage with via traditional media – and the campaign created to instigate behavioural change and stigma reduction.

Our research found that young men find it harder to recognise poor mental health in themselves than in others, and that there are parallels between how physical and mental health is perceived. These findings underpinned the development of a new content series, headcoach, which seeks to raise awareness by helping young men understand that mental health is as important as their physical health. It draws on the power and influence of a group of Australians who have a profound impact and influence on many young men - our elite athletes - to encourage young men to maintain their mental health and wellbeing.

Demonstrable campaign results from the first phase (27% of young men aged 18–25 across Australia were reached. Of those, 64% took action to address their mental health), as well as insights across channel selection, sport code affiliation, and evolved strategies to broaden reach & engagement provide the foundation and justification to develop a secondary phase at scale.
RECOVER: a randomised controlled trial of a tailored psychological intervention for first episode bipolar disorder

Prof. Sue Cotton (Orygen the National Centre of Excellence in Youth Mental Health), Prof. Henry Jackson (The University of Melbourne), Prof. Greg Murray (Swinburne University), Dr. Michael Berk (Barwon Health), Dr. Kate Filia (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Melissa Hasty (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Christopher Davey (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Barnaby Nelson (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Aswin Ratheesh (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Craig Macneil (Orygen Youth Health)

Background: People with bipolar disorder too commonly experience deficits in functional recovery, despite symptomatic recovery and exemplary school performance. The outcome of this is poor long-term functional outcomes. Applying psychological therapies alongside pharmacology may be useful in improving functional outcomes. Our group has led growing international interest in a staged approach to understanding illness trajectories of bipolar disorder with different psychological and pharmacological therapies required for the different stages of illness. Intervention in the early stages may potentially reduce the burden and risk associated with the disorder, and mitigate its impact on normal developmental trajectories. To date, however, there are no evidence-based psychological therapies available to young people with early BD.

Methods: RECOVER is an RCT of a refined existing psychological intervention, to be delivered in addition to treatment as usual at two specialist early intervention services in Melbourne. 122 young people in the early stages of BD-I will be recruited. The RECOVER intervention will be delivered over a 6 month period. Assessments will be conducted at baseline, 3, 6, 9, 12, 15, and 18 months.

Results: The trial design will be discussed in depth.

Conclusion: To date, there are no evidence-based psychological therapies available to young people with early BD. Therefore, the findings of this project will provide definitive evidence that early psychological intervention in the course of BD can reduce the symptomatic, vocational, relationship and psychological impact that is seen in entrenched disorder.
In Australia, Headspace Centres are the key providers of specialised mental health services for young people. Of the young people that accessed Headspace Centres, their most recent annual report indicates that only 9% of the young people who accessed their services identified as culturally and linguistically diverse.

This is a worrying statistic considering the concentrations of ethnically diverse communities in areas where Headspace centres are located and the issues young people in those communities are actually facing. There is a disconnect, a ‘falling through the cracks’ that continues to occur because more often than not, we are failing to design systems that recognise and address the complexities that CALD youth face when they experience mentally ill health and want to get help. There are barriers that are not yet embedded in policy or service delivery frameworks because we are failing to invite young people that are representative of the issues we do
Introduction: Adolescents have a right of access to high quality and safe healthcare services according to the United Nations and the European Convention of Human Rights. National legislation in several countries provides a framework for adolescents’ legal right to be involved in decisions that affect their healthcare. It is unclear what research evidence exists to assess user involvement in adolescents’ mental healthcare, and how this affects improvement of the quality and safety of healthcare services.

Objectives: The objectives of this systematic review are to assess the experiences with, the effectiveness of and the safety issues associated with user involvement for adolescents’ mental healthcare at the individual and organizational level.

Method: A systematic review using pre-defined approaches for the literature search (including 12 databases and a grey literature search) and assessment of the identified literature.[1] At least two researchers independently assessed each article. Established guidelines were used for data extraction, critical appraisal and reporting of results. Adolescent/Youth Co-Researchers have been actively involved throughout all phases of the review project.

Results: A total of 2,900 titles were identified. Twenty-eight articles were included in the review, reporting on adolescents’ involvement in mental healthcare, either at the individual or organizational level. We present a model summarizing facilitators and barriers to user involvement, consequences of adolescent participation, and safety issues raised in the research literature. It includes different perspectives of user involvement in different contexts, ranging from school- and community-based to specialist inpatient mental health services. It addresses different aims of user involvement, from treatment engagement and assessments of the quality of mental health services to the development of patient-centred outcome measures and technology supporting user involvement in mental health services.

Summary: The model we have developed as part of this review can serve as a basis for further research and clinical practice. It can help strengthen different forms of user involvement, to assess the effect it may have on adolescents’ mental health, and how it affects their safety.

A scoping review of issues and processes related to emerging adults experiencing psychosis preparing for, seeking, obtaining, keeping and re-obtaining work

Mrs. Melissa Aguey-Zinsou (Australian Catholic University), Prof. Anne Cusick (The University of Sydney), Dr. Justin Scanlan (The University of Sydney)

Introduction

Employment rates for emerging adults (18-25 years) who experience psychosis remain concerningly low. Despite recent advances in treatments and an effective intervention, Individual Placement and Support, to assist people to find work, employment participation for this age group remains a significant problem.

Objective

A scoping review was designed to consider the issue from multiple angles to try to uncover what is known and any possible gaps that could provide avenues to improve employment participation for emerging adults experiencing psychosis.

Methods

The scoping review followed the methodology of Arksey and O’Malley (2005). Search terms from the fields of emerging adulthood, mental health and vocational rehabilitation were utilised to find evidence from five databases: CINAHL, EMBASE, MEDLINE, PsycINFO and SCOPUS.

Results

The scoping review has uncovered useful information that might otherwise be overlooked in systematic reviews focused on randomised controlled trials. The search yielded 5238 articles and after application of the exclusion criteria, 648 articles were retained for data extraction. Findings include challenges with existing evidence that is based on different systems, approaches, measurement and terminology; making translation of evidence difficult internationally.

Conclusion

The findings of this scoping review will be useful for practitioners trying to support emerging adults experiencing psychosis with employment as well as for researchers trying to improve effectiveness of interventions.

Reference


Word Count: 234 words
A digital platform designed to enhance youth mental health service quality through person-centred and measurement-based care

Monday, 28th October - 10:45: Concurrent 3.1 - Oral - Digital 2 (Great Hall 1 & 2) - Oral - Abstract ID: 808

Dr. Shane Cross (Brain and Mind Centre, University of Sydney), Dr. Frank Iorfino (University of Sydney), Ms. Tracey Davenport (University of Sydney), Prof. Ian Hickie (University of Sydney)

Introduction: Countless international reports repeatedly show that the overall quality of mental health service delivery is poor. There are many reasons for this, and a number of international frameworks for service reform recommend the greater use of person-centered care facilitated by technology to address these fundamental shortcomings.

Approach: Here, we describe a new digital platform designed to deliver person-centred and measurement-based care.

Practice/Policy Implications: The platform provides health services, clinicians and individuals with the tools to directly address the multi-dimensional needs through assessment and matched interventions. Critically, as the clinical needs of young people change over time, the system supports continual monitoring of diverse outcomes over the entire course of clinical care. Together, these concepts support a framework for care that transcends a narrow focus on symptom or risk reduction alone. Rich outcome data can then be provided to the service provider in real-time, allowing service providers to gain new insights in order to improve service quality.

Results: The platform has recently been implemented in a number of youth mental health services, and findings relating to impact at the individual, clinician and service level will be shared, as will be factors associated with implementation success.

Conclusion: Preliminary findings suggest that person-centred technology systems embedded in youth mental health services result in a number of service quality improvements.
MyTeen - A mobile-based intervention to support parents of teenagers

Monday, 28th October - 11:00: Concurrent 3.1 - Oral - Digital 2 (Great Hall 1 & 2) - Oral - Abstract ID: 705

Dr. Joanna Chu (The University of Auckland), Mrs. Angela Wadham (The University of Auckland), Dr. Yannan Jiang (The University of Auckland), Dr. Robyn Whittaker (The University of Auckland), Prof. Chris Bullen (The University of AU)

BACKGROUND: Parents play an important role in the lives of adolescents and efforts aimed at strengthening parenting skills and increasing knowledge on adolescent development hold much promise to prevent and mitigate adolescent mental health problems. Innovative interventions that make use of technology-based platforms might be an effective and efficient way to deliver such support to parents. We developed and evaluated the effectiveness of a SMS-based mobile intervention (MyTeen) for parents of adolescents on promoting parental competence and mental health literacy.

METHODS: A parallel two-arm randomised controlled trial was conducted in New Zealand. Two-hundred and twenty one parents/primary caregivers of adolescents aged 10-15 years were recruited via community outreach and social media. Eligible participants completed baseline assessment and were randomly allocated 1:1 into the control or the intervention group, stratified by ethnicity. The intervention group received a tailored programme of text messages aimed at improving their parental competence and mental health literacy, over 4 weeks. The control group (care-as-usual) received no intervention from the research team, but can access alternative services if they wish, and was offered the intervention programme upon completion of a 3-month post-randomisation follow-up assessment. Data was obtained at baseline, post intervention (1-month), and 3-month follow up. The primary outcome was parental competence assessed by the Parental Sense of Competence Scale at 1-month follow up. Secondary outcomes include: mental health literacy; knowledge of help-seeking; parental distress; parent-adolescent communication; and programme satisfaction.

RESULTS: Significant group difference was observed on the primary outcome, with participants reporting higher level of parental competence (3.33 points; 95% CI: 1.37 to 5.29; \( p = 0.002 \)) than those in the control group. Effects were sustained at 3-months. Apart from knowledge on mental health, all other secondary outcomes were significant, with participants in the intervention group reporting better parenting-related outcomes than the control group.

DISCUSSION: To our knowledge this is the first randomised controlled trial on the effectiveness of delivering a parenting support intervention for parents of adolescents solely via a SMS-based mobile intervention. Programmes such as MyTeen have the potential for facilitating the implementation and delivery of evidence-based information to populations that are not reached with other intervention modalities. The use of text messaging may be an important and promising area of future intervention development for supporting parents and families.
Online Counselling for Youth: Comparing Services around the Globe

Monday, 28th October - 11:15: Concurrent 3.1 - Oral - Digital 2 (Great Hall 1 & 2) - Oral - Abstract ID: 89

Prof. Lawrence Murphy (WorldWide Therapy Online), Dr. Colin Clark (University of Tasmania), Ms. Jennifer Mulcaster (WES for Youth Online), Ms. Lee Yi Ping (Singapore Institute of Mental Health)

Text-based counselling services are becoming increasingly popular with youth for a host of reasons. This presentation looks at commonalities and differences in three regions of the world focused on three different populations. Singapore’s Community Health Assessment Team (CHAT), a national youth mental health assessment and outreach programme, provides both face-to-face and web-based mental health checks for youths dealing with mental health concerns. In Canada, the charity WES for Youth Online delivers scheduled appointments using chat and email-style counselling to rural youth. In Tasmania, the counselling services at the University of Tasmania offer asynchronous counselling for non-urgent concerns.

The cultural differences between these populations will be explored as well as the differences in their situations, needs and goals. Highlighting these differences will help to draw attention to ways in which an intersectionalist approach assists us in tailoring our services to the specific needs of the youth we are serving.

At the same time, intriguing and important similarities exist in these populations and in the services provided. This presentation will provide insights into key advantages of text-based work that become clear when we compare these disparate situations and clinical populations.

The presentation will also point to specific learnings from these three contexts, and applications for others to use in their own work with youth. Considerations of training in text-based modalities will also be made clear.
Development and feasibility of a school-hosted digital tool for early intervention in adolescent mental health

Monday, 28th October - 11:30: Concurrent 3.1 - Oral - Digital 2 (Great Hall 1 & 2) - Oral - Abstract ID: 825

Dr. Sarah Kendal (University of Leeds), Dr. Siobhan Hugh-Jones (University of Leeds), Dr. Kirsty Pert (University of Leeds), Dr. Simon Eltringham (Wakefield District CAMHS, South West Yorkshire Partnership NHS Foundation Trust), Prof. Robert West (University of Leeds)

Early intervention for adolescent mental health can improve outcomes. Digitally-delivered, self-help is a promising approach to reduce the burden on services but faces challenges around reach and safety. Hosting mHealth within schools is one solution. This study aimed to co-design and feasibility test an early self-help digital intervention for adolescents to be hosted within schools. We specified rules for progression to an effectiveness randomised controlled trial and tested two candidate primary outcome measures for well-being. Co-design involved creative workshops (n=14) and content reviews (n=40) with youth, parents/carers, teachers, mental health professionals and software engineers. These determined the intervention aim, content, user features, implementation and evaluation protocol, and led to the production of a digital tool ‘MindMate2U’. This was piloted in four UK high schools who offered human background support. Post-production, intervention content was mapped for use of evidence-based practices, behaviour change components and theory. Feasibility and acceptability were evaluated. Thirty-one symptomatic adolescents (15-17y) opted to MindMate2U for 6 weeks. We met our recruitment, retention and pre-post measure completion targets. Implementation fidelity was high in all schools. School evaluations and interviews with a sub-sample of users (n=6) indicated high acceptability and perceived usefulness. Priority content and implementation refinements were identified. Findings show the potential of merging mHealth with human support in schools and support progression to an effectiveness trial. Digital interventions appear effective in meeting the needs of some young people experiencing early symptoms of deteriorating mental health, particularly their reported needs for privacy, autonomy, choice and engagement.
Social Media Use and Youth Mental Health – Findings from My World Survey 2

Monday, 28th October - 11:45: Concurrent 3.1 - Oral - Digital 2 (Great Hall 1 & 2) - Oral - Abstract ID: 550

Dr. Cliodhna O’Connor (University College Dublin), Dr. Amanda Fitzgerald (University College Dublin), Dr. Aileen O’Reilly (Jigsaw: The National Centre for Youth Mental Health), Mr. David Hayes (University College Dublin), Ms. Maeve Scully (University College Dublin), Prof. Barbara Dooley (University College Dublin)

Introduction: The widespread use of digital technologies, in particular social media, among young people has been associated with negative mental health outcomes such as anxiety, depression and low self-esteem, although there is little empirical evidence to support this. For example, a recent meta-analysis revealed that the association between digital technology use and youth mental problems is negative but small (Orben & Przybylski, 2019). More research is needed to ascertain the nature of the relationship between digital technology use on youth mental health. Furthermore, given the highly visual nature of social media applications, little is known about how poor body esteem might influence the relationship between social media use and depression, anxiety and self-esteem.

Aims/Objectives: The current paper presents data from My World Survey 2, a cross-sectional survey of risk and protective factors of youth mental health in Ireland. The objective of this paper is to present findings on social media use and how it correlates with various mental health outcomes, including anxiety, depression and self-esteem. A secondary objective is to determine potential mediators and moderators in the relationship between social media use and mental health outcomes.

Method: Preliminary data were drawn from the My World Survey 2- adolescent sample, a survey among adolescents in post-primary schools in Ireland. Participants were 2,730 students (50.7% female, age range 12-18 years, M=14.5, SD=1.7) who completed a paper-based or electronic survey during class.

Results: Most participants spend over one hour a day on social media, with 27.8% spending over three hours a day on social media. Females and older adolescents (15-18 years) spend significantly more time on social media than males and younger adolescents respectively. Snapchat (88.6%) and Instagram (83.3%) are the most commonly used social media apps among adolescents. There was a significant association between social media use and higher anxiety, higher depression and lower self-esteem, although this correlation was weak. Time spent on social media had a predictive effect on higher anxiety and depression and this relationship was mediated by body esteem and moderated by avoidance-based coping. The relationship between screen time and higher anxiety and depression was more significant for those who had a high level of engagement with avoidance-based coping.

Conclusion: This study provides an insight into the nature of the relationship between social media use and anxiety, depression and self-esteem. Although there was an association between screen time and anxiety, depression and self-esteem, this association was weak. Therefore, more research needs to be conducted before any changes are made to policy or practice. Longitudinal research, in particular, is needed to understand the potential causal relationship between social media use and mental health.
**Slowing down to your pace: Experiences of providing an online mental health engagement service in Singapore**

**Ms. Kai Xin Doris Cheong (Institute of Mental Health), Ms. Lee Yi Ping (Singapore Institute of Mental Health), Dr. Swapna Verma (Community Health Assessment Team (CHAT) / Early Psychosis Intervention Programme (EPIP) / Institute of Mental Health (IMH))**

**Introduction**
Community Health Assessment Team (CHAT) is a national youth mental health assessment and outreach service for young people aged between 16 and 30. Since its inception in 2009 until December 2018, CHAT received a total of 5680 requests for help by young people. Of these, 3072 attended CHAT assessments. Reasons cited by young people who reject CHAT’s assessments include inability to leave house due to high distress, being uncomfortable or unable to find suitable time for face-to-face (F2F) appointment. This prompted CHAT to establish a web-based communication platform to improve young people’s access to CHAT in June 2017.

**Aim**
This abstract describes the experiences of engaging young people via “webCHAT”, a free and confidential professional-led, synchronous, text-based online mental health check service for distressed young people ambivalent with F2F professional help.

**Method**
“webchat” operates between Tuesdays to Fridays, 1pm to 8pm and is accessible to young people through CHAT’s website (www.chat.mentalhealth.sg). Young people are only required to input a nickname before they get connected online to one of CHAT’s youth mental health support workers. Each webCHAT session lasts approximately 45 to 90 minutes. Demographic information is collected only when the young person consents to referrals to appropriate mental healthcare services. The option of continuing the session via F2F or phone is discussed if the young person requires longer sessions due to overwhelming distress. Alternatively, the young person can schedule another webCHAT session with the same staff, or come online at their time of choosing and speak to any available webCHAT staff.

**Results**
438 webCHAT sessions were conducted from June 2017 to December 2018. 208 (47.5%) sessions ended prematurely or involved general enquiries. Mental health screening was completed for 230 (52.5%) sessions. Of these, 143 (62.2%) sessions involved users with moderate-high distress (GAF[1]< 60), 57 (24.8%) with mild distress (GAF 61-90) and 30 (13%) with no distress (GAF > 91). Majority of users screened positive for mental health distress (n=183) were provided recommendations of professional support. However, only a third of these users (n=61) agreed for CHAT to make referrals to mental healthcare service(s) on their behalf. Many raised concerns about seeking F2F support and preferred to consider further before contacting CHAT’s recommended agencies on their own. It remains unknown if they had contacted the recommended agencies or dropped out from the help-seeking process.

**Conclusion**
The large proportion of webCHAT users with high levels of distress and their ambivalence towards referrals to relevant mental healthcare services is worrying. Reflecting on our experience with webCHAT users, it was observed that drop out happened when our engagement was focused on directing the users to professional support. On the contrary, when engagement was more focused on attending to the user’s distress, users tend to return for more sessions, and their tendency to agree for F2F mental healthcare services increases. Future research involving qualitative studies to identify factors that hinder and facilitate young people’s use of online and F2F mental health support services will be helpful.
[1]Global Assessment of Functioning (GAF), from DSM-IV-TR p.34
Early interventions for reducing risk of future alcohol related-illnesses/injuries in young people accessing emergency department and rest/recovery services

Prof. Leanne Hides (School of Psychology, Lives Lived Well Group, Centre for Youth Substance Abuse Research (CYSAR), University of Queensland), Prof. David Kavanagh (School of Psychology & Counseling, Centre for Children's Health Research and Institute of Health & Biomedical Innovation, Queensland University of Technology), Dr. Catherine Quinn (School of Psychology, Lives Lived Well Group, Centre for Youth Substance Abuse Research (CYSAR), University of Queensland), Dr. Gary Chan (Centre for Youth Substance Abuse Research (CYSAR), University of Queensland), Prof. Sue Cotton (Orygen Youth Health Research Centre, University of Melbourne), Dr. Mark Daglish (Hospital Alcohol and Drugs Service, Royal Brisbane and Women's Hospital), Mr. Lance Mergard (ChaplainWatch Ltd.), Prof. Ross Young (School of Psychology & Counseling, Centre for Children's Health Research, Institute of Health & Biomedical Innovation, Queensland University of Technology.)

Introduction
The efficacy of brief motivational interviewing (MI) interventions for reducing alcohol use and related harm in young people has been demonstrated in a large number of studies. However, series of meta-analyses have indicated the evidence for BMIs in young people is less robust than once thought, and there is significant scope to increase their impact. The efficacy of personality-targeted interventions for alcohol misuse delivered individually to young people is yet to be determined or compared to MI, despite growing evidence for school-based PIs.

Objectives
This randomized controlled trial determines if MI enhanced with personality risk-targeted coping skills training (PI) is more efficacious than MI alone or an assessment feedback/information (AF/I) only control.

Method
This Phase II single blind superiority RCT compared the efficacy of three telephone-delivered brief interventions for young people (16-25 years) presenting to an emergency department or rest/recovery services with alcohol-related injuries and/or illnesses in Brisbane, Queensland, Australia. 394 young people were randomized to receive (i) 2 sessions of MI; (ii) 2 sessions of PI or (iii) a 1-session AF/I. Alcohol use and related problems, mental health symptoms, functioning and coping skills were assessed at baseline, 1, 3, 6 and 12 months.

Results
Participants (56% Female; M_age=20.3 years) were drinking on a mean of 1.4 days (SD=1.5) per week at baseline, and consuming 10.7 (SD=7.2) drinks per drinking occasion. Participants were followed up at 1, 3, 6 and 12 months (80% retention). All groups achieved significant reductions in the frequency and quantity of alcohol use and alcohol-related problems. Significantly larger reductions in the quantity of alcohol were found in PI group compared to the AF/I and MI groups at 1 month follow up. Larger reductions in the frequency, quantity and quantity of alcohol consumed/drinking occasion were found in the PI group compared to the MI and AF/I groups at 12 months follow up. No between group differences in alcohol-related problems were found.

Conclusion
All three types of brief interventions resulted in reductions in alcohol use and related harm in young people. The PI was the most efficacious brief intervention for reducing alcohol misuse in young people presenting to crisis support services or emergency departments. Telephone-delivered PI's provide accessible, efficacious, and easily disseminated treatment for addressing the significant public health issue of alcohol misuse and related
harm in young people.
Cognitive re-training for anxiety and problem drinking among youth: Can it make a difference?

Monday, 28th October - 11:00: Concurrent 3.2 - Oral - Substance Use (Mezzanine Level, Room M1) - Oral -
Abstract ID: 164

Dr. Katrina Prior (The Matilda Centre, The University of Sydney), Dr. Lexine Stapinski (The Matilda Centre, The University of Sydney), Prof. Reinout Wiers (University of Amsterdam), Dr. Nicola Newton (The Matilda Centre, The University of Sydney), Ms. Briana Lees (The Matilda Centre, The University of Sydney), Prof. Maree Teesson (The Matilda Centre, The University of Sydney), Prof. Andrew Baillie (The University of Sydney)

Introduction: Alcohol use disorders are highly prevalent and debilitating, affecting one in ten young Australians aged 16-24 in any given year. They have enormous economic and societal costs, with tremendous global and national impact. Young people with anxiety are particularly susceptible to the use of alcohol to ‘cope’ with emotional symptoms. Concerningly, up to 60% of young people who receive treatment for their alcohol use quickly relapse to heavy drinking. This is particularly the case for people who drink to alleviate anxiety symptoms. In view of the high alcohol relapse rates among young people with anxiety, novel and complementary treatment approaches that enhance existing clinic-based alcohol treatments are urgently needed. One innovative intervention that has shown to be an effective adjunct to Cognitive Behavioural Therapy for alcohol use and anxiety individually is cognitive bias modification (CBM). By directly targeting cognitive factors implicated in the development and maintenance of anxiety and harmful alcohol use, CBM has demonstrated significant improvements in symptoms (e.g., with up to 13% reductions in relapse rates among alcohol dependent adults one year after treatment). Despite these encouraging findings, the effectiveness of CBM in treating co-occurring anxiety and alcohol use problems has not yet been explored, nor has its potential to prevent the considerable harms associated with this comorbidity among younger people.

Aim: To evaluate the feasibility, acceptability, and preliminary efficacy of a comorbidity-focused CBM program as an adjunct to standard care for young Australians with co-occurring anxiety and problematic alcohol use.

Methods: Sixty young people aged 17-25 years with heightened anxiety and harmful alcohol use will be randomly allocated into the intervention group (CBM+standard care at youth services) or control group (standard care). The intervention group will complete 6 internet-delivered CBM sessions over 8 weeks that combine established CBM protocols for alcohol-approach and interpretation biases (delivered using Inquisit Web). Feasibility of the CBM program will be measured by recruitment and follow-up rates and treatment adherence, while and perceived acceptability will be assessed through questions surrounding clarity and ease of use, innovation, value and need, usability, and quality. Efficacy of the CBM program in reducing alcohol consumption (use, dependence and related-harms) and anxiety symptoms will be measured post-intervention (8 weeks), as well as 6-month post-baseline to assess the durability of the intervention effects.

Results: Pending.

Conclusions: Given the interconnections between anxiety and alcohol use problems, this world-first cognitive re-training program for young people who experience both anxiety and alcohol use problems has the potential to improve outcomes in a complex group that respond poorly to standard CBT treatments. Excitingly, as the cognitive re-training program can be effectively delivered online, it thereby maximises efficiency and scarce resources in services, and serves to sustainably increase treatment access for vulnerable populations, at a low cost. Overall, this combined CBM program has the potential to optimise future early intervention initiatives targeted at youth and can significantly reduce disease burden by interrupting the progression into chronic, life-long disorders.
Data-Driven Subgroups of Help-Seeking Youth Based on Patterns of Substance Use

Ms. Sasha Malignaggi (University of Melbourne), Dr. Nicholas T. Van Dam (University of Melbourne), Ms. Jaimi Turnbull (University of Melbourne/Orygen the National Centre of Excellence in Youth Mental Health/ headspace the National Youth Mental Health Foundation), Prof. Rosie Purcell (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Patrick McGorry (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Ian Hickie (University of Sydney), Prof. Christos Pantelis (The University of Melbourne), Prof. Paul Amminger (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Gillinder Bedi (Orygen the National Centre of Excellence in Youth Mental Health)

AIM: Substance use commonly starts in adolescence, with rates of substance use disorders (SUDs) peaking between the ages of 18 and 20. While most young people who experiment with drugs do not develop problematic use, the presence of psychological distress and emerging mental illness confers additional risk for such problems. Australia’s early intervention primary mental health infrastructure (i.e. “headspace” centres) provides a potential point of contact with help-seeking young people who may have, or be at risk of developing, substance use problems. To better understand substance use in this risk-enriched population, we developed an empirically-defined model of subgroups of youth seeking treatment for mental ill-health based on their substance use, assessing characteristics of the groups identified. METHODS: Subgroups were identified using exploratory latent class analysis (LCA) of self-reported lifetime and past 3-month substance use in a sample of help-seeking youth (N=677; 15-25 years old), collected from 4 headspace Centres in Melbourne and Sydney. Data from a second sample (N = 276; 15-25 years old) collected across 4 headspaces in Melbourne were used for confirmatory LCA. RESULTS: Exploratory LCA yielded a four-group model, comprising: 1) current alcohol users; 2) current alcohol, tobacco, and cannabis users; 3) past polydrug users; and 4) current polydrug users. Current polydrug users were older, reported greater distress and symptomatology, and had lower quality of life than the other groups (p’s < .05). Confirmatory LCA replicated this four-class model, however differences between groups in distress and quality of life did not reach statistical significance. CONCLUSIONS: Results indicate that youth seeking help for mental ill-health report high levels of substance use, with differentiable use patterns that appear to be linked to distress and function. Findings suggest that help-seeking in primary care settings presents a currently under-exploited opportunity for early intervention in young people at-risk for developing SUDs.
Personality-targeted intervention for substance use and mental health: The Preventure program and its adaptation for Australia

Monday, 28th October - 11:30: Concurrent 3.2 - Oral - Substance Use (Mezzanine Level, Room M1) - Oral - Abstract ID: 346

Dr. Erin Kelly (The Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney), Ms. Lucy Grummitt (The Matilda Centre for Research in Mental Health and Substance Use), Dr. Emma Barrett (The Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney), Prof. Patricia Conrad (University of Montreal), Prof. Maree Teesson (The Matilda Centre, The University of Sydney), Dr. Nicola Newton (The Matilda Centre, The University of Sydney)

Introduction: Adolescence is a critical period in the development of substance use and other mental disorders, and therefore, an optimal time to intervene. Four personality traits that increase risk for substance misuse and psychopathology are hopelessness, anxiety sensitivity, sensation-seeking and impulsivity. A brief intervention targeting these traits, Preventure, was developed in the United Kingdom in consultation with young people. After confirming its effectiveness in the United Kingdom, Preventure was adapted for use in mainstream schools in Canada, and for First Nations Youth in Canada. Preventure has been shown to be effective in reducing the uptake of drinking, binge drinking, and drug use, and reducing symptoms of depression, anxiety and behavioural problems.

Aim: Following the positive results in overseas trials, the aim of our research was to adapt and trial the efficacy of Preventure among Australian adolescents.

Method: Students, teachers and health professionals were integral to the adaptation of Preventure. We conducted focus groups with 69 students from three schools, as well as 12 teachers and experts to ensure the content and scenarios of Preventure were relevant to Australia. Preventure was then trialled in 14 schools with 438 Year 8 students who scored as ‘high risk’ on one of the four personality traits. Schools were randomized to either Preventure or control (health education as usual). ‘High-risk’ students in Preventure schools were invited to attend two 90-minute group sessions teaching coping skills related to their personality profile, run by trained facilitators. Students who participated in Preventure provided feedback on the program.

Results: During the adaptation phase, students provided suggestions for changes to the language, content, scenarios and images for use in Australia. The data obtained from the focus groups will be presented, including reasons why Australian youth choose to drink and not to drink alcohol, and examples of cross-cultural adaptations suggested by students, teachers and experts. Results from the RCT showed that relative to ‘high-risk’ control students, ‘high-risk’ Preventure students displayed significantly lower growth in their likelihood to consume alcohol, binge drink, or experience alcohol-related harms over 3 years. Receiving Preventure also reduced growth in conduct problems, hyperactivity, symptoms of depression, anxiety, and overall psychological distress. Student feedback was overwhelmingly positive: 88% of students rated the program overall as “very good” or “good”, and 85% of students said the information in the program was helpful for them.

Discussion and future directions: There are a range of school-based alcohol prevention programs; however, many are lacking a sound evidence-base and/or are not engaging or helpful for students. The Preventure program has demonstrated benefits in reducing and preventing substance use and other emotional and behavioural problems, and additionally has been well-received by Australian adolescents. Student involvement in the adaptation of Preventure improves its relevance to young Australians. Future directions for the program are under-
way and include: i) increasing the uptake of Preventure in Australia by training teachers to deliver the program, and ii) testing its feasibility in youth service settings.
Drug & Alcohol Prevention Programs for Older Adolescents: The Illicit Project Pilot Study

Ms. Jennifer Debenham (The Matilda Centre, The University of Sydney), Dr. Nicola Newton (The Matilda Centre, The University of Sydney), Dr. Louise Birrell (The Matilda Centre for Research in Mental Health and Substance Use, The University of Sydney)

Background:
Currently there are few age-appropriate harm-minimisation programs targeting older adolescents (15-19 years), despite this age group being the most likely to engage in risky drug and alcohol use[1,2]. Fortunately, there is compelling evidence to suggest that neuroscience education may be effective in conveying complex health information to young people as they find messages accompanied by neuroscience as more credible and memorable than other forms of science communication[3]. This effect has been coined, the seductive allure for neuroscience explanations (SANE)[4]. A new program called ‘The Illicit Project’ was been developed to leverage the impact of SANE within the context of AOD harm minimisation and young people. The Illicit Project is a 3 session, neuroscience-based, drug and alcohol harm minimisation program designed for youth aged 15-19 years in secondary schools.

Aims:
The primary aim of this study was to evaluate The Illicit Project in terms of its i) credibility, memorability and relevance for young people, and its ii) feasibility and acceptance by teachers and health professionals. A secondary aim was to investigate the impact of the program on alcohol and other drug-related knowledge and skills in young people.

Methods:
A pilot program was conducted involving young people, teachers and health-professionals from three secondary schools/youth centres across Sydney. Students (n=352; mean age =15.5 years ) and teachers (n=10; mean age = 32.4 years) completed evaluation questionnaires post the program delivery and students also completed a knowledge and skills questionnaire at pre and post program delivery. Descriptive statistics and paired t-tests were conducted to assess student progress over time.

Results:
Overall, the evaluations were extremely positive. Specifically, over three quarters agreed that the Illicit Project was good or very good (76%) and that the neuroscience content was interesting (76%), easy to follow (80%), relevant (81%) and that they plan to apply the information to their own lives (80%). In addition, 85% of teachers said it was better or much better than other programs and 90% confirmed they would recommend it to others. Importantly, there was a significant increase in both skills and knowledge across student participants from pre- to post-program delivery(p<0.0005).

Conclusion: The neuroscience-based harm minimisation program, The Illicit Project, is both feasible and acceptable to students and teachers in secondary schools and there is preliminary evidence to suggest its effectiveness in improving knowledge and skills. A large-scale randomised controlled trial of the program should be conducted to improve understandings of the effectiveness of neuroscience in preventing alcohol and other drug-related harms in adolescents.

Does cannabis use in adolescence affect cognitive performance later in life? - a systematic review of longitudinal studies

Dr. Emmet Power (Royal College of Surgeons in Ireland), Dr. Aisling O’Neill (Royal College of Surgeons in Ireland), Mr. Colm Healy (Royal College of Surgeons in Ireland), Prof. David Cotter (Royal College of Surgeons in Ireland), Prof. Mary Cannon (Royal College of Surgeons in Ireland)

Introduction: Cannabis has been decriminalized or legalized in a growing number of countries worldwide. The potential public health effects of such policy decisions are unknown due to a lack of prospective research. There is a lack of scientific data examining whether cannabis affects cognitive functioning specifically in individuals who initiate heavy cannabis use in adolescence. Four previous meta-analyses mostly including small cross-sectional samples have had conflicting results. There is a need for a review of longitudinal studies measuring change in cognitive performance over time in young cannabis users. Objectives: We aim to present the final results of our currently ongoing systematic review and meta-analysis of cannabis exposure and cognitive trajectories in young people.

Methods: We developed a search strategy through an iterative approach with a qualified information specialist. We searched three databases: Medline, Embase and PsychInfo from inception to 13/2/19. We considered longitudinal studies of non-treatment seeking using young people in the community who had a pre-drug exposure standardized measure of cognition prior to the age of 26 and the same measure at subsequent follow up. We defined the case group as individuals with a history of cannabis use and the control group as similar young people who had no or very minimal experimental exposure to cannabis. Preliminary Results: We identified 7 studies which met our a priori inclusion criteria containing 8819 subjects in total. Study designs varied and included 3 twin cohorts, 2 enriched community samples and 3 birth cohort studies. Range of follow up was between 2 and 23 years. All studies showed relative decline in cognition across multiple domains in those exposed to cannabis in unadjusted analysis. After extensive control for potential confounders 2 studies showed significant results for residual effects of cannabis use on cognitive functioning. Effect sizes for cognitive dysfunction were generally small however memory dysfunction was a consistent finding across studies. Discussion: Our preliminary findings show that cannabis use in youth is associated with cognitive dysfunction. Our planned analyses will provide important and relevant findings to inform policy makers, clinicians and most importantly young people.
Underlying causes of psychological distress in young women: Findings from focus groups with young people, parents, teachers and clinicians.

Monday, 28th October - 10:45: Concurrent 3.3 - Oral - Global and Innovative Perspectives (Mezzanine Level, Room M2) - Oral - Abstract ID: 347

Dr. Alison Clear (The Australian National University), Ms. Alyssa Morse (The Australian National University)

Introduction: A recent report by Mission Australian and the Black Dog Institute highlighted that psychological distress is increasing in Australian young people, particularly among young women aged 15 to 19 years. Identifying the potential causes and drivers of psychological distress in this population is important to enable the development and implementation of treatment and preventative strategies to alleviate and prevent this growing problem.

Objectives: To identify through a series of focus groups with young people, parents, teachers and clinicians possible causes or drivers of high psychological distress in young women aged 15-19 years.

Methods: Four focus groups were conducted with young women aged 15-19 years (n=12), and two groups each were conducted with parents of young women aged 12 to 25 years (n=10), teachers working in secondary schools (n=15) and mental health clinicians working in secondary schools and tertiary institutions (n=5). All focus groups were conducted at The Australian National University and were facilitated by a clinical psychologist. Focus groups ran for approximately 90 minutes and were tape recorded for later transcription. A series of structured questions were presented to each group to facilitate discussion and broadly focused on identifying potential (a) drivers of psychological distress in adolescent women, (b) reasons for higher distress in the 15-16 year old age group, and (c) reasons for higher distress in young women compared to young men.

Results: Three major salient sources of distress for adolescent women were identified from the focus groups: pressure to perform, social networks (family, peers and teachers) and barriers to help-seeking. Two additional stressors, sexual identity and constant media access, were also frequently raised by participants. Factors that may be unique to the cohort of interest (15-16 year-old females) included physical and mental developmental stage, interpersonal dynamics for young women, and cultural expectations placed on young women.

Conclusion: Based on the results of the focus groups, a number of preventative strategies could be further explored to address the rising rates of psychological distress in young women, including improved transitional support for the final years of secondary school, more education for parents and teachers to identify and manage mental health problems in their children and the classroom, strengthening social connections in secondary schools, targeted mental health education and support for young women, and supporting greater engagement in positive extra-curricular activities.
The role of technology in marginalised young people’s health system navigation

Monday, 28th October - 11:00: Concurrent 3.3 - Oral - Global and Innovative Perspectives (Mezzanine Level, Room M2) - Oral - Abstract ID: 670

Ms. Fiona Robards (The University of Sydney), Prof. Melissa Kang (University of Technology Sydney), Dr. Georgina Luscombe (University of Sydney), Prof. Katharine Steinbeck (The University of Sydney), Prof. Lena Sanci (The University of Melbourne), Prof. Catherine Hawke (The University of Sydney), Prof. Stephen Jan (The George Institute for Global Health), Prof. Rachel Skinner (The University of Sydney), Ms. Cristyn Davies (University of Sydney), Prof. Tim Usherwood (The University of Sydney)

Background and Aims
Technology influences the ways young people access information and healthcare. We aimed to explore the role of technology in young people’s health system navigation, focussing on the needs of marginalised young people.

Methods
Access 3 is a multi-methods research project with young people aged 12-24 in NSW, focusing on those who were: Indigenous; living in rural and remote areas; homeless; refugee; and/or, gender and/or sexuality diverse. This paper presents findings from two studies, focusing on the role of technology and help-seeking: Study 1: Cross-sectional survey (n=1,416) and Study 2: Qualitative longitudinal study (n=41).

Results
In Study 1, most participants (96.1%) had access to the internet, and 94.0% spent time online every day. However, marginalised participants (n=897) were less likely to have access compared to other young people (94.4% vs 99%, p<0.001). Two-thirds (67.3%) used the internet to help decide whether they need to visit a health service, and half used the internet to decide which health service to visit (50.7%). The majority found information they were looking for but did not always trust what they found. However most (63.3%) did not believe that information on the internet is as good as visiting a doctor or health service for their health concerns. In Study 2, marginalised young people were ambivalent about their healthcare journeys. They struggled with health system fragmentation and wanted to learn more about the health system and its navigation, in school and online. They also suggested more service promotion and information about cost and the service approach.

Conclusion
Technology has the potential to reach young people. However, lower rates of internet access for marginalised groups need to be addressed to ensure equity. While online information does not replace face-to-face services, services can use technology to increase access to trusted health and service information.
Introduction: Youth mental health is a complex challenge across Melbourne's West, with young people from culturally and linguistically diverse (CALD) backgrounds facing additional risk, significant under-reporting and low rates of professional help-seeking.

The Global Ambassadors Program (GAP) at headspace Werribee is a model for promoting resilience-based life skills in CALD youth through discussions on acculturation stress. The program is ongoing, however has recently been run at a secondary school within Wyndham City. This municipality within Melbourne's West is home to residents from over 120 different countries, speaking over 52 different languages and dialects. Where such diversity exists, it is important that young people are supported and involved in opportunities to discuss how to build and maintain positive life skills, and how to stand united for global change and respect.

Objectives: The goal of the GAP was to create a safe space for CALD youth to openly discuss their cultural experiences and connections to mental health and wellbeing, with aims to utilise this to inform further safe conversations outside the classroom. The program's content sought to promote mental health awareness amongst CALD youth and inspire confident cultural advocacy in local communities. Contributions from young people within the headspace Werribee Youth Advocacy Group (YAG) was also embedded in the program to help develop and showcase their leadership and facilitation skills.

Methods: The GAP was delivered over multiple sessions to Year 9 students engaged with the school's English as Another Language (EAL) program. Facilitators for each session comprised of young people either working or volunteering with headspace Werribee.

Demographic information was collected via surveys, with additional quantitative data collected via a previously-developed instrument to assess participants' level of resilience. This was assessed pre- and post-program. At the end of the GAP, qualitative data was also collected using open-ended questions in a purpose-designed questionnaire.

Results: Quantitative results indicated a significant increase in participant resilience levels, with supporting qualitative feedback. At the start of the GAP, students' average score of resilience was 79.9, which increased to 126.8 post-program. This Resilience Scale highlighted themes centred around low self-reliance, low self-efficacy, low self-confidence and minimal self-care pre-GAP. Post-GAP, participants indicated feeling highly value-driven, self-trusting and future-oriented, with markedly increased levels of self-confidence and resilience.

In the short-term, policy implications may include the promotion of social connection and safe conversations among CALD youth in learning environments, and their increased confidence as young advocates. In the long-term, it is hoped that young people's cultural experiences are valued and become central in re-shaping and integrating into school curriculum.

Conclusion: As a tool for cultural awareness, the GAP addresses needs in school communities to explore stressors that CALD youth may be experiencing in terms of their culture, identity, and relationships. As programs like the GAP become more integrated into learning environments, young people from diverse backgrounds will not only become more confident in sharing their stories safely, but will also have a greater stake as current and future global leaders in showcasing their skills and the collective power of young people.
Maisons des Adolescents’ advocacy in France: the example of school refusal

Monday, 28th October - 11:30: Concurrent 3.3 - Oral - Global and Innovative Perspectives (Mezzanine Level, Room M2) - Oral - Abstract ID: 846

Ms. Claire Deschamps (APHP, Hôpital Cochin, Paris), Prof. Marie-Rose Moro (APHP, Hôpital Cochin; Université de Paris; Université Paris-Saclay), Dr. Guillaume Bronsard (Association Nationale desMaisons des Adolescents), Ms. Laelia Benoit (APHP, Hôpital Cochin; Université de Paris; Université Paris-Saclay)

More than 100 “Maisons des Adolescents” (MDA) have been created in France since 1999. These structures provide rapid, easy and free care to young people aged 11 to 21 years old, in welcoming places. MDA are located in city centers, separate from hospitals and from psychiatric units to prevent stigmatization. They provide essential services, such as a health and prevention space, immediate and unconditional listening, a rapid assessment of mental distress, support groups (peers, parents, siblings), and single and multiple family therapy.

This presentation will detail the MDA advocacy strategies over the last 20 years, that enabled them to become the reference structures they are today. The essential services are sustainably funded by local public institutions (Agences Régionales de Santé). However, to increase their reputation and find additional financial support, MDA have each developed its own specific skills. These specialties are linked to major current social issues, such as anorexia, school refusal, trauma, radicalization, etc., and as such attract capital and public exposure with the help from charitable foundations and support groups. Some MDA are developing citizen research projects and innovative therapeutics, enabling them to obtain public research funding.

Work on these societal topics and the resulting innovations are publicized in mainstream media, increasing the influence of MDA and the number of financial partnerships, in a virtuous circle.

We will detail these advocacy strategies based on the example of anxious school refusal.
Rates and predictors of relapse in first episode psychosis: An Australian cohort study

Monday, 28th October - 11:45: Concurrent 3.3 - Oral - Global and Innovative Perspectives (Mezzanine Level, Room M2) - Oral - Abstract ID: 405

Dr. Ellie Brown (Orygen, The National Centre for Excellence in Youth Mental Health)

Background – Clinical and functional recovery is usually achieved after successful treatment for a first episode of psychosis (FEP). Unfortunately, subsequent relapse remains common, occurring within a year for approximately 30% of individuals and within five years for 80%. What makes someone more likely to relapse remains poorly understood.

Methods – This study is a naturalistic cohort study of young people accessing an early intervention in psychosis service in Melbourne, Australia between 1st January 2011 and 3rd September 2014. Demographic and clinical predictors of relapse were collected from electronic patient records and analysed using Cox regression analysis.

Results – Our cohort consisted of 708 young people, of which 275 (38.8%) experienced at least one relapse during their episode of care. Approximately two thirds of all relapses resulted in admission to hospital. Cause of relapse was recorded most frequently recorded as due to non-adherence to medication, followed by substance use and then psychosocial stressors (possibly cut). Significant predictors of relapse in this sample were diagnosis and amphetamine use.

Conclusion – Our findings suggest that relapse is still a frequent occurrence for young people who have experienced FEP. This is one of the first studies to find that amphetamine use increases the risk of relapse. Clinical services, especially in Australasia, need to consider how best to manage this co-morbidity in young people with FEP.
What does it mean to activate and connect youth for global mental health?

Monday, 28th October - 12:00: Concurrent 3.3 - Oral - Global and Innovative Perspectives (Mezzanine Level, Room M2) - Oral - Abstract ID: 853

Mr. Lian Zeitz (citiesRISE)

The global mental health field is going through a renaissance. This revival is rooted in a global crises faced by individuals, families, communities and nations related to mental ill health, as well as increasing awareness of the fundamental role mental health plays in the social, economic, and spiritual development of society. At this juncture, new emphasis on young people has emerged as the tip of the spear for the transformation required to move the needle on mental health. This presentation will showcase how young people are driving mental health transformation in their communities and how the citiesRISE platform is working to activate and connect youth to the systems that impact their lives. Specific examples of how young people are driving non-traditional forms of care and support will be provided from India, Kenya, Colombia, and the United States.
Mental health of students in higher educational settings: data from My World Survey 2

Monday, 28th October - 10:45: Concurrent 3.4 - Oral - Schools/Educational Settings (Mezzanine Level, Room M4) - Oral - Abstract ID: 575

Prof. Barbara Dooley (University College Dublin), Dr. Cliodhna O'Connor (University College Dublin), Ms. Maeve Scully (University College Dublin), Mr. David Hayes (University College Dublin), Dr. Amanda Fitzgerald (University College Dublin), Dr. Aileen O'Reilly (Jigsaw: The National Centre for Youth Mental Health)

Background: There are significant gaps in research and data on the prevalence and nature of mental ill-health among university students. In addition, there is little evidence comparing different cohorts of students, in a single study, to understand their mental health needs and how different needs should be considered by higher education institutions. Recently, reports suggest that PhD candidates have elevated mental difficulties. However, many of these studies do not use appropriate comparators. Other groups of students such as those from low socio-economic backgrounds and international students appear to experience even greater risk. This is the first study to collect data contemporaneously from different student cohorts with a national sample of higher education institutions.

Aims/Objectives: This study aims to (i) examine the risk and protective factors of students in third level education in Ireland compared to My World Survey (MWS) 1 (2012) and (ii) compare different cohorts of students within higher education institutions.

Method: All higher education institutions in Ireland (7 universities and 14 Institutes of Technology) were invited to participated. Data collection is ongoing. To date 7,103 have completed the My World Survey 2 instrument: 86% undergraduate, 9% postgraduate taught, 5% postgraduate research; 68% identified as female; 74% heterosexual, 60% aged 18-20 years of age. Risk factors studied included depression, anxiety, suicidal behaviour, gambling and alcohol. Protective factors studied included: life satisfaction, optimism, resilience, coping, self-esteem, and social support.

Results: Twenty two percent were observed to have severe/very severe levels of depression and 25% severe/very severe levels of anxiety measured by the Depression, Anxiety, Stress Scale. This compares to 14% in MWS 1 (2012) for both depression and anxiety, demonstrating a significant rise. Risky alcohol behaviour was lower than in 2012, with 54% in the low risk category compared to only 41% in 2012. Eleven percent reported a suicide attempt compared to 7.4% in 2012. Undergraduate students were found to have significantly higher levels of risk factors including depression, anxiety and risky alcohol behaviour compared to other cohorts. This is coupled with lower levels of protective factor including self-esteem, optimism, resilience, life satisfaction and planned coping strategies. Postgraduate research students were observed to have the lowest level of risk. Lower socio economic status was associated with higher risk and lower protection as was disability. International students were, overall, at lower risk than Irish students.

Conclusion: The data demonstrate a rise in mental health problems in Irish students from 2012 to 2019, which has also been reported in other countries. Additionally, student cohort is important to consider. Undergraduates, students with a disability and students from lower economic backgrounds were observed to be at an elevated risk when compared to other cohorts. The rise in mental health difficulties in students and their status within their institution have implications for counselling services in higher educational settings, which will require these services to consider how to meet demand and provide a quality fit for purpose service within a constrained funding model.
Climate Schools Plus: An online intervention for adolescents and their parents to prevent substance use and related harms.

Introduction/Rationale:
Early initiation of alcohol and other drug use significantly increases the risk of developing substance use dependence and mental health problems later in life. Parents play a key role in preventing substance use and related harms in their children, however, there is currently no Australian substance use prevention program designed for both students and parents and no such program internationally with an online delivery approach. To address this gap, we developed the first integrated, online substance use prevention program for students and their parents, called Climate Schools Plus (CSP). The CSP program aims to inform young people about the harms associated with alcohol and other drug use and to increase parents’ confidence and ability to address these issues with their adolescent. The CSP program includes a student component based on the evidence-based Climate Schools program developed by A/Prof Nicola Newton and colleagues (Newton et al., 2010). The parent component is based on a successful Dutch program developed by Dr Ina Koning (Koning et al., 2011) and informed by consultation with over 240 parents, teachers and researchers. The CSP program is also unique because it is the first combined substance use prevention program to be available online, which allows for greater accessibility, flexibility and consistent implementation of the program for a variety of users.

Objectives:
The current study seeks to evaluate the effectiveness of the CSP program and gather valuable feedback from young people and parents who are involved in the trial, to inform the future design and implementation of the program.

Methods:
Our team is currently conducting a randomised controlled trial to evaluate the effectiveness of the CSP program. Year 8 students from 12 secondary schools in Australia were recruited in 2018 and randomly allocated to receive either the CSP program or their usual health education in 2018 and 2019. All participants completed a baseline questionnaire in 2018, and are due to complete 12-and 24-month follow-up questionnaires in 2019 and 2020. These questionnaires measure outcomes of substance use, parental self-efficacy, parent-child communication quality, knowledge about alcohol and cannabis, parental supply of alcohol, parental monitoring, quality of life and distress.

Results/Implications:
This paper will present the preliminary results of the trial from baseline to the 12-month follow-up, as well as feedback from the students, parents and teachers involved in the program. It is hypothesised that the CSP intervention will be more effective than health education as usual in preventing substance use and related harms. The feedback from participants will highlight the strengths and limitations of the CSP program and the implications these have for its future implementation.

Conclusion:
The CSP program for students and parents has the potential to improve the communication between adolescents and their parents regarding alcohol and other drugs and reduce the harms associated with substance use in young people. If proven to be effective, the CSP program could be implemented widely as part...
of a national strategy to significantly reduce the burden of disease, social costs, and disability associated with substance use in young people.
Mental health, educational outcomes and use of services in Australian adolescents

Monday, 28th October - 11:15: Concurrent 3.4 - Oral - Schools/Educational Settings (Mezzanine Level, Room M4) - Oral - Abstract ID: 833

**Prof. James Scott (The University of Queensland Faculty of Medicine), Dr. Hannah Thomas (Queensland Centre for Mental Health Research (QCMHR)), Prof. David Lawrence (University of Western Australia), Ms. Jennifer Bartlett (University of Western Australia), Ms. Emily Hielscher (UQ Centre for Clinical Research)**

**Introduction:** Mental health problems are common in Australian adolescents and can significantly impact adolescents' learning and development.

**Objectives:** The aims of the study were to examine (1) the impact mental health problems have on young people, and (2) whether current services are meeting the needs of young people and their families.

**Methods:** A random sample of Australian adolescents aged 6,310 4- to 17-year-olds were recruited in 2013-14 as part of the Young Minds Matter Survey. Parents of all children were interviewed and 2,967 young people 11-17 years also completed a youth questionnaire. Most families also gave permission to access NAPLAN results and Medicare data. Survey interviews assessed mental disorder status using the Diagnostic Interview Schedule for Children, and collected information about perceived needs for services, use of services, and barriers to care. NAPLAN test scores of students with mental disorders were examined by converting test scores to Equivalent Year Levels. Medicare and Pharmaceutical Benefits Scheme data were examined to investigate how many adolescents received at least a minimum number of psychotherapy sessions or prescription of an appropriate pharmaceutical based on current treatment guidelines.

**Results:** One in seven Australian adolescents had a mental disorder in the previous 12 months. Anxiety disorders, ADHD and depression are the most common disorders. Major depressive disorder becomes more common in the adolescent years, and is associated with a concerning rise in self-harming and suicidal behaviours. More than one in 10 young people have self-harmed. Eight per cent have self-harmed in the past 12 months. Seven and a half percent of young people have seriously contemplated taking their life in the previous 12 months, 5% reported having a plan on how to do so, and 2.5% had attempted suicide in the previous 12 months. In year 9 NAPLAN, students with a mental disorder were on average 1.5 years behind their peers in reading, 2.1 years behind in numeracy and 2.6 years behind in writing. Despite increasing use of mental health services, less than one in five adolescents with a mental disorder receive a sufficient level of services to be considered minimally adequate according to current treatment guidelines.

**Conclusion:** Mental disorders are among the most common and disabling health conditions affecting Australian adolescents. They significantly impact on students’ learning and development. Despite growing awareness of mental health issues and increased use of services, there remain significant gaps in the number of young people receiving evidence-based care.
Examining the Role of Pornography in Youth Mental Health – Findings from My World Survey 2

Monday, 28th October - 11:30: Concurrent 3.4 - Oral - Schools/Educational Settings (Mezzanine Level, Room M4) - Oral - Abstract ID: 551

Dr. Aileen O'Reilly (Jigsaw: The National Centre for Youth Mental Health), Dr. Cliodhna O'Connor (University College Dublin), Dr. Amanda Fitzgerald (University College Dublin), Mr. David Hayes (University College Dublin), Ms. Maeve Scully (University College Dublin), Prof. Barbara Dooley (University College Dublin)

Background: The My World Survey (MWS; Dooley & Fitzgerald, 2012) is a cross-sectional community survey of risk and protective factors of youth mental health. The first wave of data collection for this study was carried out in 2011/2 and provided invaluable baseline information about the mental health needs of young people. The second wave of data collection was carried out in 2018/9 to gain new insight into, and increase understanding of, young people's mental health.

Aims/Objectives: International studies have suggested that between 7-59% of adolescents are accessing pornography intentionally, and that young adults have the highest rates of Internet pornography use of all age groups (Kohut & Stulhofer, 2018). Most research on this topic has been with non-representative samples of college students and the empirical research examining the relationship between pornography use and mental health is relatively scarce. The aim of this study was to examine the relationship between adolescents' online pornography use and mental health.

Method: Participants were adolescents (14-18 year olds; n = 941) from senior cycle classes in post-primary schools in the Republic of Ireland who took part in the second MWS. Participants completed either a paper-based or web-based survey during class in the 2018/9 academic year. For this study, participants' demographic information was analysed as well as answers to questions about pornography use, relationship status, sexual behaviour and deliberate self-harm/suicide. Participants' responses on measures of social support, life satisfaction, optimism, resilience, coping, anxiety/depression, self-esteem, body image esteem, gambling and alcohol use were also examined.

Results: A significant proportion of participants, particularly males, indicated they had watched pornography, had searched for it themselves and did so regularly during the previous month. Logistic regression analyses indicated feelings of depression, alcohol use and gambling behaviour were significant predictors of regular pornography use for males, while a previous suicide attempt and having had oral sex predicted regular pornography use among females.

Conclusion: This study provides a valuable insight into the relationship between pornography use and mental health among adolescents, which is important given the contentious public discourse often surrounding this topic internationally. Further longitudinal studies in this area are needed, particularly those that take a developmental perspective on this topic and are carried out in different cultural contexts.
Evaluating the effectiveness of school-based depression, anxiety and substance use prevention into young adulthood: The Climate Schools Combined study

Introduction: Anxiety, depression and substance use typically onset and peak in adolescence. They share risk factors and commonly co-occur. Early prevention in the teenage years is critical, however the durability and cost-effectiveness of programs into young adulthood are unclear. Furthermore, prevention programs tend to target single disorders in isolation and have been hampered by issues including poor implementation fidelity. This presentation will discuss outcomes of a cluster randomised controlled trial to evaluate the effectiveness of the online Climate Schools Combined (CSC) intervention; a universal, integrative approach to preventing substance use and mental health problems among adolescents delivered in school up to 30 months following the intervention. The protocol for the extended 7-year follow-up, which will assess the durability and cost-effectiveness of the intervention will also be discussed.

Methods: A cluster RCT was conducted with 6,411 students from 71 Australian schools (mean age at baseline = 13.5). Participating schools were randomly allocated to the following conditions; 1): the ‘control’ condition, 2) the ‘Climate Schools – Substance Use’ condition, 3) the ‘Climate Schools – Mental Health’ condition or 3) the ‘Climate Schools Combined’ condition. Mental health and substance use were assessed by 7 surveys administered in 2014-2016. An extended follow-up of the CSC cohort is currently underway and will assess outcomes at 5-, 6- and 7-years post-baseline. A cost-effectiveness analysis assessing resource use will be conducted using data linkage methods.

Results: At 30 months post-baseline, increasing trajectories of alcohol use and mental health symptoms were observed in the control, Climate - Substance Use, and Climate - Mental Health groups, whereas these symptoms remained stable in the Climate Schools Combined intervention group. This pattern was evident for depression symptoms ($b = -0.63 [0.27]$, $p = 0.021$), GAD symptoms ($b = -0.38 [0.25]$, $p = 0.006$) and social phobia symptoms ($b = -0.35 [0.17]$, $p = 0.045$). The Climate Schools Combined group showed significantly less increase in their odds of drinking (OR = 0.252, $p = 0.0001$) and binge drinking (OR = 0.151, $p = 0.007$) compared to control.

Conclusion: For the first time, there is evidence to suggest that an integrative, cross-diagnostic intervention can be effective in preventing mental health and substance use problems. The CSC intervention is a practical, scalable and easy-to-implement model prevention model with the potential to be taken to scale. The extended follow-up will indicate if these positive prevention effects are durable into young adulthood and if they are cost-effective.
**SafeTALK? : Assessing pre service teacher competence before and after suicide skills training.**

**Introduction**

Suicide is a leading cause of death among young people. Teachers are well positioned to detect youths at risk of suicide (Hatton, 2014). However, many studies have identified limitations in teacher knowledge and capacity in dealing with suicidal behaviour (Ross, Kolves & De Leo, 2017; Nadeem, Erum, Kataoka, Chang, Vona, Wong, and Stein, 2011). Initial teacher education is recognised as a key opportunity to provide teacher training on topics related to health promotion such as suicide and self-harm (Shepherd et al., 2016) and to prepare them to recognise and respond to students at risk of suicide. The purpose of the current study was to examine the impact of gatekeeper training, specifically SafeTALK training, on knowledge of suicide and ability to respond to young people at risk of suicide in a cohort of preservice teachers.

**Objective**

- To assess the effectiveness of SafeTALK suicide skills training for improving the knowledge and response skills of pre service university education students to support young people at risk of suicide.

**Method**

This study used a double blinded, randomised, pretest-posttest, wait-list control-group design. A total of 225 pre service students participated in this study and were randomised to either experimental group (SafeTALK training and education as usual) or the waitlist control group (education as usual). The intervention was not masked. Participants from both groups completed 2 web-based assessments (pre-test and post-test). The outcome measures for this study were knowledge of suicide, attitudes to suicide and self-efficacy/confidence in dealing with students displaying suicidal symptoms.

**Results**

The knowledge and perceived self-confidence of gatekeepers in the experimental group improved significantly compared to those in the waitlist control group at post-test. There was no significant change in attitudes to suicide post intervention.

**Policy Implications**

International education policy views SafeTALK as a recognised training that is being advocated as support teachers address the topic of suicide in a safe way (e.g. Connecting for Life, Ireland’s National Strategy to reduce Suicide 2015-2020; the National Suicide Prevention Strategy, Australia). Yet, in an environment of scarce resources little research as to its effectiveness has been conducted with teachers and existing studies are not robust. Our research demonstrates that SafeTALK is an effective intervention to increase teacher knowledge of suicide and...
perceived confidence in dealing with students displaying suicidal symptoms supports and is supportive evidence for current policy reform.

**Conclusion**
The findings of this study indicate that SafeTALK training is an effective educational method to enhance knowledge and self-confidence of pre-service teachers as gatekeepers with regard to student suicide and student suicide prevention. In an environment of scarce resources this study provides robust evidence of its use with teachers and support for ongoing educational reform in this area.
Developing the Foundry Experience: Establishing a strong brand to become a purpose-driven organization, positioning young people at the centre

Monday, 28th October - 10:45: Concurrent 3.5 - Oral - Services 2 (Plaza Level, Room P1) - Oral - Abstract ID: 666

Ms. Leah Lockhart (Foundry BC), Ms. Pamela Liversidge (Foundry BC), Mr. Bruce Kung (Foundry), Mrs. Tamara Throssell (Foundry)

Introduction: Armed with a bold vision to transform access to care, the BC Integrated Youth Services Initiative team was tasked with creating a network of integrated youth service centres; we knew that if we wanted to truly transform systems, we needed to learn what young people and caregivers wanted from this new experience before building it. We set out on a robust branding journey to help inform the Foundry experience and develop our name and visual identity.

Objectives: Our overall objective is to offer an exceptional client experience through understanding and defining what the “Foundry experience” means to young people, caregivers and service providers, and embedding this experience as foundation for all decisions and service development throughout the organization. Our first phase focused on the development of a strong brand to help young people know where to go for help. This phase focused on understanding what these groups wanted in an integrated youth service centre, what was important to them, and embarked on a substantial engagement process to develop a name and visual identity.

Approach: Our brand journey included a literature and landscape review, focus groups with young people, caregivers and service providers (seven in BC and five in other provinces), a national youth and parent market research survey, and a design charrette focusing on environmental design. We formed a brand committee representing youth, families, Foundry communities, donors, provincial ministries, and partners. This committee facilitated further engagement around the naming and visual identity and led the decision-making process. During this process, Foundry site representatives on the committee worked with their youth and family advisory groups to seek input and inform the decision-making process.

Results: Learnings from this approach led to the creation of what we call our Brand DNA and brand story, as well as our name (Foundry) and our visual identity (logo, colours, graphics). It enabled us to understand what characteristics and features were important parts of the experience that young people and their families wanted, and our differentiators. Interestingly, Foundry's developmental evaluation revealed that this process was regarded by our network as an exemplar of meaningful youth engagement. It also showed that within the first year people were describing Foundry not by the services offered, but what features made it different and transformational. These features aligned with our brand characteristics, demonstrating that only a year in, our brand was coming alive.

Conclusion: The first phase of our brand process was a significant step towards defining the Foundry experience. Moving forward, we will use this information to begin the next phase of working with young people, families and service providers to better define the experience, research and utilize a broad spectrum of user experience engagement techniques, identify and adopt the core habits of customer-centred organizations, and continue to embed the brand (purpose, values and ideals) across the organization to ensure Foundry is truly a purpose-driven organization focused on client experience.
Introduction

Orygen, The National Centre of Excellence in Youth Mental Health (Orygen) has a strategic objective to partner with young people, ensuring that they remain at the forefront of everything that we do. As a commitment to this, Orygen continues to deliver on its strategy to promote youth engagement and participation across the organisation.

As youth mental health programs and services are established and expand across Australia, it is essential that young people are actively engaged in developing the criteria and assessing the quality of youth mental health services. To facilitate this, a need to create a structured assessment tool that meaningfully captures the unique perspectives of young people in creating a youth friendly mental health service was identified.

Objectives

Orygen has partnered with young people to develop ‘Getting it right - A tool to assess the youth friendliness of mental health services.’ This tool has been created to include key standards that young people have identified as being essential to creating a youth friendly mental health service, alongside a youth-led quality assurance process. The tool aims to empower organisations to participate in a service review and hear directly from young people to improve service delivery, reduce barriers for engagement and improve the overall experience of young people and their families accessing support.

Approach

The ‘Getting it right’ assessment tool has been developed in partnership with young people from Orygen’s youth engagement and participation programs. Members of Orygen’s Youth Advisory and Youth Research Councils played a key role in guiding the development of the project from the onset. The tool is a culmination of strong partnerships with young people through co-design workshops, surveys, content reviews, pilot testing and final design of the tool.

Practice Implications

The development of this assessment tool has allowed young people to have a voice and provide practical input into the service design and delivery of mental health services. In practice, there are plans for the tool to be utilised through the development of a National Youth Assessment Program. The program will allow mental health services to opt-in to participate in an assessment by young people to ensure the delivery of high quality services and receive practical feedback to improve their youth friendliness. As we move into the program development phase of the project, young people will be supported to become Youth Assessors, who are provided with training and mentoring to undertake assessments and provide reports to mental health services within their communities around Australia.

Conclusion

As youth mental health services continue to expand, tools such as ‘Getting it right’ are essential to facilitate young people's involvement in service design and delivery. The standards and actions identified by young people provide benefits and outcomes for both organisations and young people, which will be explored through this presentation.
CASPAR: Delivering a New Youth Mental Health Service in a Primary Care Platform

Ms. Rachel Yang (University of New South Wales), Dr. Philippa Levy (University of New South Wales; South Eastern Local Health District, NSW), Dr. Candice Jensen (University of New South Wales; South Eastern Local Health District, NSW), Ms. Karen Chown (South Eastern Local Health District, NSW), Dr. Julia Lappin (University of New South Wales), Dr. Jackie Curtis (University of New South Wales; South Eastern Local Health District, NSW)

Introduction - There is a recognised service gap between primary and specialist mental health services in addressing the needs of youth with moderate-to-severe mental health needs. CASPAR (Comprehensive Assessment Service for Psychosis and At Risk) is a new, community-based early intervention service which facilitates assessment and short-term intervention in youth (12-25yrs) with emerging mental health issues who are accessing 3 Sydney based headspace services.

Objective - The first year of implementation of the CASPAR service is described including the demographic and clinical data collected from young consumers, as well as how young people have engaged with the service over their episode of care.

Methods - Demographic and clinical data, including measures of functional impairment and psychological distress, were obtained for all young consumers of the CASPAR service care in its first 12 months of operation. A standardised feedback questionnaire was offered to a subset of consumers to determine the acceptability of the service, and perceptions and experiences of care.

Results - 92 young people (53.3% male, mean age 18.7-years) were included. 20 clients (21.7%) disengaged before treatment endpoint. Clients who disengaged early were more likely to identify as lesbian, gay, bisexual, and transgender+ (LGBT+). At follow-up, 61.1% showed improvements in social functioning and 64.4% in psychological distress. Clients were largely-satisfied with the CASPAR service, particularly with staff engagement.

Conclusions - The majority of young people receiving the CASPAR service showed improvements in psychological distress and functional outcomes during episode of care. CASPAR was effective in engaging young people with moderate-to-severe mental health concerns, though LGBT+ youth were less likely to remain engaged. Further model development of the CASPAR service based on these findings are underway which will aim to enable improvement in identification, engagement and treatment of youth experiencing moderate-to-severe mental health issues attending local headspace services.
Adolescent-parent agreement on perceived need for and barriers to care. Or: are adolescents’ mental health services acceptable?

Monday, 28th October - 11:30: Concurrent 3.5 - Oral - Services 2 (Plaza Level, Room P1) - Oral - Abstract ID: 522

Dr. Nina Schryder (The University of Queensland), Prof. David Lawrence (University of Western Australia), Dr. Radoslaw Panczak (The University of Queensland), Prof. Michael G. Sawyer (University of Adelaide), Dr. Harvey Whiteford (The University of Queensland), Prof. Philip Burgess (The University of Queensland), Prof. Meredith G. Harris (The University of Queensland)

Introduction: Patient-centred adolescent mental health care is central to treatment quality and considers adolescents’ and their parents’ preferences and needs. Perceived need for adolescent mental health care is one part of patient-centred care. It allows individuals to give their views about whether and what type of help they need. Patterns of adolescent-parent agreement on perceived need might indicate how acceptable received care was or how well services performed. Our understanding of who is more likely to receive acceptable care could be enhanced by exploring factors associated with patterns of agreement. Moreover, despite perceiving a need for care or even seeking care, adolescents sometimes do not receive any or enough of the help they think they need because barriers stand in their way. Estimates from nationally representative population studies that consider both adolescents’ and parents’ perspectives on perceived need and barriers to care are required to allow policy relevant implications, but are so far missing.

Objectives: We addressed four research questions to understand why adolescents often do not receive the help that they perceived they needed: (1) Do adolescents and their parents agree on perceived need for adolescents’ mental healthcare? (2) Are adolescents’ mental disorders and their communication of feelings within the family associated with patterns of agreement on perceived need? (3) What barriers stand in the way of adolescents and their parents seeking and receiving care and do they agree on them?

Methods: In Australia’s Young Minds Matter survey (2013-14), 2,310 adolescents (aged 13-17) and their parents were asked about perceived need for four common types of adolescent care (information, medication, counselling, and skills-training) and their barriers to care. Perceived need was classified as either none, unmet, partially met, or fully met. Barriers to care were classified as attitudinal (e.g. self-reliance or stigma) or structural (e.g. cost or availability of service).

Results: Around a third of both adolescents and parents reported a perceived need for any type of adolescent care. Both adolescents and parents expressed the greatest perceived need for counselling and the lowest for medication. Around half of identified needs were fully met. Adolescent-parent agreement regarding no perceived need was slight to moderate, but poor regarding the extent to which needs were met. Adolescents lack of communication of their feelings within the family was associated with not receiving acceptable care; associations regarding mental disorders were less consistent. Adolescents reported most frequently attitudinal barriers and parents that their child refused help. Adolescent-parent agreement on barriers was poor to slight.

Conclusion: The mental health care system seems to respond to perceived needs of some adolescents, but not to all. Patient-centred adolescent mental health care might be promoted by improving shared understanding between adolescents and parents on perceived need and by improving communication between adolescents and parents. For adolescents, addressing attitudinal barriers including stigma and mental health literacy should continue to be a high priority.
‘Spaces’ and ‘Decks’ for young people: an extension of the headspace National digital service

Monday, 28th October - 11:45: Concurrent 3.5 - Oral - Services 2 (Plaza Level, Room P1) - Oral - Abstract ID: 779

Ms. Anna Hall (headspace National Youth Mental Health Foundation), Ms. Patty Stonehouse (headspace National Youth Mental Health Foundation), Ms. Sarah Kaur (Portable)

Our intent: The intent of the presentation is to demonstrate our work in the area of digital service enablement to create an interactive and engaging online platform for young people to access self-help resources online while they are waiting for a headspace service.

Introduction & rationale: ‘Spaces’ and ‘Decks’ is an Australian youth-led initiative designed by young people and the headspace National digital service. It was created in response to headspace survey data revealing that young people can be waiting for a number weeks to access individual support at a headspace centre. To ease these demand restrictions Spaces and Decks provides an accessible soft entry point for young people to access mental health resources and support while they wait. This is achieved via the creation of a headspace account through which they, and their families and friends, can access to up-to-date, interactive and engaging digital resources anytime, anywhere.

Objectives: A key objective of Spaces and Decks is to lessen wait times at headspace centres by building a scalable model of interactive online content that can provide timely psychoeducation for young people seeking services. ‘Spaces’ and ‘Decks’ achieves this by delivering evidence-based, low intensity cognitive behavioural therapy modules on a range of topics related to mental health. The interactive format of this content is specifically designed to help young people to engage in self-directed learning that will promote skill building and goal setting for behaviour change.

Methods & approach: Spaces and Decks are two interconnected digital avenues for users (young people aged 12−25 years, and the family and friends who support them) to engage with other users as they access mental health resources online. Spaces is the platform for users to gather, organise and share tailored information and resources about their mental health and wellbeing. It will also give users a collaborative page(s) where they can share content that works for them or seek support from their peers as well as clinicians (e.g., through group chat). Decks is the interactive, self-directed content. It incorporates a range of design mechanisms that enable young people to interact with this therapeutic material, without the need for clinician input.

Results or practice/policy implications: By August 2019, we hypothesise that there will be a significant uptake in:

- digital service delivery that engages young people in the collection of resources (through Spaces)and interactive content education models (through Decks)

Areas to be measured include:

- levels of usage (i.e frequency of use, average length of time of each session)
- levels of engagement (i.e most curated content, themes, participation)
- integration with services (i.e other headspace services or headspace centres)
- functionality (i.e such as personalisation)

Conclusion:
The delivery of our initiatives will meet a key gap in the delivery of information and support to young people while waiting to access headspace services. Given the ever-expanding opportunities presented by online environments to assist young people in their mental health journeys, we will continue to evolve our offerings in our pursuit for innovation and best practice in teleweb and online mental health delivery.
Media and technology are a constant presence in the lives of young people. Understanding the extent of media's influence and particularly their impact on mental health is critical to supporting youth health and wellbeing. In this session, staff affiliated with the Media and Mental Initiative from Stanford Psychiatry's Center for Youth Mental Health & Wellbeing will describe the impact of various forms of media on youth mental health, including news reporting, entertainment media and social media. Using recent examples from these forms of media, the presenters will engage the audience in developing media literacy and insight into the phenomenon known as media contagion. They will touch upon adverse impacts such as suicide contagion and self objectification; and will highlight several youth-centered events, campaigns, innovations and projects they have undertaken to minimize its harmful effects and enhance its potential for stigma reduction and fostering connection and help-seeking.
TABLE 1 - TRAUMA: Engaging Young People in Research Design and Implementation: A Real-World Case Study Example Using the RELIeVE Study

Monday, 28th October - 10:45: Concurrent 3.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 407

Ms. Wilma Peters (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Sarah Bendall (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Sara Batleska (Orygen, The National Centre for Excellence in Youth Mental Health, headspace Sunshine), Ms. Han Duong (Orygen, The National Centre for Excellence in Youth Mental Health, headspace Sunshine), Dr. Simon Rice (Orygen the National Centre of Excellence in Youth Mental Health)

Introduction: The engagement of consumers and members of the public is now considered a core component of mental health research. The ‘voice’ of young people needs to be noted and efforts need to be made to incorporate their views and opinions into research design and clinical practice. Current evidence suggests that researchers and service developers who are successful at youth engagement are able to not only develop rigorous research protocols, but are also more likely to improve the quality, relevance and success of research and clinical outcomes. Meaningful involvement of young people in mental health research design and implementation is challenging. Engagement of young people is influenced by organisational structures, study specific factors as well as the specific interests and needs of individual young people. Most youth partners are often volunteers, and are involved in multiple organisational and research projects in addition to their work and/or study commitments.

Objectives: This presentation describes the process of engaging young people as research partners. We use the case study of a pilot project, the RELIeVE Study, which is evaluating the feasibility, acceptability, safety and potential clinical effectiveness of Trauma Focused Cognitive Behavioural Therapy (TF-CBT) for young people who have experienced an interpersonal trauma. Youth engagement was aimed at increasing the appropriateness and relevance of The RELIeVE study design.

Methods and Approach: We implemented the “Youth Partnership in Research Toolkit” (Orygen, The National Centre of Excellence in Youth Mental Health) to partner with young people at different stages throughout the study. Examples of how young people were involved, and the engagement approaches used at different time points, as well as the challenges encountered, will be discussed. Youth partners were offered the opportunity to participate in sessions to provide input. Questions focussed on the potential impact of trauma research on youth participants, and young people were actively involved in the design trauma sensitive forms and study materials.

Results: Starting in January 2018, a total of eight young people were engaged. Six young people contributed and provide advice the various aspects of the research. In addition, two young people have been appointed as Research Partners for a 12-month period, to provide advice during the implementation of the study. Ethics approval was received in July 2018. Recruitment commenced in January 2019. By March 2019, 90% of research participants were assessed, and 80% percent of participants commenced treatment in The RELIeVE Study.

Conclusion: Successful implementation of a partnership model requires a flexible and adaptable approach. Both the method of engagement, and the individual young people adapted to meet the demands of the organisation, and the needs of the study over time. Through early and ongoing engagement with stakeholders, and by imbedding meaningful youth partnerships as standard practice in research design and implementation, we hope to empower young people to be active participants in reshaping and changing the way we do research. We expect this to have an important impact on how we translate research into clinical practice.
Trauma-informed care is often defined as a set of principles and can seem conceptual rather than practical. Consequently, it may be difficult to visualise what trauma-informed care looks like in practice or what it means to individual organisations. The translation division of Orygen produced a set of resources in this area following a systematic review of the literature on trauma-informed care in youth mental health settings.

The most widely used definition for trauma-informed care in the youth health literature comes from the Substance Abuse and Mental Health Services Administration (SAMHSA, 2014), in the USA. SAMHSA provides four core principles that are essential to a trauma-informed approach within systems and services:

1. The whole service or system realises the widespread impact of trauma and understands potential paths for recovery and understands how trauma can affect families, groups and communities.
2. The whole service or system recognises the signs and symptoms of trauma in clients, families, staff, and others involved in the system.
3. The service or system responds by fully integrating knowledge about trauma into policies, procedures and practices.
4. The service or system seeks to actively resist re-traumatisation and the workforce recognise that organisational practices may trigger painful memories for young people who have experienced trauma.

Within a youth mental health service environment, trauma-informed care should only be one component of an effective response. The broader trauma system and trauma awareness within partnering organisations also needs to be considered. This tool kit will help put the core concepts and principles of trauma-informed care into practice in accordance with your organisational values, needs, and service structure.

The tool kit also support organisations to evaluate current practice and work out action plans for the future. The tool kit links to a readiness assessment reflective resource which supports organisations in improving their trauma-informed processes and policies with clear direction as to how to embed these processes into practice.

The presentation will provide an overview of the tool kit, the evidence behind it and actions for organisations to enhance their trauma-informed structures.

Reference
SAMHSA. SAMHSA's concept of trauma and guidance for a trauma-informed approach in youth settings. Administration SAaMHS; 2015.
TABLE 1 - TRAUMA : What Trauma-exposed Young people Tell us About Their Barriers to Services: The Voices We Don’t Hear

Monday, 28th October - 11:15: Concurrent 3.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 697

Ms. Carli Ellinghaus (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Sarah Bendall (Orygen, The National Centre for Excellence in Youth Mental Health), Mr. Oliver Eastwood (ory)

Rationale: Traumatic experiences in childhood are common and are associated with a range of pervasive and debilitating health outcomes. Trauma-exposed young people are more likely to develop post-traumatic stress disorder, to self-harm or suicide, to have an insecure attachment and are at an increased risk of developing a range of other psychiatric disorders (e.g., psychotic spectrum disorders). Despite the highest burden of mental health disorders resting with young people, many do not seek professional help for their trauma-related difficulties. While the barriers to professional help-seeking for general mental health concerns are established, little is known about those specifically facing young people that have experienced trauma.

Objective: To examine the barriers to professional help-seeking faced by trauma-exposed young people through a qualitative analysis of online forums where individuals anonymously discuss and seek informal support for trauma.

Method: This study used a qualitative, netnographic design, following the six-step LiLEDDa framework, developed for the analysis of online forums. Posts about trauma written in 2016 from five internet forums targeting young people were included (e.g. Reach Out), and analysed via thematic analysis.

Results: Barriers to professional help-seeking for trauma-exposed young people were categorised into two interrelated superordinate themes: 1) structural and 2) relational barriers. Structural barriers related to practical and logistical challenges faced when accessing and engaging with mental health services. Relational barriers focused on the way that interpersonal relationships with professionals strongly influenced young people's experiences and subsequent engagement.

Conclusion: Findings indicated that structural barriers appear to play an important role at the beginning and towards the end of a young person's engagement, whereas relational barriers remain central throughout the entire process and are vital for trauma-exposed young people to feel safe, valued and listened to. Trauma-exposed young people appear to experience barriers to professional help-seeking on a continuum, whereby a complex interaction between structural and relational barriers determine ongoing engagement. Service-wide reform and trauma-informed mental health training for gateway and other practitioners is urgently needed to improve access to care and maintain engagement of this vulnerable group.
TABLE 2 - BULLYING/VIOLENCE: The economic impact of child and adolescent bullying in Australia

Mrs. Amarzaya Jadambaa (School of Public Health and Social Work, Queensland University of Technology and Australian Centre for Health Services Innovation, Queensland University of Technology), Dr. David Brain (Australian Centre for Health Services Innovation, Queensland University of Technology), Dr. Rosana Pacella (University of Chichester), Dr. Hannah Thomas (Centre for Clinical Research, Faculty of Medicine, The University of Queensland), Ms. Molly McCarthy (Griffith Criminology Institute, School of Criminology and Criminal Justice, Griffith University), Prof. Nicholas Graves (Australian Centre for Health Services Innovation, Queensland University of Technology)

Background: Despite strong evidence demonstrating that child and adolescent bullying is associated with an increased risk of later adverse mental health and educational outcomes, the economic impact of the problem in Australia is poorly understood. The aim of this study was to estimate the economic costs attributable to child and adolescent bullying victimisation.

Method: Costs of bullying victimisation were measured from a societal perspective which includes costs associated with healthcare, education resources, and productivity losses. This study used a prevalence-based approach to estimate the annual costs for Australians who experienced bullying victimisation in childhood and adolescence. Costs were estimated by calculating population attributable fractions (PAFs), to determine the effects of bullying on increased risk of adverse health outcomes such as anxiety disorders, depressive disorders and intentional self-harm. A top-down approach to cost estimation was taken for all outcomes of interest, with exception of costs incurred by educational institutions and productivity loss of victims’ caregivers where a bottom-up cost estimation was applied.

Results: Annual expenditure in 2016 on health and non-health outcomes attributable to child and adolescent bullying victimisation equated to AUD $540 million. It was estimated to be AUD $526 million for health system costs, AUD $7.6 million for productivity losses of victim-carers, and AUD $6 million for costs to schools. Also, this study suggests 15% of the burden of intentional self-harm is attributable to bullying victimisation in Australia.

Conclusion: The findings from this study suggest that bullying victimisation incurs a substantial economic cost annually in Australia, primarily through increased health care utilization. The implementation of evidence-based interventions that reduce bullying victimisation and bullying perpetration in schools could reduce the economic burden associated with mental health disorders and improve the health of many Australians.

Key words: Cost of bullying, social cost, childhood bullying, Australia
Ms. Laura Kabbash (University of New Brunswick), Dr. Scott Ronis (University of New Brunswick)

Each year, approximately one million youth worldwide are commercially sexually exploited (US Department of State, 2018). Although these youth often experience negative consequences (e.g., increased risk of infectious disease, malnutrition, homicide, or trauma), they also are frequently criminalized (Boyce et al., 2018; Greenbaum & Crawford-Jakubiak, 2015; Smith, 2016). To design relevant legislative and policy changes to ameliorate these incidents, it is important to comprehensively evaluate the links between the commercial sexual exploitation of children (CSEC) and key sociopolitical variables. The current study examined associations between macro-level factors (e.g., GPD per capita, prostitution legislation, rates of gender inequality, length of trafficking penalties), micro-level factors (e.g., rates of alcoholism, proportion of youth runaways, poverty levels, happiness index) and rates of child human trafficking across a random sample of 25 countries chosen to represent a variety of population sizes, government types, and cultures worldwide (e.g., Canada, Argentina, Belarus, Rwanda, Japan).

Although precise statistics on CSEC are difficult to acquire, due to varying definitions and inconsistent reporting methods in each country, information gathered on global child trafficking from the US Department of State and the United Nations Office on Drugs and Crime, indicates stark differences between countries (US Department of State, 2018; UNODC, 2016). Aggregated data were analyzed through an ecological lens, which emphasizes the interaction between environmental and individual factors on rates of behaviour (e.g., human trafficking). For example, while the Ukraine reported 8 victims of child trafficking in 2015 and Norway reported 42, factors including a country's dedication to trafficking prosecution (i.e., up to 10 years in prison vs. penalties ranging from 3-8 years), prostitution legislation (legal vs. illegal), and GDP per capita (72,000 vs. 8,800) can help better contextualize these data. The current study highlights the importance of further study in this area and the promotion of legislative change to help minimize damage caused by human trafficking. Findings from the study and clinical and policy implications will be discussed.
**TABLE 3 - SHARING STORIES : 2 Time Zones and 3500 km Apart: A Story of Pan-National Friendship and Advocacy**

Monday, 28th October - 12:00: Concurrent 3.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 286

*Ms. Teresa Chen (Youth Advocate based in Edmonton, AB, Canada), Mr. Jimmy Tan (Youth Advocate based in Toronto, ON, Canada)*

**Rationale**

What happens after two delegates meet at a conference, such as IAYMH2019? How can they maintain contact and collaborate for advocacy? In what ways can conference organizers support these connections? It sounds like a relatively simple task, yet there are many underlying complexities. In an increasingly digitized world with social media, technology, and widespread networks, exchanging business cards is no longer the standard approach to forge meaningful, sustainable relationships. However, sustaining engagement is incredibly important in an increasingly globalized world, especially with international priorities of youth mental health. As the conference theme states, we must stay united for global change – and that continues even after IAYMH2019.

**Objectives**

Teresa and Jimmy, young advocates from Canada, met at the national Jack.org youth mental health summit in March 2018. Since then, they have formed a long-term, long-distance, advocacy partnership to transform youth mental health in Canada, despite living in separate provinces that are 3,500km and two time zones apart. Our objective is to present a case study of our story, in particular how we stay connected, champion each another's personal and professional development, and most importantly, the implications of our story to IAYMH delegates.

**Approach**

Given the geographical distance, technology has been fundamental in our communication, such as messages and social media like Facebook, along with calls over phone and discord. The frequency is dependent on the goals, schedules and wifi stability at the time, but results in a combination of scheduled calls for serious conversations and messaging otherwise when convenient. Mutual involvement in national projects such as Jack.org and ACCESS Open Minds has been the main point of professional connection, as well as bonding over personal interests like Pokemon GO, culture and lifestyle.

**Results**

By adopting the methods above, we present six ways we have benefited from this peer-based relationship in the past 12 months:

1. Supporting each other with past or present stormy weather (ie: Losing a friend to suicide and normalizing one another's lived experience)
2. Receiving support when we acted as young caregivers for members in our own communities
3. Championing one another's goals in mental health advocacy (Collectively, we've had involvement in 10+ projects in youth mental health spanning local, provincial, national and international levels)
4. Professional endeavours, since we share similar career goals
5. Relating with our common connection with the unique cultural stigma in Asian mental health

**Practice/Policy Implications**

The evaluation of our story can present the success of national networks and events that bring youth leaders together, as well as the impact of technology to support widespread connections in an increasingly digitized world. These learnings can be applied to similar settings, such as community building amongst organizations, as well as specific events like IAYMH itself.

**Conclusion**
We present one possible approach, possible results, and the practical implications to forging peer-based relationships after IAYMH2019. These ingredients are essential to stay united for global change. Connections can extend beyond time and distance, as evidenced by the title of our presentation!
TABLE 3 - SHARING STORIES: Young People Sharing Their Stories of Hope and Recovery

Monday, 28th October - 12:15: Concurrent 3.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 688

Ms. Emily Fahey (Wellways Australia), Mrs. Amy Wilson (Wellways Australia), Ms. Renee Bridge (Wellways Australia), Ms. Caitlin Latham (Wellways Australia), Ms. Jacque Ashworth (Wellways Australia)

Wellways Australia is a leading non-for-profit mental health and disability organisation that advocates for change and is dedicated to ensuring all Australians lead active and fulfilling lives in their community. Funded by the NSW Ministry of Health since 2015 Wellways continues to deliver the Youth Community Living Support Service (YCLSS) in South Western Sydney (SWS) and Northern NSW (NNSW) in partnership with the Local Health Districts (LHD).

YCLSS provides specialist community based psychosocial supports for Young People aged 16-24, with mental illness who have/at risk of developing a functional disability. As the expert in their life, YCLSS Young People are supported by a Program Worker on their recovery journey through practical assistance with:

- Improving/developing living skills;
- Making healthy life choices;
- Maintaining/Developing healthy relationships;
- Community access to, education/employment, accommodation, drug and alcohol support, etc

In addition, YCLSS Peer Support Workers who are trained in Intentional Peer Support, providing a mutual space for shared experience and understanding, with the aim to instill hope, overcome barriers of mental health, and move towards recovery.

Wellways empowers participants to share their story educate the community, this is achieved through the Wellways Peer programs, Well-Said workshops, including creative mediums to capture a snapshot of their journey which can also contribute to advocacy for positive change.

My name is Emily, and I am a former participant of YCLSS. After fighting an uphill battle against my anxiety, OCD and depression for most of my life, I had become despondent and lost hope for recovery. YCLSS provided me with practical resources to achieve my short and long term goals. My Peer Worker valued me as the expert in my own life which allowed me to feel independent and in-control. Knowing that I had YCLSS walking beside me which provided me with a sense of security and trust. Initially I was hesitant at leaving the safety of my own home, I was able to challenge this with supported community outings with YCLSS and re-integrating into society in a safe and organic way. I was finding joy again that motivated me to seek more from life, and to realise that I held the key to my own recovery.

During my Wellways journey, I participated in a Well-Said focus group that empowered me to tell my story to show solidarity towards youth in similar situations. The more we share our stories, the less acceptable it will become to live in a climate of judgement and stigma.

I am now in my second year of studying Occupational Therapy and exceeding my goals. I am honoured to be able to share my recovery journey and how the support of YCLSS changed my life. The foundations of change are built firstly by ourselves, grown in our communities that contributes towards united global change.
TABLE 3 - SHARING STORIES: International youth perspectives on mental health: Engaging young people in the development of a globally adaptable framework of youth mental health care

Monday, 28th October - 12:30: Concurrent 3.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 852

Ms. Ella Gow (Orygen, The National Centre for Excellence in Youth Mental Health)

Introduction
In 2019, the World Economic Forum and Orygen, The National Centre of Excellence in Youth Mental Health have partnered to develop a global framework for youth mental health care and an advocacy toolkit. Critical to the success of the project is engagement with young people worldwide to draw on their expertise and perspectives.

Objectives
The project aims to meaningfully capture the diverse, international views of young people about the fundamental principles that should underpin youth mental health care to inform the development of the framework and an advocacy toolkit.

Approach
Global consultations and focus groups were utilised to gain rich insight into the perspectives of young people from a range of cultural and geographical contexts. Participants were asked about the current state of youth mental health care in their local context and ideas to improve youth mental health responses.

The inclusivity of young people from a range of cultural backgrounds was a core consideration to meaningfully capture the diversity of mental health experiences worldwide.

Young people were also invited to complete an online survey to provide input on the draft framework and could opt to join an online group to keep engaged and informed on the project's progression.

Outcomes
Between February – September 2019, over ten global consultations and focus groups were conducted with young people in countries such as Bosnia and Herzegovina, New Zealand, South Africa, Canada and Australia. Key themes that emerged from the consultations involved concerns and opportunities related to stigma, technology and culture.

Conclusion
With international consultations and the development of online mechanisms, engaging young people about their expertise in youth mental health has provided rich insights into areas of concerns and opportunities to improve global youth mental health responses.
In the UK approximately half of all young people go to university, making it a key area of opportunity to improve both the mental health of our communities, and the way we think about supporting the wellbeing of young people through prevention, early intervention and cultural change.

We know that strategic prioritisation and a whole university approach is essential to transforming the mental health of both students and staff. As such, the UK’s Student Mental Health Charity, Student Minds is developing the University Mental Health Charter, which is being created in partnership with a range of leading charities and Higher Education bodies. The Charter will recognise and reward those institutions that demonstrate good practice, make student and staff mental health a university-wide priority and deliver improved student mental health and wellbeing outcomes.

We also know that students with lived experience of mental health difficulties are experts by experience. In order to identify the full range of work necessary to improve mental health and wellbeing, we must empower young people to shape mental health and wellbeing strategies on a local, national and international level.

**In our talk we will:**

- **Share learnings from our research and development process** - the charter road trip: From the very outset, we want the Charter to be underpinned by robust evidence and the genuine experiences of our university communities. We have run a series of six events around the UK which brought together students, university leaders, academic and professional staff to help bring the Charter to life. The UPP Foundation has provided start-up funding in the development phase of the Charter with a £100,000 grant.

- **Share co-production techniques** that have shaped the Charter development - In spring 2019 Student Minds published, “Co-producing mental health strategies with students: A Guide for the Higher Education Sector”. We will share our insights from this practical toolkit that aims to support those leading on strategic development of health and wellbeing strategies.

Both Student Minds’ work on co-production and our research and development process for The University Mental Health Charter will allow us to share learning with the international community to address the global challenge of promoting mentally healthy higher education communities, through the recognition of educational institutions as often the catalyst for wider cultural shifts and global change.

Further information at:
www.studentminds.org.uk/charter
www.studentminds.org.uk/co-productionguide
Mr. Andrew Synnot (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Gina Chinnery (Orygen the National Centre of Excellence in Youth Mental Health), Ms. Vivienne Browne (Orygen, The National Centre for Excellence in Youth Mental Health), Mr. Jay Carmichael (Orygen the National Centre of Excellence in Youth Mental Health)

The experience of being socially isolated and alone in a new country, subject to financial pressures, navigating a new culture, and adjusting to a new academic system places international students at greater risk of mental ill-health. The compounding barriers this cohort faces to seeking mental health support include stigma, lack of culturally appropriate services, and financial cost, which results in international students underutilising mental health services. Furthermore, mental health services that do provide available support – such as university counselling services – are unable to cope with the large numbers of international students seeking support or provide ongoing care.

Orygen, The National Centre of Excellence in Youth Mental Health, in partnership with the University of Melbourne and Study Melbourne, will implement an International Student Welfare Project (ISWP). ISWP speaks directly with groups of international students aged 18–24 years from the University of Melbourne to identify specific issues and challenges they have encountered during the transition to living and studying in Australia, and how they can be better supported in managing these issues and challenges via an engaging online platform. ISWP will engage 75 international students in a series of eight focus groups throughout 2019. The focus groups will determine the mental health issues, wellbeing needs, and help-seeking preferences of newly arrived and established international students.

This presentation will discuss how the outcomes of ISWP will provide a better understanding of the challenges faced by international students and identify gaps in their mental health and wellbeing support systems. The presentation will also discuss how the anticipated findings will inform the development of an online wellbeing support platform for use in university settings, but also provide insight for mental health and wellbeing providers and universities on how to better engage and support international students.
TABLE 4 - EDUCATION SETTINGS : Is workforce participation detrimental to the mental health of women and children? Evidence from six waves of data from the Longitudinal Study of Australian Children

Monday, 28th October - 13:15: Concurrent 3.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 832

Dr. Tania King (The University of Melbourne), Ms. Marissa Shields (The University of Melbourne), Dr. Sean Byars (The University of Melbourne), Prof. Lyn Craig (The University of Melbourne), Prof. Allison Milner (The University of Melbourne)

Background:

The past 50 years has been marked by the increasing participation of women in the workforce and initial evidence suggests this may impose a mental health burden on women, and it is popularly speculated that children are also adversely affected. This analysis aimed to examine the associations between household workforce participation (household employment configuration) on the mental health of mothers and children.

Methods:

Six waves of data from the Longitudinal Study of Australian Children were used, from 2004 to 2014 when children were aged 4-5 years to 14-15 years, respectively. Mental health outcome measures were the Strengths and Difficulties Questionnaire scores for children and adolescents, and the Kessler-6 score for mothers. A five-category measure of household employment configuration was derived from parental reports and included dual full-time, male breadwinner, female breadwinner, shared employment (both part-time) and father full-time/mother part-time. Mundlak models were used to compare within- and between-person effects after controlling for confounders including mother's country of birth; mother's indigenous status; mother's education; mother's occupation; area disadvantage; household income; mother's age; number of children in household; presence of child under 5 years; maternal mental health (in child models); and child mental health (in maternal models). Models were restricted to those households in which household employment configuration changed, with the reference category being the father full-time/mother part-time configuration.

Results:

There were no within-person effects of employment configuration on maternal mental health, however between-person effects indicated that women in a male breadwinner household had poorer mental health than women in a father full time/mother part time household (ß 0.63, 95%CI 0.02-1.24). There were no between- or within-person effects for children/adolescents.

Conclusions

These results counter prevailing social attitudes regarding women’s workforce participation by demonstrating that children are not adversely affected by their mother’s workforce participation, nor are they disadvantaged by the extent of this participation. Also contrary to normative social expectations, women in traditional ‘male breadwinner’ household configurations experience poorer mental health than those in a ‘father full-time/mother part-time’ arrangement. Importantly too, no adverse mental health effects were observed in women working full time, either as a breadwinner or in a dual full-time arrangement (where both partners...
work full time). These results are important in demonstrating that increasing women's workforce participation is not detrimental to the mental health of either themselves, nor their children.
The Orygen Brief Interventions in Youth Mental Health Toolkit (BIT) was initially conceived in 2012 at headspace Sunshine and Glenroy in response to significant delays in access to care for Young People with mild to moderate symptoms of mental disorder. The BIT comprises a ‘menu’ of nine skill building and behavioural interventions modules which Young People can choose from according to their own preference and recommendation by their treating clinician. Treatment occurs over a maximum of six sessions.

Since inception the BIT has undergone continuous quality improvements, most notably by the direct involvement of Young People from our Youth Advisory Group (YAG). Young People were involved in the writing and illustration of the content to ensure ‘the voice of Young People’ throughout the package. As such, BIT may well be the first service model worldwide combining current evidence-based psychological interventions with a youth-specific approach, directly informed by young people.

By implementing the BIT, waiting times for Young People with limited mental health needs have markedly reduced to an average of 2-3 weeks. Most Young People (73%) completed their treatment in a planned manner, attending on average 4 sessions. Significant reductions in overall psychological distress, depressive symptomatology, and anxiety severity ratings were observed at completion of treatment, as well as significant improvements in social and occupational functioning. Ninety-one percent of Young People stated that their outcome expectations had been entirely met and 95% were entirely satisfied with their treatment experience. A strong therapeutic relationship, specific strategies for managing emotions, coping and problem-solving, and a choice of engaging in flexible and modularised content were identified as the most valued experiences by Young People.

The BIT is now entering the next phase of its development with projects including a national training scheme for wellbeing/health professionals and the creation of an interactive online version. This presentation will provide a brief overview of the initial conception and evaluation of the BIT and latest iteration of the package.
TABLE 5 - MENTAL WELLBEING: Wellness & Emotional Support for Youth Online - Bridging the Gap in Service for Ontario Youth

Monday, 28th October - 13:45: Concurrent 3.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 479

Ms. Emma Martin (WES for Youth Online), Ms. Ally Campbell (WES for Youth Online)

Introduction
Wellness & Emotional Support (WES) for Youth Online is a registered charity based out of Walkerton, Ontario that provides free online counselling for youth between the ages of 13 and 24 years old across the province. With Ontario's wait times at staggering numbers, WES for Youth Online saw the gap that existed for youth who were not in crisis but needed support in a timely manner. WES for Youth Online does not set a limit on the number of counselling sessions; but instead, provides youth with an ongoing online counselling service, giving them an opportunity to develop a long lasting relationship with their counsellor.

Objectives
It is the mission of WES for Youth Online to provide wellness and emotional support for youth through online professional counselling in a safe, secure and confidential manner. It is our vision that all youth of Ontario will have access to free online professional counselling to talk about anything; anytime, anywhere.

Approach
We created this one-on-one connection to be away from the eyes and opinions of others. Youth can access us anywhere whether it is from school, work, or at home. All that is needed is Internet access to connect with a counsellor.

Using an innovative technological platform, WES for Youth Online hosts an encrypted portal online for youth to access professional counsellors by self referral, offering two methods of communication:

Asynchronous (email to email within the portal)
Live chat function (an appointment is scheduled within the portal)

The process is simple: youth go to www.wesforyouthonline.ca to register online via an encrypted secure portal and complete approximately six screens of brief questions. Within 12 to 24 hours their registration is triaged to ensure they receive the most relevant support for their needs, and they are connected with a professional counsellor via email in the portal.

It is our intention that by using a form of communication today's youth are already utilizing and comfortable with, we can further decrease the barriers they face to seeking and receiving help.

Impact
Since opening in 2012, WFYO has provided service to over 1000 youth across Ontario; a significant percentage of whom registered over the past two years. Out of these 1000 youth, approximately 300 of these have been engaged in an ongoing capacity. This tells us that WES for Youth Online is not just a service our youth need; but one they realistically use and find value in.

Conclusion
WES for Youth Online is providing an unparalleled service for rural and remote youth who are otherwise facing many barriers to access of mental health services; including wait times, distance, accessibility and
stigma. It is our hope to share our findings and learn from other organizations to provide all of our youth with the ongoing support they need to talk about anything; anytime and anywhere.
Ms. Maddison O’Gradey-Lee (Jasiri Australia), Ms. Caitlin Figueiredo (Jasiri Australia)

Young people are at a significant risk of experiencing sexual assault, harassment and/or domestic violence. Global movements such as #metoo have shone light on this issue, which has resulted in more survivors of assault coming forward to share their story or seek help. Many survivors of assault will develop a mental illness, most commonly PTSD. There are various treatments for PTSD, but there is growing literature on the importance of physical activity for the treatment of PTSD. For survivors getting back in touch with their body after such trauma and finding a way to feel in control again can be a really difficult process, but one that is necessary for recovery. Self-defence is an incredible conduit for both of those, it is both preventative and recovery based. At Jasiri we assist women and girls to tap into their greatest human potential, to unlock their inner strength, challenge stereotypes and build positive relationships with their bodies, peers and community to impact the world around them as well as providing psychological awareness and verbal skills alongside physical training. Through self-defence we empower and upskill women to use their voice, trust their intuition and find new ways to feel safe and in control. Recovering from trauma is a long process, that requires many different perspectives. We want to highlight the importance of treating the body and the heart as you do the mind, through self-defence and meditation. All our courses are trauma informed and designed to maximise women’s muscle memory and play to their personal strengths. Our empowerment self defence programs require hours rather than years to master and combine physical activity with meditation and storytelling, as we believe healing should be a combined process with the body, heart and mind.

Myself and Caitlin have a lived experience of assault and mental ill-health and use this to help guide our work. Maddi also holds her black belt 1st dan in karate. So far we have worked with 1800 women and girls, and we want to share our insights into managing the recovery of sexual assault and/or domestic violence survivors through empowerment self-defence classes and meditation practices.
TABLE 6 - EARLY PSYCHOSIS: An 8 week nutrition and exercise program to decrease risk of metabolic syndrome for young people within the Black Swan Health run headspace Youth Early Psychosis Program

Mr. Paul Bailey (Black Swan Health headspace Youth Early Psychosis Program (hYEPP)), Mrs. Louise Dobson (Black Swan Health headspace Youth Early Psychosis Program (hYEPP))

Introduction

‘Psychosis’ is a term for a range of symptoms where a person’s beliefs, thoughts, feelings, senses, and behaviours are altered. Psychosis can cause someone to misinterpret or confuse what’s going on around them. Approximately 50% of people who develop a psychotic disorder will do so by the time they are in their early 20s (Orygen Youth Health 2009). Psychosis can be treated, and many young people can return to their normal functional trajectory. Anti-psychotic medications are often a crucial part of a young person’s treatment plan; however, research indicates that intake of antipsychotic medication (particularly atypical antipsychotics) can potentially result in weight gain, insulin resistance and reduced motivation and therefore reduced physical activity (Cuerda, et al., 2014). These outcomes increase the young person’s risk of developing metabolic syndrome; a collection of disorders – including high blood pressure, obesity, high cholesterol and insulin resistance – that together increase the risk of stroke, heart disease and type 2 diabetes (Deng, 2013). Healthy eating and increased physical activity are the keys to avoiding or overcoming problems related to metabolic syndrome.

To counteract this, the Functional Recovery Program within hYEPP will offer a lifestyle modification group program to young people at risk of developing metabolic syndrome, whether this be due to intake of anti-psychotic medication or a combination of other risk factors.

The Healthy Eating Activity and Lifestyle (HEAL™) program, developed by Exercise and Sport Science Australia, has been thoroughly evaluated and deemed successful in adult populations across Australia, however our approach to evaluate the program in an early psychosis program, for young people is truly unique.

Objectives

This presentation will showcase the HEAL™ program, how it was implemented within the youth mental health setting, outcomes for young people, implications and learnings for future development and duplication for other services.

Methods

The HEAL™ program is a lifestyle modification program that enables participants to develop lifelong healthy eating and physical activity behaviours. HEAL™ consists of 8 weekly group education and group exercise sessions as well as individual consultations pre- and post-program and 5- and 12-month follow-up health consultations. Each week participants undertake 1 hour of supervised group-based low to moderate intensity physical activity followed by a 1-hour group-based healthy lifestyle education class.

The HEAL™ program has been thoroughly evaluated and deemed successful in adult populations across Australia, however our approach to evaluate the program in an early psychosis program, for young people is truly unique. The program is planned to be delivered across the hYEPP Perth sites starting February 2019.

Results

Preliminary data will be presented at the conference. This will include qualitative and quantitative data including number of young people who took part in a 6-month period, and the physical and mental health outcomes.
Conclusion
Through increased physical activity and nutrition quality, The HEAL™ program has the potential to reduce the burden of disease associated with psychosis. We hope to see that young people increase their confidence to live a healthy lifestyle and feel empowered to take control of their own health.
Current Australian guidelines recommend that young people with first episode psychosis remain on antipsychotic medication for at least one year, preferably two, following remission of positive symptoms. There is strong evidence to suggest that remaining on medication reduces the risk of subsequent relapse of psychotic symptoms. However, the impact of antipsychotic medication on longer term functional outcomes is less well established. The Reduce trial is a randomised controlled trial examining the effect of early antipsychotic medication reduction/cessation - with the addition of intensive psychosocial and vocational support - on functional outcomes in young people with first episode psychosis.

This tabletop presentation will outline some initial data on cross-cultural perceptions of early antipsychotic medication discontinuation, encompassing perspectives from professionals and young people/consumers in the UK, US and Australia. It will then provide opportunity for discussion of the ethical implications of early antipsychotic medication discontinuation with intensive psychosocial support using case studies from the Reduce trial.
Table 6 - Early Psychosis: Clinicians’ perspectives of using virtual reality to deliver social cognition training to those diagnosed with early psychosis (VEEP trial)

Monday, 28th October - 14:45: Concurrent 3.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 742

Ms. Farah Elahi (The University of Warwick), Dr. Alba Realpe (University of Bristol), Dr. Sandra Bucci (University of Manchester), Prof. Ivo Vlaev (The University of Warwick), Dr. David Taylor (Imperial College), Prof. Max Birchwood (The University of Warwick), Dr. Fiona Leahy (University of Warwick), Dr. Andrew Thompson (Orygen the National Centre of Excellence in Youth Mental Health)

Rationale: Social cognitive interventions have not been as thoroughly assessed in the beginning stages of psychosis, where the opportunity to improve outcomes is the greatest. Technological developments mean that there are more appealing methods of engaging with young individuals whom are less likely to access psychological interventions.

Objectives: The aim was to develop a virtual reality (VR) intervention to improve the social cognitive deficits in those with early psychosis.

Methods: A single-arm non-randomised psychoeducation trial designed to target social cognitive deficits in an early psychosis population was conducted. The ‘Social Cognition and Interaction Training,’ a form of group CBT was modified and implemented via an online VR platform (Second Life©), which can be accessed via a computer. Participants attended treatment using an avatar, which took place during 1 hour bi-weekly sessions for 4 weeks. A focus group was conducted post intervention with clinicians (N=7), who assisted with the recruitment process. They were recruited from the Early Intervention in Psychosis services in Coventry and Warwickshire Partnership NHS Trust, UK. They were asked about their understanding and experiences of VR, its acceptability and feasibility, and the impact it has on managing their patients’ mental health.

Results: The data will be analysed using a Thematic Analysis method developed by Braun and Clarke (2006). The qualitative data analyses will be presented outlining the themes relating to the use of this technology as a method of delivering treatment.

Conclusion: This study will help to assess the acceptability and feasibility of utilising VR technologies in the treatment of social cognitive deficits in psychosis.
Jack.org is a Canadian mental health charity that builds youth capacity to promote mental health among their peers. Historically, this involved young people educating their peers and changing attitudes about mental health, but increasingly young people are identifying systemic barriers to positive mental health. These barriers involve unavailable, inaccessible, or poor quality mental health services, as well as wider structural causes of mental health stress (i.e. precarious housing policy). Previously, Jack.org training and resources supported young people to educate their peers and change attitudes about mental health. However, with young people increasingly highlighting systemic barriers to mental health in their communities, Jack.org had to respond to need, creating new training and resources to support them in making systems-level change.

As young people attempt to navigate increasingly complicated barriers to positive mental health in their communities, allies and organizations that support them must adapt alongside.

To respond to youth need for tools and training to make systems-level change, Jack.org co-constructed two deliverables with young mental health advocates. The first is the Campus Assessment Tool (CAT). The CAT is composed of content knowledge and data collection and analysis tools that young people may use to understand the types of systems-level barriers that exist in their communities and the effect it has on young people’s mental health. The second is a training manual for understanding systems change. This manual provides the necessary content knowledge to understand how systems can influence mental health, along with directives on how young people can mobilize to change them and tools to help them to this end.

This year, a total of ten Jack chapters (groups of young mental health advocates between 18 and 24 years old) are involved in piloting these tools in their post-secondary institutions across Canada. Early feedback suggests that through providing baseline content knowledge, clear and concise instruction, interactive tools, and ongoing support from adult allies, young people can work together to assess strengths and gaps of systems in their community and respond to barriers they may identify.

These pilot results suggest that young people can lead entire grassroots systems change processes. That is, identifying, qualifying, and quantifying systemic barriers to mental health, and then mobilizing to respond to these barriers. As a national youth empowerment mental health charity, Jack.org learned through practice to support young people in identifying and responding to barriers to positive youth mental health in their communities, instead of doing this work on their behalf. This is important, because young people are best positioned to advocate to change systems that affect their own mental health. Through providing standardized tools and ongoing guidance, adult allies and youth engagement/empowerment organizations can similar support young people all around the world.
Introduction
headspace recognises the value of interns to aid the growth and development of the organisation and the innovative thinking, creative ideas and knowledge an intern brings. headspace is unique in the not-for-profit sector due to the breadth, depth and quality of experience offered to interns.
The headspace internship program offers project-based paid internships across a variety of departments at headspace National for young people who are looking to develop their skills and gain practical work experience. Throughout their time at headspace, interns will have the opportunity to apply their knowledge to a practical context, acquire new and transferable skills, and add to their professional networks.
As an online and telephone mental health support service facing increased service demand, headspace recognised the need to expand its service offerings, and to include youth participation within the design of any additional options. The internship program was seen as a key avenue to formulate a proposal for how peer support could work safely and effectively alongside eheadspace core business.
Objectives
eheadspace sought to provide the intern a chance to independently carry out an inquiry into current online mental health peer support options for youth. The intern was also required to develop a proposal to embed a sustainable model of online peer support. This proposal needed to consider how young people would be able to seek support from other young people with lived experience of mental health challenges.
Approach
The eheadspace Peer Support Intern was employed for two days per week over a three month period and initially conducted a review of available online youth mental health peer support options for youth. A summary of these findings was used to provide feedback and a proposal for how online peer support could be included within eheadspace service options.
The intern had a dedicated supervisor who provided day-to-day support and motivation, invested in their development and ensured that the internship was mutually beneficial for eheadspace and the intern.
Results or Practice/Policy Implications
The eheadspace intern successfully completed their project and their proposal for embedding peer support was approved by the eheadspace leadership team.
Results for the project/eheadspace:

- Process and final intern proposal validated the service design direction eheadspace was already considering.
- Having the proposal developed by a young person reduced the need for expensive co-design, consultation and workshops during the initial proposal phase.

Results for the intern:

- Initial discomfort and feeling overwhelmed at the start of the internship due to feeling ill-equipped to work independently.
- Development of employment skills and experience: negotiation skills, public speaking/communications skills, professional writing, project management and team work.
• Observation of the application of their existing knowledge – recognition of how important this knowledge is and that they are already skilled workers.

Conclusion
While there were many advantages of authentic youth participation for the service and the intern, the advantages were not without discomfort. Courage and trust from both sides and good mentorship from the organisation is required for a successful and authentic internship.
TABLE 7 - PEERS & MENTORS: Youth as Collaborators Within a Social Innovation Lab

Mr. Alec Cook (University of Western Ontario), Ms. Romaisa Pervez (University of Western Ontario), Dr. Arlene MacDougall (St. Joseph’s Health Care London), Ms. Eugenia Canas (St. Joseph’s Health Care London), Ms. Jill Lynch (London Health Sciences Center), Dr. Ross Norman (University of Western Ontario)

Introduction
This presentation communicates the experiences of youth working as co-researchers in a social innovation lab dedicated to youth mental health in London, Canada. This presentation is co-authored and presented by transition age youth.

Mental and emotional well-being among Transition Age Youth (TAY), defined as youth ages 16-25, has deteriorated significantly in recent years. The current approach to the treatment of TAY mental health fails to address the underlying reasons behind this change. The Mental Health Incubator for Disruptive Solutions (MINDS) of London-Middlesex was formed to tackle the complex problem of TAY mental health. Working within the context of a social innovation lab, defined by Antadze & Westley (2012) as, “any initiative that challenges AND contributes to changing the defining routines, resource and authority flows or beliefs of the broader social system in which it is introduced”, MINDS aims to increase youth mental and emotional well-being within the community.

Objectives
The objective of the MINDS is to help foster a community where youth experience optimal mental and emotional well-being because they: are intrinsically valued, have hope for a better future and with others in our community are helping to build it, develop and maintain positive relationships, are engaged in meaningful activities, and can cope with the challenges of life. The ultimate goal of MINDS is to develop a framework that can be used in any global community to support the mental and emotional needs of their youth.

Approach
MINDS of London-Middlesex consists of an interdisciplinary group of professionals from different sectors, including hospitals, community organizations, and the University of Western Ontario. To build evidence of the change we make, MINDS employs a youth participatory action research (Y-PAR) approach, in which youth work within the different branches of the team, (research, systems, and communication). In this presentation, we share our experiences as youth who are working alongside adults with MINDS and across sectors to partner and co-create new approaches to youth mental health. We want to share what it means to collaborate with our community, to challenge the routine ways of thinking, to disrupt and innovate. We want to show how social-innovation and Y-PAR processes can be tested, evaluated, implemented, taken up, and scaled up to make youth-centred changes in communities anywhere.

Practice and Policy implications
The youth participatory action research framework reflects a commitment to ensuring legitimate youth involvement and engagement in co-developing ideas and actions focused on improvements for youth wellbeing. The vital importance of this approach, combined with social innovation, can serve to guide and lead others and future research in developing standards in their work with youth.

Conclusion
MINDS is striving to create an initiative where youth are it's key research collaborators. Within the field of youth mental health, adult stakeholders often work for youth and not with youth. MINDS has made it a priority and core value to ensure that youth voice is not only heard but also has a real impact on the direction and decisions.
of the research lab in all of its work.
TABLE 8 - SERVICE MODELS 2: Foundry: Integrating with Intention

Monday, 28th October - 15:45: Concurrent 3.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 396

Dr. Karen Tee (Foundry), Dr. Warren Helfrich (Foundry BC), Dr. Amy Salmon (CHEOS), Ms. Stephanie Gillingham (Foundry)

Introduction

In British Columbia (BC), Canada, the challenge to meet the health needs of youth and families has not been due to the lack of evidence-based treatments for mental health and substance use disorders, as there are dozens of interventions. As in most national and international jurisdictions, the challenge lies in the creation of effective access points that make treatments available, affordable and acceptable. BC’s current system is described by youth and families as “fragmented and siloed”, with many service providers and multiple points of entry. Achieving Foundry’s overarching vision – to transform how youth and young adults access health and social services within BC – requires going beyond creating youth-friendly multi-service centres. It requires achieving deep and meaningful partnerships amongst existing service providers that results in the delivery of integrated, seamless care for youth and their families.

Method and Results

Foundry is implementing and testing a model for supporting service integration through partnerships. The model, grounded in the Fulop typology (Fulop, 2005), is used to guide partnership development and integration at Foundry centres. In order to understand the impact of this work, Foundry’s evaluation includes measurement and Developmental Evaluation. Two specific measures have been used to track progress towards building meaningful partnerships and integration; the Partnership Self-Assessment Tool (Weiss, et. al., 2002) and the Dartmouth Institute’s Clinical Microsystem Assessment Tool – CMAT (Johnson, 2001). Baseline data for the Partnership Self-Assessment Tool and the CMAT from five Foundry sites collected in 2018 suggest that integration is a slow and uneven process requiring significant ongoing effort. None of the centres achieved the ‘target’ zone on any of the six domains of the Partnership Self-Assessment Tool, and less than half of respondents gave an optimal rating to 6 of the 12 CMAT domains across all sites. A comparison of the baseline to data currently being collected on the same measures at all Foundry sites will provide a clear picture of how the process of partnership building and integration is evolving at centres.

Foundry’s Developmental Evaluation includes: 1) a two-year developmental evaluation of the establishment of the overall initiative and Foundry centres; and 2) a principles-focused evaluation of Foundry’s Integrated Stepped Care Model (ISCM), a common framework for partners to work together and integrate services within a stepped care approach. The two-year developmental evaluation demonstrated that realizing the vision of access through integrated services requires a unique approach to leadership and partnership that is challenging in existing siloed service systems. Findings suggest that relationship building is key to system transformation in youth mental health, which is evident in Foundry’s collaborative, team-based approach to care. Findings from the principles-focused developmental evaluation will support the early implementation and adaptive development of Foundry’s ISCM, and assist leaders in defining what effectiveness principles they will use to navigate the emerging challenges they face when implementing ISCM.

These learnings will inform other jurisdictions with multi-provider delivery systems trying to address the challenge of integrating healthcare for youth experiencing mental health and substance use challenges.
TABLE 8 - SERVICE MODELS 2 : ‘Shine a Light on the River’ – A Community Collaboration to Improve Wellbeing for Young People and One Good Adults®

Monday, 28th October - 16:00: Concurrent 3.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 540

Ms. Hannah Kelly (Jigsaw: The National Centre for Youth Mental Health), Ms. Cassandra Murphy (Jigsaw: The National Centre for Youth Mental Health), Ms. Tanya O'Sullivan (Jigsaw: The National Centre for Youth Mental Health)

**Background/Purpose:** Research has shown that having a sense of connection with community acts as a mediator between mental health and community participation. In 2018, a Youth Advisory Panel (YAP) member in Jigsaw Limerick put forward the idea of hosting an event on the River Shannon in Limerick as part of mental health week. Jigsaw is an Irish organisation which aims to advance the mental health of young people in Ireland aged 12-25 by influencing change, strengthening communities, and delivering services. Jigsaw services are currently located in 13 communities across Ireland providing support to young people with mild to moderate mental health difficulties. The reason for this suggestion was because in Limerick so many people have used the River Shannon as an escape from mental health issues in a negative way, resulting in suicide river patrol groups being established locally. The YAP member felt that this event would allow the community to bring positive energy to the river and reframe how they see it. Working from principles of health promotion, the event aimed to achieve community action that would be a catalyst for change in the community narrative.

**Objectives:** This presentation will describe the ‘Shine a Light on the River’ event which was organised by YAP members and staff from Jigsaw Limerick. The aim of this initiative was to create a community event where people start to think differently about a river which has so many negative associations with mental health.

**Approach:** Jigsaw staff and YAP members worked from community engagement theory to build relationships with community groups to organise the event. The unique, bespoke and relevant aspects of the project attracted a natural momentum and interest from the community. Community participation involved promoting and engaging with the local suicide river patrol group, boating community, a third-level education institution and over 20 charitable organisations. Members of the public were invited to attend and take part in the event.

**Results/Policy Practice Implications:** Over 1,000 people attended and supported the event. Participants used their phones and torches from over 30 boats, bridges and public spaces to illuminate the river at sunset on October 8th 2018. The event resulted in an electrifying atmosphere as people connected by waving their lights at each other, bringing light to the dark, creating connection between those present to #seechange and challenge the way people are dealing with their mental health. **Conclusions:** As a result of engagement from the local community, there has been strong demand from the people of Limerick to repeat this event annually to reconnect and improve health and wellbeing. This presentation will highlight key learning for other cities and communities who want to reframe their connections with an area that is negatively associated with mental health.
TABLE 8 - SERVICE MODELS 2: The Norfolk Youth Model 2.0 – Integrating and Evaluating the THRIVE model

Introduction/Rationale:
The Norfolk Youth Service opened its doors in 2013 as the first 0-25 youth mental health service in the UK. Its initial success in increasing access to a youth population with previously unmet need, during a time of substantial upheaval and resource cuts in the NHS and community services eventually led to a growing mismatch between capacity and demand. A more efficient system for identifying and meeting young people's needs and goals was needed. In response, we set out in 2019 to integrate the existing clinically-derived pathways model with the THRIVE framework, which conceptualises young people into five needs-based groups – getting advice, getting help, getting more help, getting risk support and thriving. This study provides data that evaluates the integration of the THRIVE model using both 'Quality Improvement' strategies and routine outcome measures for young people and their families.

Objectives:
Integration of the THRIVE model will improving access by reducing the time to treatment for young people referred to the service, improve outcomes for young people and improve the experience of young people accessing the service.

Methods:
The clinician-lead youth steering group developed an integration strategy for the THRIVE model into the service. This included bespoke training packages for staff, increased supervision of cases to maintain fidelity, embedding routine monitoring of clinically-relevant data and adapting existing resources to align with the THRIVE model's five need-based groups.

Quality Improvement methodology was used to monitor referral to treatment times, outcome measures including the CORE, RCADs and goal-based outcomes were used to measure clinical outcomes and the evaluation of service questionnaire was used to measure young people's experience of service.

Results / Policy Implications:
At the time of abstract publication, the THRIVE model was in its early stages of implementation. Clinical outcomes monitored in 101 people showed an improvement in goal based outcomes scores of 127% (from 2.6 to 5.9), whilst clinical outcomes monitored in 63 people showed an decrease (improvement) in RCADs scores by 11% (from 80 to 71), and clinical outcomes monitored in 38 people showed a decrease (improvement) in CORE-34 scores by 26% (from 78 to 58). The experience of 94 young people as measured by the experience of service questionnaire showed an average score of 2.7 out of 3, for their experience in the service. Preliminary data suggest a reduction in average time from referral to treatment time by 3 months. However, whilst positive, this represents early outcome data a fuller evaluation will be available by the time of the conference.

Conclusion:
Early stages of integration of the THRIVE model are encouraging and suggest a reduced referral to treatment time while young people receiving treatment show clear improvement in their mental health problems, with a positive experience of service. By the time of the IAYMH 2019 conference, a fuller evaluation will be available with implications for whether integrating this needs-based conceptual framework into a clinically-derived pathways model improves accessibility, outcomes and experience for young people referred to mental health.
services in the UK.
**TABLE 9 - ECONOMIC FACTORS: Clinician led software design and the positive impact on service delivery**

**Introduction**

*headspace* began as an online support service as part of drought response measures in Western Australia in July 2010. Twelve months later the service was expanded and rolled out nationally, including the introduction of a telephone component in October 2011. *headspace* provides confidential and free online and telephone support to young people experiencing mental health issues, as well as their family and friends.

In order to provide reliable online and phone support the *headspace* software platform must be responsive to changing service user, and service provider, needs.

**Objectives**

Ensure that the software platform used for digital support service delivery is as capable as possible to adapt to emerging technologies and robust enough to perform effectively with increased service loads.

The software platform should also support service providers to ensure that they are able to effectively provide appropriate support as service demand increases.

Service providers are able to:

- Work as efficiently as possible in order to provide best care and decreased wait times for service users.
- Reduce inequities in health by prioritising disadvantaged population groups.

Service users are able to:

- Overcome traditional barriers to access timely, convenient and flexible services (for example, the stigma, cost, geographical location or transport difficulties).
- Retain autonomy about what information they provide and when they choose to access support.

**Approach**

*headspace* uses an enhanced Electronic Medical Record with inbuilt digital communication tools called Dynamic Health. It is secure software developed to safely hold all necessary information about the digital services provided by *headspace*: *headspace*, the Digital Work and Study Service, the Digital Industry Mentor Service and the Regional Schools Counselling Service; and the confidential and private information about the clients accessing those services.

Dynamic Health is developed and maintained by MH Interactive Ltd, a New Zealand based company that specialises in mental health software and other communication and information tools.

Since *headspace* was piloted in 2010 there have been ongoing enhancements to Dynamic Health to increase its use across *headspace*'s digital support services and to improve service delivery for service users and providers.

These improvements have involved co design with service providers and ongoing consultation to ensure that service users’ needs and feedback are considered.

**Results or Practice Implications**

- Reduction in service user complaints relating to wait time or poor expectation setting
- Increased evidence of service users accessing additional digital service support options and having their needs met without receiving direct clinical support
• Increased ability for service providers to provide direct clinical support to priority user groups
• Reduction in reported technical issues experienced by service users
• Increased job satisfaction amongst service providers
• Refinement of Response Management processes due to reduction in triage manual handling
• Decreased wait times for service users

Conclusion
Involving service providers directly in design and development of Dynamic Health has resulted in enhancements that positively affect how service is delivered, including: increased efficiency, decreased wait times and prioritisation of user groups who experience barriers to accessing traditional mental health support options.
TABLE 9 - ECONOMIC FACTORS : The juggling act of mental health difficulties and work/study pathways: The headspace approach to helping young people.

Monday, 28th October - 16:45: Concurrent 3.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 520

Ms. Carolyn Watts (headspace National Youth Mental Health Foundation), Ms. Vanessa Kennedy (headspace, the National Centre of Excellence in Youth Mental Health)

Young people face unique challenges in navigating work and study pathways. Mental health difficulties can be both a contributing factor and a consequence of struggling in this regard. At an individual and societal level there can be significant negative consequences if challenges are not addressed. There is therefore a need to develop and invest in evidence-based approaches that are effective in helping young people to address their work and study challenges.

In response to the unique work and study needs and challenges of young people, headspace the National Youth Mental Health Foundation, developed the headspace Digital Work and Study Service (DWSS). It was launched in 2016, initially in the form of a two year pilot funded by the Department of Jobs and Small Business ‘Empowering YOUth Initiatives’, with continued funding provided by the Department of Social Services.

The DWSS provides young people across Australia aged 15 to 24 with work and study support via a digital platform (online chat, email, telephone assistance, and video conferencing). It has been designed to be appealing to and appropriate for young people with common mental health conditions such as depression and anxiety, and in line with an approach called the Individual Placement and Support (IPS) model for which there is overwhelming International and Australian evidence.

The DWSS is:

- Voluntary – young people are not required to use the service as is the case with some employment agencies,
- Accessible – no travel is requires, operating hours and flexible and it is available via different service modes,
- Flexible – young people can contact as much or as little as they want to during a three month episode of care,
- Comprehensive – multifaceted work/study assistance is provided,
- Strength-based – it focuses on the skills and attributes young people have (rather than those they don’t), and
- Anonymous – it’s up to young people whether or not they share identifying information with the service.

In this presentation, the headspace Manager of Vocational Services will describe the approach of the Digital Work and Study Service in the context of other mental health and employment agencies in Australia. Reference will also be made to International approaches and how the DWSS model could be applied in International contexts.

Findings from a recent evaluation of the first two years of the DWSS will be presented to shed light on how the service is being used, what it is achieving (including the extent to which it helps young people manage mental health difficulties impacting on their work/study situation), and how it can be improved.

And most importantly, a young person who has used the DWSS will present about his personal experience of the service – why he decided to use it, how it helped him, and where he’s at in terms of his work/study situation and career plans.
TABLE 9 - ECONOMIC FACTORS : Harnessing the potential: Creating an online career mentoring program to help young people into employment

Monday, 28th October - 17:00: Concurrent 3.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 707

Ms. Ella Hewitt (headspace National Youth Mental Health Foundation), Mr. Koki Miyazaki (headspace National Youth Mental Health Foundation)

headspace, Australia’s National Youth Mental Health Foundation, prioritises functional recovery through engagement with work and study. With approximately one in four headspace young people disengaged from work and study, the organisation has looked at innovative ways to support young people to gain work related confidence, networks and skills. Through partnership with industry, headspace has created an Australian first with an online career mentoring service for young people living with mental health challenges.

The Service links headspace young people with industry volunteers. Mentors work with young people to support their employment related confidence and their capacity to find and maintain work. Young people and mentors work together for a period of 6 months, meeting on a fortnightly basis to work on identified goals. Mentors provide a champion who isn’t a clinician, employment service provider or family member—they are an independent and invested person who is there for everything and anything career related. Importantly, mentors share their own personal work journeys to remove the unknowns around transitioning into work and put a human face to the job hunt—an often isolating and stressful process.

Importantly, the Service provides a niche opportunity for cross-sector relationships and knowledge sharing. Skilled volunteering opportunities and chances for cross collaboration between the mental health and business world are rare. This Service has championed the use of volunteers as delivery partners, with impacts reverberating through the workplace cultures of program partners. With over 50% of young people recording a job outcome during their time in the Service, headspace sees this program as a game changer with opportunity for replication across organisations.

Not-for-profits, health and community organisations are regularly approached by offers of volunteer partnerships. Without adequate planning and support these relationships can often be superficial or temporary. headspace will showcase a unique service that has overcome these common pitfalls, and highlight service data and evaluation that indicates the impact that volunteer and industry focused support can have on young people as they enter the world of work.

This session will highlight key lessons learnt from the program including; safe and effective ways to engage volunteers, ways to re-imagine traditional employment support, developing appropriate governance for volunteer delivered services and effective and productive partnering with industry. Recent findings from an evaluation of this service will also be presented. This will further highlight key characteristics of young people who have participated in the service, their service satisfaction and work outcomes. Qualitative interviews with young people and mentors will provide an in-depth look at the overall impacts of the service and its capacity to impact how we think about and frame employment support for young people living with mental health challenges.
**TABLE 10 - ADOLESCENCE : Let's talk about sexts: Young Australian’s beliefs, wellbeing, digital risks and safety**

Monday, 28th October - 17:15: Concurrent 3.6 - Table Top presentations (Mezzanine Level, Room M3) - Table Top - Abstract ID: 99

Dr. Alyssa Milton (University of Sydney), Mr. Ben Gill (ANU), Ms. Tracey Davenport (University of Sydney), Dr. Mitch Dowling (University of Sydney), Prof. Jane Burns (University of Sydney), Prof. Ian Hickie (University of Sydney)

Rationale:
The rapid uptake of Information and Communication Technology (ICT) over the past decade – particularly the smartphone – has coincided with large increases in sexting. Previous Australian studies examining prevalence rates of sexting activities in young people have all relied on convenience or self-selected samples. Concurrently, there have been recent calls to undertake more in-depth research on the relationship between mental ill health, suicidal thoughts and behaviours and sexting. How sexters (including those that receive sexts, send sexts, and two-way sext) and non-sexters apply ICT safety skills also warrants further research.

Objective:
To extend the Australian sexting literature by measuring: (1) changes in the frequency of young people's sexting activities from 2012 to 2014; (2) young people's beliefs about sexting; (3) the association of demographic, health and wellbeing items, and Internet use with sexting activity; and (4) the relationship between sexting and ICT safety skills.

Methods:
Computer-assisted telephone interviewing (CATI) using random digit dialling was used in two Young and Well National Surveys conducted in 2012 and 2014. Participants included representative and random samples of 1,400 young people aged 16 to 25 years.

Results:
From 2012 to 2014, sexting activity changed significantly ($p < .001$). There were increases in two-way sexting (2012: 38.1%; 2014: 42.2%) and receiving sexts (2012: 27.4%; 2014: 30.9%); whereas not sexting (2012: 32.0%; 2014: 25.4%) and sending sexts (2012: 2.6%; 2014: 1.4%) reduced. The most common reason for sexting was 'to get attention from a dating partner' (88.9%) and nearly all respondents (92.3%) believed that sexting had 'serious negative consequences'. Being male, speaking a language other than English, being in a relationship, experiencing suicidal thoughts and behaviours, reporting body image concerns, cyber-bullying others and late-night Internet use were associated with significantly greater adjusted odds of both two-way sexting and sending sexts. Receiving sexts was significantly associated with being male, being cyber-bullied, late-night Internet use, and lower rates of living with parents or guardians. Not sexting was significantly associated with being female, living with parents or guardians, and lower rates of drugs being a personal concern, being cyber-bullied and late-night Internet use. Converse to non-sexters, Pearson correlations demonstrated that all sexting groups (two-way; sending; receiving) had a negative relationship with endorsing the ICT safety items relating to being careful online and not giving out personal details.

Conclusions:
Our research clearly demonstrates that the majority of young Australians are sexting, or are exposed to sexting in some capacity. Sexting is associated with negative health and wellbeing concerns including suicidal thoughts and behaviours, body image issues and cyber-bullying. Multifaceted approaches that promote safer ICT practices for those that do sext include better education about sexting impacts as well as targeted support for more vulnerable groups.
Supporting students at school who are at significant risk of self-harm or suicide presents both an important yet challenging situation. Managing the complex interactions of care for the individual, their family, other students and staff, and the school more broadly, requires considerable thought and consideration. This presentation provides an insight into a real-world application and overview of an adapted framework for supporting students at risk; from identification, through to ongoing care within the school context.

The Wellbeing Support Framework (WSF) was adapted from the Department of Education Western Australia (2016) and expanded upon, to provide a comprehensive response to supporting students at risk. The WSF includes stepped-through, case-management processes for supporting return-to-school following significant harm, and additional resources to facilitate help-seeking and consolidate communication.

The rationale behind its development was the recognition that self-harm and suicide risk are multifactorial, both in terms of the cause and the intervention. In particular, it was clear that key stakeholders who are responsible for components of this intervention – some of who may have limited experience with mental health - could greatly benefit from additional guidance of clearly defined processes. The other rationale was a core belief that supporting the mental health and wellbeing of vulnerable students was critical and best done with input from a broad support network.

While this presentation provides an overview of the WSF, the focus will also be strongly upon its real-world implementation and adaptation into a High School in Brisbane, Australia. As such, this work will include commentary on the unintended benefits and consequences, and the process used for continuous identification and improvement of the WSF. We will emphasise the critical importance of an iterative and reflective process to all policy and process, which is particularly the case in translating research into real-world contexts. It is hoped that attendees to this presentation will be able to gain resources and understanding into supporting at-risk students, insight into the strengths and challenges of this approach, and reflection on the value of continual refinement of all processes.
Background: Previous risk research has focused on longitudinal studies of risk and protective factors using quantitative study designs. There are gaps in the literature on the topics of adolescents’ lived experiences of risk and protective factors, how this could inform a typology of protective factors, and, how experiences of protective factors might change over time. Objectives: The present study aimed to explore patterns in continuity and change in the types of risk and protective factors experienced by a sample of 60 adolescents (aged 11 to 13) participating in the HeadStart, a national programme exploring and testing new ways of improving the wellbeing of young people aged 10-16 over 5 years. Methods: A typology of protective factors in relation to risk and mental wellbeing consisting of: Uncertain Sources of Support (USS), Multiple Sources of Support (MSS) and Self-Initiated Sources of Support (SIFS), was applied to qualitative interview data collected over a two-year period to observe changes or continuities in individual cases. Results: Just under half of the dataset were found to have similar patterns in protective factors as the previous year (N=28), and the rest had changed in terms of moving to another type (N=32), with a net movement in a direction towards the experience of more support, that was either externally provided (MSS), or, self-initiated (SIFS). Conclusions: This study has shown that adolescents’ lived experience of protective factors are important and provide insight into the ways adolescents navigate risk and the types of protective factors that they draw on, and, how this varies across the sample. Future research could involve testing the typology through a quantitative survey and examining changes in protective factors over further timepoints.
Defining the Clinical Stages for Youth at Risk of Serious Mental Illness

Monday, 28th October - 14:00: Concurrent 4.1 - Oral - Major Research (Great Hall 1 & 2) - Oral - Abstract ID: 230

Dr. Jean Addington (University of Calgary)

Introduction: Even though the majority of mental illnesses arise in youth, and early treatment of mental health issues is vital to reducing poor outcomes, in comparison to those at risk for psychosis, less attention has been paid to identifying those at risk for serious mental illness (SMI). One way of understanding this risk is by considering different stages of risk within a transdiagnostic clinical staging model. However, determining specific criteria for such stages is difficult and not that well defined.

Objective: The Canadian Psychiatric Risk and Outcome Study (PROCAN) is a longitudinal study investigating the clinical, social, and neurobiological factors that may lead to SMI in youth. The first objective of PROCAN is to attempt to better define the criteria for a transdiagnostic clinical staging model; more specifically, to determine if participants allocated to the different stages were a good fit to the model.

Methods: This study included 243 youth, ages 12 to 25: (i) 42 healthy controls, (ii) 43 non-symptomatic youth with risk factors such as a first-degree relative or multiple second degree relatives with a SMI, low birthweight and preterm delivery or a developmental disorder (stage 0), (iii) 52 help-seeking youth experiencing distress and possibly mild symptoms of anxiety or depression (stage 1a) and (iv) 108 youth with attenuated syndromes (stage 1b). Stages were determined using the criteria of Hickie and McGorry (2012) with a focus on clinical symptoms. We did not consider social/role or neurocognitive functioning in stage allocation. The Structured Clinical Interview for DSM-5 (SCID-V) was used to determine the presence of any Axis I disorder. The Structured Interview for Psychosis-Risk Syndromes (SIPS) was used to determine whether participants met criteria for psychosis risk. The Quick Inventory of Depressive Symptoms (QUIDS) was used to determine severity of depression. To test the fit of the criteria we compared the groups on (i) clinical measures that would cross-check the stages, (ii) clinical outcomes that were not part of the staging descriptions, (iii) social and role functioning, and (iv) neurocognition.

Results: In general, similar clinical measures supported the stage allocation. For other clinical measures, although the symptomatic groups (1a, 1b) differed from stage 0 and healthy controls they did not typically differ from one another. Although we had not used functioning as part of our criteria the groups did differ significantly on social and role functioning. There were a few differences amongst the groups on some neurocognitive measures with 1b generally presenting with the poorest neurocognition but little difference between the two symptomatic groups 1a and 1b.

Conclusion: Comparison of these different groups support that, on a wide range of clinical measures, for the most part 1b is the most symptomatic, followed by 1a with both rating more severely than either stage 0 or healthy controls. This was also true for social and role functioning, whereas neurocognitive functioning only differentiated between those who were symptomatic versus those who were not. This is a first step in attempting to more clearly define stages of risk.
Prevalence of DSM-V mental disorders, suicidal ideation and self-harm in a cohort of young adults in Ireland.

Dr. Josen McGrane (Royal College of Surgeons in Ireland), Dr. Emmet Power (Royal College of Surgeons in Ireland), Ms. Eleanor Carey (Royal College of Surgeons in Ireland), Mr. Sean Madden (Royal College of Surgeons in Ireland), Ms. Niamh Dooley (Royal College of Surgeons in Ireland), Mr. Donal Campbell (Department of Psychology, Beaumont Hospital, Dublin 9), Ms. Helen Coughlan (Royal College of Surgeons in Ireland), Dr. Mary Clarke (Royal College of Surgeons in Ireland), Prof. Mary Cannon (Royal College of Surgeons in Ireland)

Background: Mental disorders and intentional self-injury are the leading cause of years lived with disability in youth worldwide. (Gore et al., 2011) Few studies use gold standard of face to face semi-structured standardized interview tools, and this is a limitation in the estimates of prevalence rates of mental disorder in the extant literature. We aimed to longitudinally estimate the prevalence of DSM-V mental disorders, substance use, suicidality and self-harm in a population of Irish emerging adults.

Objectives/Aims: To estimate longitudinally the prevalence of DSM-V mental disorders, substance use, suicidality and self-harm in a population of Irish emerging adults.

Methods: Sampling and recruitment have previously been described (Kelleher et al., 2012) Briefly, we recruited a representative sample of 212 adolescents and followed them up over ten years. At wave 4 of the adolescent brain development study, 103 of the initial 212 participants took part, 50 males and 53 females, with a mean age of 20.87 years (SD = 1.3). Psychopathology was assessed in all participants by trained research psychologists and mental health professionals using the Structured Clinical Interview for DSM-V (SCID).

Results: 52.4% of participants had one lifetime mental disorder, the prevalence rates were highest for Major Depressive Episode (35%), and Social Anxiety (15.5%). 13.6% had a current diagnosis at time of interview. 23.3% had 1 lifetime diagnosis, 13.6% had 2 and 15.5% had >2. 20% reported lifetime suicidal ideation. 7% reported lifetime suicidal behaviour. 25% reported lifetime self-harm.

Conclusions: Rates of mental disorder, self-harm and suicidality rapidly increase during emerging adulthood. In a similar Irish study, 55% of young adults met the criteria for lifetime mental disorder, and 8.5% reported lifetime self-harm (Harley, 2013). A threefold increase in self-harm rates in similarly designed studies is concerning. We suggest that macroeconomic factors may be associated with a cohort-related effect (Griffin, Arensman, Corcoran, Fitzgerald, & Perry, 2015). In this study mentally ill youth were more likely to experience co-morbidity than not, echoing recent findings from genetic studies suggesting dimensional overlap between mental disorders (Gandal et al., 2018). Whilst the rates of mental disorder are high in young people, previous longitudinal research has suggested that many common mental disorders remit by the late twenties (Patton et al., 2014) We suggest a need for further research investigating the comparative later functional and economic outcomes of these young people. Youth represents a biologically and phenotypically discrete neurodevelopmental period, with a concomitant excess burden of neuropsychiatric disease (Arain et al., 2013; Casey, Jones, & Hare, 2008). Research to date is supportive of a need to expand capacity of youth friendly services for prevention and treatment.
Beyond psychosis risk: An update on the clinical high at-risk mental state (CHARMS) study

Dr. Jessica Hartmann (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Barnaby Nelson (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Paul Amminger (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Andrew Chanen (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Aswin Ratheesh (Orygen, The National Centre of Excellence in Youth Mental Health), Prof. Christopher Davey (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Andrew Chanen (Orygen, The National Centre for Excellence in Youth Mental Health)

Introduction

The development of the ultra-high risk (UHR) criteria for psychosis over 20 years ago created a new framework for research into subthreshold states in psychiatry. The ‘CHARMS’ (Clinical High at Risk Mental State) study is a pluripotent, transdiagnostic extension of the traditional psychosis risk approach, broadening the concept to other disorders including affective and personality disorders.

Objectives

The study aims to validate a set of pluripotential criteria to prospectively identify help-seeking young people at risk of developing a range of serious mental disorders. It further aims to test novel dynamic methods to identify early warning signs of progression to a serious mental illness.

Methods

The CHARMS study is an ongoing cohort study of help-seeking young people aged 12-25 attending youth mental health services in Melbourne, Australia. New referrals meeting the CHARMS criteria are allocated to the CHARMS+ group; referrals under CHARMS threshold are allocated to CHARMS- (control) group. Transition status and clinical/functional outcomes are re-assessed at 6 and 12 months. A range of clinical predictors, including anxiety, stress, sleep/circadian disturbance, and cognitive biases are being assessed as well. In a subset, intensive longitudinal ecological momentary assessment (EMA) over a 4-month period is tested.

Results

To date, a sample of N=103 participants has been recruited: N=64 (62%) met CHARMS criteria (CHARMS+) at baseline with N=39 (38%) allocations to the control group (CHARMS-). Of these, N=79 participants have been followed up to 6 months and a sample of N=71 has been followed up to 12 months. Current transition rate is 25% in the CHARMS+ group and 5% in the CHARMS- group. A subsample of 7 young people participated in the EMA component with a compliance rate of 74%.

Conclusion

Our initial results indicate that the CHARMS criteria can be applied in the context of a youth mental health service and validly identify help-seeking young people at substantial risk of progressing to serious mental disorder over a short time frame (within 12 months). This study is the first to introduce and validate a set of clinical criteria to identify a broader ‘at risk’ patient population, and represents an important advance from the UHR for psychosis approach. It will foster understanding of risk factors and pathogenic mechanisms that drive the onset of severe mental disorder transdiagnostically and introduce a new case identification paradigm for the next generation of preventive intervention trials.
Devising a global core outcome set for young people with anxiety and depression

Monday, 28th October - 14:45: Concurrent 4.1 - Oral - Major Research (Great Hall 1 & 2) - Oral - Abstract ID: 847

Ms. Karolin Krause (Research Fellow for the ICHOM Working Group on Anxiety, Depression, OCD and PTSD in Children and Young People; Division of Psychology and Language Sciences, University College London; Anna Freud National Centre for Children and Families), Mx. The ICHOM Working Group on Anxiety, Depression, OCD and PTSD in Children and Young People (ICHOM), Prof. Miranda Wolpert (Chair for the ICHOM Working Group on Anxiety, Depression, OCD and PTSD in Children and Young People; Head of the Division of Psychology and Language Sciences, University College London; Anna Freud National Centre for Children and Families, United Kingdom)

Background. Routinely collected outcomes data increasingly drives judgements of what treatments work and who performs best at delivering them. Despite relevant national initiatives, there is no global guidance on how best to measure meaningful outcomes for depression, anxiety, PTSD or OCD in young people in clinical practice. This initiative aimed to devise a global core outcome set (COS) to help mainstream approaches and facilitate comparisons across contexts.

Methodology: ICHOM convened a working group of experts by profession and experience from 13 countries. Informed by a systematic literature review and through a sequence of thematic teleconference calls and iterative voting, the group built consensus on the key features of a global COS. Wider feedback was obtained through an online survey across 26 countries.

Results. The COS currently recommends measuring outcomes across four domains: symptoms, suicidal ideation and behaviour, global functioning, and interference of presenting problems with daily life. It proposes relevant outcome measures (primarily self-reported by young people or parents, free, and relatively short), as well as accompanying demographic and clinical case-mix variables and time points for measurement.

Conclusion. This COS has been developed with a view to being feasible and acceptable for use in routine care, appropriate across different settings, and meaningful to both practitioners and service users. It will be the first global COS of its kind for anxiety and depression in young people.
Young people’s priorities for engagement with digital support

Online interventions are being seen to have potential for reaching youth in distress but the challenge is to engage young people with these resources. There is a well-established body of research which explores the facilitators and barriers for young people’s engagement with face-to-face resources, but less is known about how these apply to the digital support environment. This New Zealand based research explores young people’s priorities in their engagement with digital resources. It draws from a meta-synthesis of themes from interviews with 190 young people (aged 13-23) about their engagement with mental health resources, identifying those issues that apply specifically to digital support. The overarching themes identified included the priority that young people give to the accessibility of these digital resources; the protection of their privacy; the opportunity to exercise their agency; having their individuality recognized; and the development of trusting relationships in their engagement with online resources. Those who wish to design online interventions for youth in distress need to ensure that these take account of the concerns and priorities that young people have for engaging with digital support in order to promote young people’s engagement.
SELFIE-study: Improving self-esteem in traumatized youth using a mobile phone.

Ms. Maud Daemen (Maastricht University), Ms. Mary Rose Postma (Maastricht University), Prof. Koen Schruers (Maastricht University), Prof. Mark van der Gaag (Vrije Universiteit), Dr. Dorien Nieman (University of Amsterdam), Prof. Ramon Lindauer (De Bascule), Dr. Therese van Amelsvoort (Maastricht University), Prof. Ulrich Reininghaus (University of Heidelberg), Ms. Frankie Joosten (Mondriaan), Ms. Iris Hoes (Prodeba)

**Background:** Three quarters of adult mental disorders emerge before the age of 25. This onset phase disrupts critical age-specific developmental, interpersonal, occupational and educational milestones and indicates the value of preventive interventions to improve well-being, enhance resilience and prevent morbidity later in life. Childhood trauma has detrimental effects on self-esteem and increases the chance of developing and maintaining a range of mental disorders in adulthood. Therefore, targeting low self-esteem in youth exposed to childhood trauma is a promising strategy for preventing adult mental disorder. Recently mobile health (mHealth) has become increasingly important in health care. Using mobile devices, such as smartphones, treatment can be delivered in patients' daily lives, depending on their experience, behavior and social contexts. This principle extends the therapy beyond clinical settings into real life. Interventions can be tailored to specific needs of the patient, and to the moments when it is needed most. With all this taken into account, we developed the SELFIE study. SELFIE is a personalized (guided) self-help intervention provided in daily life via the PsyMate® app on a mobile phone, which targets low self-esteem in youth exposed to childhood trauma.

**Method/Design:** A randomized controlled trial with 174 participants will be conducted. Inclusion criteria are youth aged between 12 and 26, who experienced childhood trauma and have a self-esteem below average. They should be referred to a participating mental health center in the Netherlands. Participants will be randomly allocated to the 6-week SELFIE-intervention in addition to treatment as usual (TAU) (experimental condition) or to TAU only (control condition). Data will be collected before randomization, at the end of the 6-week intervention period, and after a 6-month, 18-month, and 2-year follow-up period. Participants allocated to the experimental condition will receive the guided self-help intervention “SELFIE” through a trained therapist. The intervention consists of three two-weekly sessions with a trained therapist and e-mail contact between the sessions. During the 6-week intervention, participants will be provided daily with SELFIE exercises administered through the smartphone-based Psymate® app, to allow for interactive, personalized, real-time and real-world transfer of intervention components in individuals’ daily life. The app provides tips and (tailor-made) exercises to increase self-esteem, which for example involves learning to find positive qualities about themselves and learning how to deal with justified and unjustified criticism.

**Discussion:** To our knowledge, this is the first mobile health intervention focusing on improving self-esteem in traumatized youth. The potential effects of the SELFIE-intervention can help to minimize the deleterious impact of childhood trauma by improving self-esteem, and in this way prevent the development of mental disorders later in life.
“404 System error, I am not defective: A youth led anti-stigma video project”

Monday, 28th October - 14:30: Concurrent 4.2 - Oral - Digital 3 (Mezzanine Level, Room M1) - Oral - Abstract ID: 623

Mx. ACCESS Open Minds/Esprits ouverts RIPAJ Youth Co-creators (ACCESS Open Minds/Esprits Ouverts Ripaj), Ms. Diane Aubin (Psychologist, Psychotherapist, Clinical consultant; pioneer of a collaboration model of mental health care for youth at risk of homelessness, Dans la Rue, Montréal, Canada. ACCESS Open Minds/Esprits ouverts RIPAJ site leader), Ms. Mélina Desrosiers (Coup d’éclats), Mr. Josué Bertolino (Coup d’éclats), Ms. Marie-Eve Dupont (Centre de Recherche du CHUM, ACCESS Open Minds/Esprits Ouverts RIPaj site clinician), Ms. Milena Gioia (Centre de Recherche du CHUM, ACCESS Open Minds/Esprits Ouverts RIPaj site coordinator), Ms. Chantelle Mireault (Centre de Recherche du CHUM, ACCESS Open Minds/Esprits Ouverts RIPaj site coordinator, AOM Stakeholder and Partnerships coordinator), Dr. Amal Abdel-Baki (M.D., FRCPC, M.sc., Medical Manager EQIIP SOL, CHUM; Clinical Associate Professor, Université de Montréal, Canada, ACCESS Open Minds/Esprits Ouverts RIPAJ site research leader and clinical co-leader)

Rationale:
Homelessness is associated with major psychological distress and increased risk of mental disorders, especially in youth. These co-occurring problems have a major impact on youth functioning, impairing their relationships and their capacity to work or to complete their studies. Paradoxically, services are difficult to access and youth face long delays when trying to get help in a system where there is a lack of adapted and engaging mental health services for them, where “the right door” is difficult to find and the waiting lists are the norm.

ACCESS OM RIPAJ-Homeless Youth Network in Montreal, Quebec, Canada unites a range of community organizations, health and social services institutions, clinicians, youth and families/carers as well as researchers, to better support marginalized youth. A key element of this project is youth engagement, which led to the creation of a youth group. Youth with lived experience have spoken about the need to reduce mental illness stigma, since it is one of the important barriers to help seeking efforts.

Objectives:
Youth group members aim to provoke ongoing and lasting conversations about the effect of stigma and the current gaps in the mental health care system: What challenges do they encounter? How does stigma impact a young person life? What barriers limit help-seeking? How does someone cope? What does it mean to be resilient? How does the community respond to youth psychological distress?

Approach:
Created in Montreal in 2018-2019 by ACCESS OM RIPAJ and Coup d’éclats, this 15 min short video documentary, co-created by youth and professional videographers, illustrates the journey of six youth. The title plays on computer system failure notifications alluding to the overall failure of the current mental health system. It plays on artistic lighting varying from shadows to light: a metaphor to illustrate hope and urgency for systemic change. Youth are no longer in the shadows. Mental illness is no longer in the dark.

Results:
Complex themes linked to mental illness and homelessness are brought to light by these stories: solitude, loneliness, inaccessibility of services and lack of knowledge of mental health services, substance use/misuse, suicide, bullying, self-affirmation, resiliency, hope, self-acceptance, community responsibility. The video challenges preconceived notions that viewers may have of homeless youth. It emphasizes issues that youth consider highly relevant: the system is failing youth when they are most in need, there is urgency for change, and recovery is possible.
Conclusion:

This video will unite viewers from various backgrounds regardless of their field of study or level of expertise and provoke conversations around strategies to better meet the needs of this under-served population. This film allows youth to share their story with community members, service providers, decision makers, peers and family members in order to reduce mental illness stigma. Video art proved as an effective way to communicate these messages which are relevant to all communities, worldwide and can inspire local and global change.
Using Short Films To Reduce Stigma

Monday, 28th October - 14:45: Concurrent 4.2 - Oral - Digital 3 (Mezzanine Level, Room M1) - Oral - Abstract ID: 198

Ms. Ashlen Harkness (Art With Impact)

Too often, the mental health continuum of care begins once a problem has already been identified. The arts, however, provide a unique and powerful way to address mental health stigma, teach warning signs, and open young people to the idea of seeking support, all prior to a first episode. This interactive session will engage participants in a lively discussion about the role of art and non-linear learning tools to encourage prevention, early intervention, and reduce stigma related to mental illness among young people.

This session will start with viewing the winning short film ‘Core.’, created by Ashlen Harkness, who is a filmmaker and dance-creative based in both Melbourne and Canberra. ‘Core.’ as a film, powerfully explores the internal struggle, and external manifestation of panic and anxiety. The film, which was intentionally designed to be somewhat anxiety inducing, has become an empathy builder.

Next, the session will highlight the creative process that resulted in some of the film’s most powerful elements. Offering the opportunity for the audience to hear of the filmmaker’s personal journey, which provided the motivation behind creating the film. The filmmaker has repeated a similar creative process to create a second film, Zer0, exploring the mental health issue of depression for students in secondary or tertiary education.

‘Core.’ has become a useful tool to empower young people to reach out for support. This has been demonstrated, by the international organisation Art With Impact, who uses web-based technologies to build a global, collaborative community of filmmakers, who use their art to change the conversation about mental illness. The session will provide evidence of the positive contribution that short films can have in this sector, through a look at the data collected from students who have watched Core. at workshops throughout North American and Canadian college and university campuses.

Finally, the session will offer the opportunity to jointly discuss how short films can be used to explore mental health topics and become a powerful conversation starter.

We ask the question, what can we do here in Australia to keep this conversation going?
Expectations and experiences of youth and family peer workers from youth mental health services: Longitudinal trajectory analysis of qualitative interviews

Monday, 28th October - 14:00: Concurrent 4.3 - Oral - Youth Voice/Peer 2 (Mezzanine Level, Room M2) - Oral - Abstract ID: 582

Dr. Magenta Simmons (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Kendall Allsop (The University of Melbourne)

Background: Peer workers are individuals with a lived experience of mental ill health who use their knowledge of recovery to give and receive help in a reciprocal way with others experiencing mental ill health. Peer work has demonstrated effectiveness in terms of benefits for clients, peer workers, caregivers and services. Consequently, peer work is the most rapidly growing workforce in mental health in many countries. However, almost all of this research has been conducted in adult settings. There are a number of consistently reported implementation barriers (e.g. role confusion, integration) that have not been investigated in youth mental health.

Objective: To understand the motivations, expectations and experiences of youth peer workers and family peer workers.

Methods: Semi-structured interviews (total n=22) were conducted with youth peer workers (n=12) and family peer workers (n=3) from youth mental health services. The sample represented two different service settings (enhanced primary care and tertiary mental health) and a diverse range of roles, including combined peer work and educator roles, youth vocational peer workers, and youth peer workers providing support online and in outpatient and inpatient settings. A subset of the youth peer workers (n=7), who had only recently begun their first youth peer work role at the time of their baseline interview, were interviewed again 3-months later. Longitudinal trajectory analysis was used to analyse these interview data, and thematic analysis was used to analyse the once-off interview data. The interview schedule focused on the expectations and experiences of undertaking the peer roles, with a focus on implementation barriers.

Results: Peer workers were motivated by wanting to ‘give back’, because they saw value in shared experiences and because they wished they had received peer work. Although training focused on providing individual peer work, many found the role was broader and training didn’t reflect this. These unexpected tasks (e.g. administration duties) were seen positively by some who appreciated skill development but others felt it prevented them from gaining experience in providing individual peer work. Working part time contributed to delays in gaining experience and added to role confusion. Supervision was often provided by non-peer work staff members, yet having contact with other youth peer workers was useful as they often shared challenges. Peer workers were either really well integrated or poorly integrated in teams. Peer workers reported their work was beneficial for their own mental health, but at times it was difficult to hear stories of others. Over time, new peer workers experienced both improvements in some aspects of their role but also ongoing implementation issues.

Conclusion: Youth peer workers share similar barriers to adult peer workers. Peer designed and delivered training may better reflect the realities of the roles. Supervision by, and networking with, other peer workers may assist with addressing implementation barriers.
Thank You for You - Peer Support Programme in Singapore

Monday, 28th October - 14:15: Concurrent 4.3 - Oral - Youth Voice/Peer 2 (Mezzanine Level, Room M2) - Oral -
Abstract ID: 669

Ms. Yu Ting Low (Health Promotion Board), Dr. Nikole Ng (Health Promotion Board), Ms. Siok Hoon Chia (Health Promotion Board), Ms. Qian Hui Ma (Health Promotion Board)

Introduction
The Singapore Mental Health Study (N= 6,616) conducted in 2010 found that young adults are at a higher risk - 1.5 times more likely to suffer from mental illnesses as compared to other age groups. In 2017, a study (N=940) by the Institute of Mental Health Singapore reported that nearly half of the youth participants associated pejorative words and phrases with the term ‘mental illness’. This suggests that stigma among Singaporean youths is prevalent and thus more should be done to support youths who might have mental health conditions.

In the same year, a taskforce comprising of various government agencies looking at the health and wellbeing of children and youths in Singapore recommended the development of the Peer Support Programme in schools.

Objectives
Health Promotion Board (HPB), a statutory board under the Ministry of Health Singapore, was tasked to develop a peer support programme for students aged 17 to 25 through collaboration with schools. Under the programme, peer supporters are trained individuals who can identify signs and symptoms of common youth mental health conditions, provide empathetic listening and encourage friends to share their problems or seek help. The programme also encourages peer supporters to engage in self-care strategies as a way to remind them that their own mental wellbeing is also important and should be taken care of.

Methods
Recruitment platforms: Students either volunteer or are nominated by teachers to be trained peer supporters, based on school’s preference. The programme is open to all youths.

Programme: A two-day modular training was designed for peer supporters, covering topics such as peer support skills, common signs and symptoms of youth mental health disorders, suicide/self-harm, and destigmatisation of mental health. To reach youths outside of the traditional school setting, HPB also started working with youth organisations.

Sustainability: To encourage continuous learning, HPB organizes events such as booster sessions to provide opportunities for networking and to build up knowledge of peer supporters through collaboration with mental health partners.

Recognition: HPB values the contributions of peer supporters through organising Appreciation Nights and providing Certificates of Appreciation to students.

Results/policy implications
There are around 3,000 trained peer supporters. In a recent study involving 102 peer supporters and 306 students from 5 schools, peer supporters feel that they are more equipped to help their friends after attending the trainings as compared to students. Additionally, 80% reported helping between 1-5 peers. 42% of students reported feeling more open and comfortable approaching a peer supporter, suggesting the benefits of having peer supporters in schools.

Conclusion
Peer Support is proven effective as a programme among youths and should be expanded. Further applications can include implementation of the programme in community settings such as youth groups and educational institutions.
Maintaining equity despite distance: managing the challenges of youth participation across large geographical areas

Ms. Rebecca Brooker (headspace National Youth Mental Health Foundation), Mr. Dylan Hunt (headspace National Youth Mental Health Foundation), Mr. Simon Dodd (headspace National Youth Mental Health Foundation), Ms. Victoria Ryall (National Youth Mental Health Foundation)

The UN Convention on the Rights of the Child (1) recognises that young people have the right to have a voice in the issues that affect them. The practice of youth participation highlights that young people are experts in their own lives, and have the right to be actively engaged in developing solutions to issues that affect them. All young people should be able to participate regardless of where they live, work or study. Representation is important, and organisations have the responsibility to ensure voices across their catchment areas are heard. For a metropolitan-based Australian organisation, it can be difficult to ensure young people from regional and rural Australia are able to engage in youth participation programs and opportunities. 31 per cent of young people living in Australia aged between 10 and 25 live outside greater metropolitan regions (2). Without the views of these young people, the unique challenges they face risk being overlooked.

At headspace National, equity is a core principle of youth participation. Actions must be taken to support and encourage engagement by young people who face additional barriers to participation. headspace National have several processes in place to enable participation of young people from all across Australia. The organisation's commitment to youth participation ensures that adequate resources are allocated to programs enabling young people from Perth, to Mt Isa, to Melbourne to be engaged in the same opportunities.

For the past decade, headspace National has recruited, supported and engaged young people from all reaches of Australia through the headspace Youth National Reference Group. Our approach continues to evolve as we further our commitment to ensuring equitable engagement of young people.

This presentation will be delivered by headspace staff and National Reference Group members and will explore these challenges and approaches headspace National is taking to minimise barriers and increase the participation of young people despite distance.


The Community Healing Project: Reducing Trauma-Related Mental Health Effects of Community Violence Through Peer Support Training and Peer-to-Peer Workshops

Humanity is mixing, communicating and moving like never before. With this comes mass immigration and creation of new communities. Unfortunately, integrating immigrants into existing societal structures is not yet a perfect science, thus immigrant communities often become marginalized. One consequence of this marginalization is often increased community violence leading to cyclical trauma and mental health (MH) challenges, begetting more violence. The Community Healing Project (CHP) provides peer-to-peer youth MH workshops, aimed at reducing MH effects of trauma, interrupting cycles of violence in underserved communities.

Operated by the City of Toronto in partnership with Stella’s Place (an innovative youth MH treatment hub), CHP aims to:

- Provide professional development opportunities to underserved youth
- Increase individual and community capacity to cope with trauma associated with community violence
- Reduce youth involvement in gangs and violence, interrupting cycles of violence
- Provide a generalizable and scalable framework for reducing community violence
- Improve MH literacy and decrease stigma in underserved communities
- Address the following barriers to MH supports:
  - Geographic distance from treatment services
  - Dearth of representative MH professionals
  - Cultural stigma surrounding MH
  - Lack of MH resources in underserved communities

In 2018, the fourth iteration of CHP occurred. The functions of CHP 2018 were:

1. Recruited 23 young people from marginalized Toronto communities to be trained as community Healers.
2. Delivered peer-to-peer 10-week, 100-hour, co-designed Stella’s Place Peer Support Training teaching MH and support strategies to Healers.
3. In 10 communities, trained community Healers delivered a 9-week peer-to-peer Community Healing Workshop series, engaging youth most vulnerable to violence. This included a Community Giveback Day in which CHP workshop participants hosted an event to promote MH awareness, well-being and learned support strategies in their communities.
4. Evaluation
   (a) Peer Support Training – Pre/Post measures
   (b) CHP Workshops – Pre/Post measures, focus groups, individual interviews with youth participants

“Thank you Healers, so so much for the beautiful opportunity. I will always remember these heart-touching moments.”

Results
• Obtained 5-year $6.7 million of federal funding from National Crime Prevention Canada to continue CHP
• 91% training graduation rate
• 90% of graduates became Healers
• 89% of Healers employed in social service sector and/or engaged in community advocacy
• 90 Community Healing workshops delivered; 10 communities
• Community Healers indicated:
  – Professional development highly valued with increased skills in employment, education and networking
  – Increased awareness of MH and ability to utilize self-care tools

Community Healers indicated:

• Community Healing workshop participants indicated:
  – High interest in having CHP repeat as it's a “definite need”
  – Increased ability to demonstrate MH awareness and forms of healing through coping mechanisms, including self-care practices

Community violence is highly correlated with MH challenges, particularly PTSD, depression, anxiety and problem substance use. Exposure to community violence also increases the risk of utilizing violence. Thus, increasing capacity to cope with trauma related to community violence improves individual and community MH in affected communities. This leads to reduced violence, interrupting the trauma-violence cycle. Reducing community violence also works to de-stigmatize marginalized communities, promote intercultural integration and intra-societal unity. This is what CHP is achieving.
A whole of school intervention for personality disorder and self-harm in youth: a study of changes in teachers’ attitudes, knowledge and skills

Monday, 28th October - 14:00: Concurrent 4.4 - Oral - Suicide 2 (Mezzanine Level, Room M4) - Oral - Abstract
ID: 243

Dr. Michelle Townsend (University of Wollongong), Prof. Brin Grenyer (University of Wollongong)

Background: The school environment offers an ideal opportunity for early identification and intervention for youth with self-harm and complex mental health issues, such as borderline personality disorder (BPD). Schools are important locations for addressing student wellbeing, because of the reach and familiarity to students and families, the opportunities they afford for mental health promotion and prevention and the link between wellbeing and learning outcomes. Yet, class teachers often report minimal knowledge, feeling ill-equipped to respond, and experience high levels of stress when exposed to such challenges. To address this gap, a new initiative offering evidence-based high quality training to upskill teachers to better recognise and respond to young people with complex mental health problems, including BPD has been developed. The Project Air Strategy for Schools is accredited training that targets: (1) The enhancement of protective factors and reduction of risk factors in the school setting; (2) Improving knowledge of self-harm and complex mental health issues, particularly BPD; and (3) Increasing teachers’ ability to respond to crisis situations. This study examined the extent that teachers' knowledge, confidence and attitudes toward complex mental health issues and self-harm change following training.

Method: 18 secondary schools implemented a manualised program, Project Air Strategy for Schools. N = 400 teachers (71.3% female, mean age 42 years) across city and rural locations were evaluated before and after program implementation on attitudes, knowledge and skills.

Results: Providing teachers with additional training on complex mental health issues and associated behaviours such as self-harm was well received. Participants reported post-program improvements in their optimism (d = .35), confidence (d = .63), knowledge (d = .73) and skills (d = 0.67) in working with young people with complex mental health issues, such as BPD.

Conclusion:

This study demonstrated that training teachers to understand and respond compassionately to self-harm and complex mental health issues was effective. Results indicated improvements in class teachers' knowledge and attitudes towards self-harm and complex mental health issues. The intervention also improved the capacity of schools to plan and implement strategies to reduce the impact of mental health problems on the young person and their peers. A stay-at-school psychological care approach was fostered by enhancing partnerships between class teachers and school counsellors. The findings are likely to translate to teachers more effectively managing challenging behaviours in the school environment, directing the student to appropriate support and to keep these vulnerable students engaged in their education.
Pilot data and study protocol for the safeTALK and Reframe IT (STAR) trial

Ms. Sadhbh Byrne (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Jo Robinson (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Eleanor Bailey (Orygen, The National Centre of Excellence in Youth Mental Health), Prof. Jane Pirkis (The University of Melbourne), Prof. Matthew Spittal (The University of Melbourne), Dr. Sarah Hetrick (The University of Auckland), Mr. Hok Pan Yuen (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Michelle Lamblin (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Nina Stefanac (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Madeline Wills (Orygen, The National Centre of Excellence in Youth Mental Health)

RATIONALE: Suicide is a major public health issue worldwide, and is a principal cause of mortality among young people. Indeed, suicide is the leading cause of death among young Australians, accounting for one-third of all deaths in those under 25. In addition, many more young people make an attempt on their own lives, and more still live with suicidal feelings, further increasing the magnitude of this problem. There is therefore an urgent need to develop and test acceptable and accessible approaches to preventing suicidal behaviours in young people.

Schools are a logical setting for youth suicide prevention, but intervention research in this field is limited. Promising approaches include: (A) universal interventions that target all students; (B) selective interventions to identify those at-risk; and (C) indicated interventions supporting suicidal youth. Furthermore, research suggests that integrating these three approaches into one multimodal intervention may have synergistic effects.

OBJECTIVES: To pilot: (A) safeTALK, a three-hour suicide alertness workshop (universal); (B) screening for current suicide risk (selective); and (C) the Reframe IT online cognitive behavioural therapy platform (indicated); and to develop a protocol for a study evaluating the effectiveness of integrating these into one multimodal intervention.

METHOD: All pilot studies were conducted in Australian high schools. safeTALK was piloted with the screening intervention, adopting a pre-/post-test design with a 4-week follow-up (n = 100). A feasibility study of Reframe IT was first conducted using a pre-/post-test design (n = 21), after which the platform was piloted through a randomised controlled trial (n= 50). The protocol for the study evaluating the integration of these interventions was developed based on the results of these pilot studies, as well as consultation with a study reference group, including three youth advisors who provided direction on the research design.

RESULTS: Piloting of safeTALK indicated that participants’ knowledge, confidence, and willingness increased and their help-seeking intentions improved, with no evidence of increased suicidal thoughts or psychological distress. Screening identified 45% of participants as potentially at risk. The RCT of Reframe IT found that, compared to the control group, the intervention group showed a larger (non-significant) mean improvement in suicidal ideation, depression, and hopelessness. The positive pilot results informed the development of a protocol for an integrated multimodal program to be delivered to year 10 students across North West Melbourne.

PRACTICE/POLICY IMPLICATIONS: This project is unique in that it involves educating young people directly about suicide and will test an innovative online program with those students identified as being at risk. By sharing insights gleaned from pilot testing of each component in isolation, and describing the process of integrating these different approaches to form one multimodal intervention, this presentation will provide useful information to the sector regarding the development and refinement of interventions.

CONCLUSION: This new study responds to the rising rates of suicide among young people in Australia. The study will advance knowledge by directly testing the impact of integrating multiple approaches to youth suicide prevention, thus addressing a key gap in both the literature and practice.
Expressions of masculinity and associations with suicidality among young males

Monday, 28th October - 14:30: Concurrent 4.4 - Oral - Suicide 2 (Mezzanine Level, Room M4) - Oral - Abstract
ID: 831

Dr. Tania King (The University of Melbourne), Ms. Marissa Shields (The University of Melbourne), Dr. Victor Sojo (The University of Melbourne), Dr. Galina Daraganova (Australian Institute of Family Studies), Dr. Dianne Currier (The University of Melbourne), Dr. Adrienne O’Neil (The University of Melbourne), Dr. Kylie King (The University of Melbourne), Prof. Allison Milner (The University of Melbourne)

Objective

On many measures of mental health such as suicide ideation and completion, adolescent boys and young men fare worse than girls. Traditional masculine-typed behaviors have been associated with deleterious effects on health, yet there has been little quantitative examination of associations between masculinity and mental health and suicide, particularly among boys/young men. This study aimed to examine associations between endorsement of masculine norms and suicidal ideation in a representative sample of adolescents.

Methods

A prospective cohort design, this study drew on a sample of 829 Australian boys/young men from the Australian Longitudinal Study on Male Health. Boys were 15-18 years at baseline. Masculine norms (measured Wave 1), were from the Conformity to Masculine Norms Inventory (CMNI-22). Suicidal ideation (measured Wave 2) was a single item from the Patient Health Questionnaire (PHQ9). Logistic regression analysis was conducted, adjusting for available confounders including parental education, Indigenous Australian identity and area disadvantage.

Results

In adjusted models, greater conformity to violent norms (OR 1.23, 95%CI: 1.03-1.47) and self-reliance norms (OR 1.49, 95%CI: 1.15-1.70) were associated with higher risk of suicidal ideation. Greater conformity to norms regarding heterosexuality was associated with reduced risk of suicidal ideation (OR 0.80, 95%CI: 0.68-0.91).

Conclusion

These results suggest that conforming to certain masculine norms may be deleterious for young male mental health and highlight the importance of presenting multiple ways of being a male. This is vital in shifting social norms toward a society that supports various, and varying forms of masculinity, particularly in terms of sexual orientation.
Suicide remains the leading cause of death for young people in Australia. In 2012, headspace School Support (hSS) became the first service in the world to offer a postvention service to schools affected by suicide. Its purpose was to reduce the impact of suicide on school communities and to ultimately reduce rates of suicide among Australian secondary school students. Funded by the Australian Government Department of Health, hSS offered immediate and ongoing services to assist all secondary schools to prepare for, respond to and recover from a death by suicide. As the service delivery and support evolved over time, the hSS team identified pressing issues faced by school communities and developed strategies to address these, including responding to the risk of suicide, suicide attempts, suicide assertive aftercare, and suicide prevention. From 2012 -2018, hSS had offered support for Australian school communities in relation to almost 2000 suicides or attempts. Further, the service effectively played the coordination and leadership role in a number of whole of region response and recovery processes in areas of acute exposure and contagion. In 2018, the work of hSS was incorporated into the nationally funded Be You initiative, led by Beyond Blue, with headspace and Early Childhood Australia as delivery partners. In addition to the national Be You initiative, within the headspace In Schools division, a range of postvention-related services continue to be developed and delivered in collaboration with state and territory education departments and Public Health Networks. This presentation will share key learnings and practical recommendations from the work of hSS (2012-2018), together with updates on the further development of this work in 2019 and beyond.
Introduction: Despite a growing focus on the mental health of young people aged 12-25 years, Australia has never undertaken a national community survey across this whole age range. The most recent national data for those aged 12-17 years were collected in 2014, and for those aged 16-24 years, data were collected over 10 years ago.

Objectives: To address this gap in our knowledge of the mental health of Australian young people aged 12-25 years, headspace National commissioned Colmar Brunton to undertake a representative national community survey. The aim was to determine the current mental health and wellbeing of young Australians across the age range relevant to youth mental health initiatives, like headspace.

Method: Data were collected from 4065 young people in late 2018. A computer assisted telephone interview was used to measure psychological distress (K10) and wellbeing (MHC-SF) among other measures. A nationally representative community sample was attempted through random digit dialling of mobile phones and landlines. Stratified sampling ensured equal representation of males and females, and those aged in early adolescence (12-14 years), mid-adolescence (15-17 years), late adolescence (19-21 years) and early adulthood (22-25 years).

Results: Overall, results showed that 31% of young people reported high or very high psychological distress on the K10 and 62% reported they were flourishing on the mental health continuum scale. The cross-tabulation of psychological distress and wellbeing revealed that 30% were truly flourishing with low psychological distress and high wellbeing; another 22% had moderate psychological distress and high wellbeing; and 19% had high psychological distress and moderate wellbeing. There were 2.6% who were truly languishing with high psychological distress and low wellbeing. Strong age and gender differences were evident, however.

Conclusions: The significantly different patterns in psychological distress and wellbeing according to gender and age reveal that very different developmental factors are at play for males and females over the critical developmental stages of adolescence and young adulthood. The results of this study fill a large gap in our knowledge by providing recent national data on young people’s mental health and wellbeing across this age range, revealing developmental trends that need to be better understood.
Represent! Why and how research samples should reflect real-world clinical populations

Monday, 28th October - 14:15: Concurrent 4.5 - Oral - Data 2 (Plaza Level, Room P1) - Oral - Abstract ID: 730

Dr. Jai Shah (Department of Psychiatry, McGill University ; Douglas Mental Health University Institute), Mr. Michael Groff (Douglas Hospital Research Centre), Dr. Genevieve Gariépy (Department of Psychiatry, McGill University ; Douglas Mental Health University Institute), Dr. Ridha Joober (Department of Psychiatry, McGill University ; Douglas Mental Health University Institute), Dr. Vidya Iyer (McGill University), Dr. Martin Lepage (Department of Psychiatry, McGill University ; Douglas Mental Health University Institute), Dr. Ashok Malla (Department of Psychiatry, McGill University ; Douglas Mental Health University Institute)

Rationale: As youth mental health efforts unite for global change, on-the-ground service transformations should bear in mind local realities if they are to be effective. Yet to date, the extent to which local transformations are being informed by the clinical populations who will actually receive care there remains unclear. Services capturing the sorts of data that allows them to understand their presenting populations are more likely to respond to the needs of youth they care for, to offer them equitable access and relevant intervention packages.

Objectives: Based on the experience of a longstanding early psychosis service in Montreal, Canada, this presentation will (1) examine similarities and differences between research samples and the larger ‘real-world’ clinical populations they are drawn from; (2) based on this, suggest how future mental health services for youth should be organized to serve the surrounding population; and (3) demonstrate how routine data collection might inform the structure and functioning of the service.

Approach: The PEPP-Montréal early psychosis service exists in a large, geographically defined catchment area of approximately 300,000 individuals with no competing public or private services. We compare and contrast the research samples that we have reported on with the overall clinical population encountered by this service. We then provide practical suggestions on how to design youth mental health services in such a way that research studies naturally reflect the total presenting population.

Results: Actual clinical populations may not be fully represented in research reports in important yet potentially divergent ways: patients who participated in research studies were more likely to have longer durations of untreated illness, to be engaged in post-secondary education, to come from environments of lower rather than higher socio-economic status, and to have more severe positive psychotic symptoms.

Conclusions: These discrepancies between clinical and research samples should prompt reflection about current blind spots in mental health, filters between research and clinical care, and what is being privileged in traditional definitions of measurement-based care. In order to ensure that research results are relevant to real-world clinical samples, youth mental health settings should prioritize robust clinical services (within which valuable research studies can then be nested), pay particular attention to vulnerable and underrepresented populations (with corresponding outreach to bridge the resulting gaps), and systematically conduct basic, clinically-relevant individual- and service-level data (to allow for ongoing benchmarking of representativeness).
The global coverage of prevalence data for mental disorders in children and adolescents

Monday, 28th October - 14:30: Concurrent 4.5 - Oral - Data 2 (Plaza Level, Room P1) - Oral - Abstract ID: 331

Dr. Holly Erskine (School of Public Health, The University of Queensland), Ms. Meaghan Enright (School of Public Health, The University of Queensland), Prof. James Scott (UQ Centre for Clinical Research), Prof. George Patton (The University of Melbourne), Dr. Harvey Whiteford (School of Public Health, The University of Queensland)

Background
Children and adolescents comprise over 30% of the global population, with the majority living in low- and middle-income countries (LMICs). Mental disorders are the leading cause of disability in this age group, yet prevalence data for these disorders remains limited. Prevalence is the proportion of a population affected by a particular disorder. Prevalence data help inform services and policy. To determine where gaps exist in prevalence data for mental disorders in children and adolescent, the ‘coverage’ of available data must first be assessed.

Methods
Coverage refers to the proportion of children and adolescents (aged 5-17 years) represented by available prevalence data. Coverage analyses takes into account the age, sex, and location of a study's population, meaning that prevalence estimates from studies with wide age ranges, both sexes, and that encompass more locations will have higher coverage. Studies were sourced from existing global datasets for conduct disorder, attention-deficit/hyperactivity disorder, autism spectrum disorders, eating disorders, depression, and anxiety disorders.

Results
The average global coverage was 7.2% across all six disorders for children and adolescents. Depression and anxiety disorders had the greatest coverage (12.5% and 7.5% respectively), while coverage for autism spectrum disorders was the lowest (3.6%). High-income countries (HICs) had an average coverage of 36.5% compared to LMICs which had an average coverage of only 4.0%.

Conclusion
The coverage of mental disorder prevalence data for children and adolescents was poorest in countries with the largest proportions of young people in their populations. Prevalence data is needed to accurately determine where mental health resources and services for children and adolescents are most needed. In response to these gaps in coverage, collaborative efforts are underway to measure the prevalence of mental disorders in young people living in LMICs.
Understanding suicides in Dutch adolescents through a psychological autopsy study

Introduction or Rationale
Suicide is the most prevalent cause of death in the Netherlands among teenagers aged 10-30 years. Recently, the suicide rate of Dutch adolescents increased sharply from 48 in 2016 to 81 in 2017. This increasing rate gave cause for concern and raised many questions. The Dutch government initiated a study to find the reasons behind this rising number.

Background and study objectives
A psychological autopsy study is developed and carried out to obtain insights into key turning points, tipping-points and care seeking behavior in Dutch adolescents (15-19 years) who died by suicide in the Netherlands in 2017. Knowledge about key events may be crucial to be able to better identify and prevent suicidal ideation and behavior in youth, and can help adapt existing interventions or initiate to develop new approaches to personal needs. Looking into this should result in well-founded recommendations to improve suicide prevention for teenagers.

Methods or Approach
The background of the deceased youths will be explored in detail by assessing perceptions of multiple contacts. In depth (retrospective) interviews are conducted with parents, peers, mentors, employers and care providers of teenagers who died by suicide in the Netherlands in 2017. These participants are recruited through snowball sampling; contacted through their general practitioner or through a (social) media call. Interviews are partly based on existing instruments but an open narrative is encouraged, which is followed by specific questions entailing domains adolescent transition. Formulated results will be interpreted and discussed with the research team spring 2019 and it is to be expected that this will lead to indications and recommendations for improving current prevention / postvention interventions, programs and care to further reduce suicides in Dutch adolescents.

Implications and Conclusion
As the theme of this 5th IAYMH conference is “United for Global Change”, we would like to present our results and discuss indications and recommendations with the other delegates. Our aim is that by sharing ideas, knowledge and approaches to current new and innovative ways of prevention and postvention we can reduce youth suicides in adolescence world wide.
**Internet-based prevention for alcohol and other drugs: An overview of the universal Climate Schools prevention programs**

**Objective:** Substance use is one of the leading causes of burden of disease among young people, and effective prevention is critical. The *Climate Schools* courses are online, universal school-based programs designed to prevent alcohol and other drug use and related harms among adolescents. Developed in consultation with students, teachers and health professionals, the courses utilise cartoon storylines, quizzes and group activities, within an online delivery framework, to engage students. The aim of this presentation is to provide an overview of the effectiveness of the *Climate Schools* courses and to discuss future directions for dissemination and ongoing development.

**Methods:** To date, four *Climate Schools* modules have been developed and evaluated:
1) Alcohol module; 2) Alcohol & Cannabis module; 3) Cannabis & Psychostimulants module; and the 4) Ecstasy & Emerging Drugs module. Approximately 14,000 students from 157 schools in Australia have participated in six randomised controlled trials (RCTs) of these *Climate Schools* courses. In each RCT, schools were randomly allocated to an intervention (*Climate Schools*) or control group (health education as usual). Students completed self-report surveys across multiple time points assessing alcohol and other drug use, harms, and knowledge. Multi-level models were conducted to analyse group differences over time, taking into account the clustered nature of the data.

**Results:** Results from the RCTs have shown the *Climate Schools* courses to be effective in increasing knowledge about alcohol and other drugs (Cohen's $d=.56$ to .77), decreasing alcohol use ($d=$ up to .42), binge drinking ($d=$ up to .56), cannabis use ($d=.19$) and reducing alcohol-related harms ($d=.20$). Moreover, all of the *Climate Schools* modules were well-received by students and teachers, with teachers rating the programs as having high educational quality, and more favorable than other drug and alcohol education programs.

**Conclusions:** *Climate Schools* provides schools with evidence-based prevention resources that can be readily accessed online. Future directions include the development and evaluation of *Health4Life*, an online initiative targeting the ‘Big 6’ lifestyle risk behaviours (physical inactivity, poor diet, smoking, risky alcohol use, recreational screen time and poor sleep) for chronic disease.
Supporting young men’s wellbeing through community and school-based programs: A systematic review

Monday, 28th October - 14:15: Concurrent 4.6 - Lightning - Interventions and Services (Mezzanine Level, Room M3) - Lightning Presentation - Abstract ID: 191

Ms. Kate Gwyther (Orygen, The National Centre for Excellence in Youth Mental Health), Dr. Simon Rice (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Kate Casey (Brighton Grammar School), Dr. Ray Swann (Brighton Grammar School), Prof. Rosie Purcell (Orygen, The National Centre for Excellence in Youth Mental Health)

RATIONALE: Boys and young men have unique health-related needs that may be poorly met by existing mental health programs and initiatives. The mismatch between the needs of boys and young men and current service offerings, driven largely by social determinants of health such as masculinity, may stymie health status. This is evidenced through high rates of self-stigma, accidental death or suicide, and low rates of help seeking and health literacy.

OBJECTIVES: With growing interest in improving wellbeing and educational outcomes for all young people (including boys and young men), this systematic review evaluated community and school-based programs with specific focus on program features and outcomes directly relevant to young males aged 12-25 years.

METHOD: The authors searched five databases; Medline, EMBASE, PsycInfo, ERIC and ERAD. Articles were included if they evaluated an intervention or program with a general or at-risk sample of young men, and measured a psychological, psychosocial, masculinity, or educational outcome. Majority of the 40 included articles (70%) had high quality reporting. Synthesised data included theoretical frameworks, intervention characteristics, outcomes and key results.

PRACTICE IMPLICATIONS: Supporting the efficacy of approaches examined, most studies reported at least one positive outcome in young men across heterogeneity in interventions, outcome measures and frameworks. Of the 40 articles, 14 studied male-focussed programs, with masculinity approaches directed towards program aims and content information, though none incorporated masculine-specific theory into overarching frameworks. Furthermore, only three studies measured a masculine-specific variable. Studies were limited by a lack of replication and program refinement approaches.

CONCLUSIONS: Overall, findings of this review support the use of community and school-based programs in fostering wellbeing and identity development in boys and young men. Such initiatives are needed in order to provide boys and young men with ‘teaching moments’ to develop necessary skills and attributes they may otherwise not develop. It is concluded that there is significant scope for further development of community and school-based health promotion programs that target young men through incorporation of frameworks that consider the impact of gendered social and environmental determinants of health. Evaluation of these programs will provide researchers and practitioners with the capacity for translating beneficial outcomes into best-practice policy.
Feasibility trial of a moderated online social therapy intervention for young people experiencing suicidal ideation.

Ms. Eleanor Bailey (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Simon Rice (Orygen the National Centre of Excellence in Youth Mental Health), Dr. Jo Robinson (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Maja Nedeljkovic (Swinburne University), Prof. Mario Alvarez-Jiminez (Orygen, The National Centre for Excellence in Youth Mental Health)

Context
Suicide remains a major public health problem, and is the leading cause of death for young Australians. Despite this, there is a lack of evidence for effective interventions for this population. Interventions delivered via online social media platforms are uniquely placed to tackle interpersonal factors contributing to suicide risk: they may be able to effectively address the human need to belong while potentially moderating perceived burdensomeness. To date, however, this has not been tested. This project sought to evaluate the safety, feasibility, acceptability and potential clinical effectiveness of a purpose-built moderated online social therapy intervention, called “Affinity”, with a sample of young people who experience suicidal ideation.

Methods
In this single-group pilot study, 20 young people who were clients of a specialist mental health service and experienced suicidal thoughts were offered the Affinity intervention for up to five months. Participants were assessed at baseline and 8-week follow-up using qualitative and quantitative measures.

Intervention
Affinity is a closed, interactive, purpose-built website designed to be a supplement to traditional face-to-face interventions for young people who experience suicidal ideation. It integrates peer-to-peer online social networking, individually-tailored interactive psychosocial interventions, and involvement of expert mental health moderators.

Results
The Affinity intervention was found to be safe, feasible and acceptable. Qualitative interview data suggest participants particularly valued the ability to .

Conclusions
This research provides world-first empirical evidence to suggest that high-quality, well-moderated online social networking interventions can be safely used to support youth at risk of suicide.
Indirect Supports and Validation as Enablers for Mental Health Service Access

Monday, 28th October - 14:45: Concurrent 4.6 - Lightning - Interventions and Services (Mezzanine Level, Room M3) - Lightning Presentation - Abstract ID: 363

Ms. Laura Kabbash (University of New Brunswick), Mr. David Miller (University of New Brunswick), Dr. Scott Ronis (University of New Brunswick), Ms. Anna Gallagher (University of New Brunswick)

Background: Only 20% of youth affected by serious mental illness access appropriate mental health services (Canadian Institute for Health Information, 2015). Extant qualitative literature suggests a number of factors that inhibit mental health service access among youth, including: confidentiality, trust, and concern about characteristics of the provider; and a perception of others not recognizing the need for help (Gulliver, Griffiths, & Christensen, 2010). Combined, these factors suggest that a youth's perception of overall individual invalidation of their mental health concerns across direct and indirect supports may act as a barrier to care access. To better understand the role of validation and invalidation as mechanisms of youth access to psychiatric services, an examination of individual youth experiences and perceptions surrounding this phenomenon is needed.

Methods: To investigate individual youth perspectives on validation and indirect support within the context of mental health service access, this study used 37 semi-structured qualitative interviews collected from New Brunswick, Newfoundland and Labrador, Prince Edward Island, and Nova Scotia youth as part of the Atlantic Canada Children’s Effective Service Strategies Mental Health (ACCESS-MH) project (ACCESS-MH, 2017). Interviews were analyzed using standard methods for thematic analysis, with common themes surrounding facilitators of access extracted.

Results: Several themes emerged surrounding invalidation, with most participants identifying multiple forms of perceived invalidation across supports. In particular, several participants referred to forms of invalidation experienced through direct professional supports, such as misdiagnosis, minimization of severity, and a general lack of service availability or gratuitous referrals to inappropriate supports. Youth tended to view these experiences as frustrating and contributing to an overall feeling of helplessness. Furthermore, additional themes were identified surrounding perceived invalidation from family members and close peers. Several participants noted a lack of parental support, coupled with a family tendency to ignore what the individuals perceived to be legitimate mental health concerns, further contributed to youth struggling to access appropriate treatment.

Conclusions: Findings from this study provide a comprehensive contextual perspective of invalidation as an overarching barrier to access across direct and indirect supports for youth. Impact: The results suggest a need to provide families and service providers with a more diverse array of tactics for discussing and addressing mental health concerns with youth. Improved psychoeducation for parents and children across the lifespan, and improved access to informational materials would be beneficial in addressing this need.
Coolminds: Creating a New Approach to Youth Mental Health in Hong Kong

Monday, 28th October - 15:00: Concurrent 4.6 - Lightning - Interventions and Services (Mezzanine Level, Room M3) - Lightning Presentation - Abstract ID: 388

Dr. Hannah Reidy (Mind HK/University of Hong Kong), Ms. Carol Liang (Mind HK/University of Hong Kong), Ms. Charlotte Chan (Mind HK/University of Hong Kong)

Young people in Hong Kong experience high levels of mental health problems and are face many pressures, ranging from academics through to family and environmental issues. Public health services are stretched and many young people report low levels of support, and high levels of stigma around mental health. Coolminds is a youth mental health programme based on a whole school, whole system approach. The programme includes training for students, parents and teachers in mental health literacy; training for school leavers to allow them to share their experiences; online information to help improve access to knowledge and support; resources such as apps and classroom aids; and an overarching destigmatisation programme. The programme is grounded in the needs of young people, who drive decisions and curate the materials produced.

The programme is based on global best practice, with materials adapted and translated from several international charities including Orygen (Australia); Black Dog Institute (Australia), and Charlie Waller Memorial Trust (UK).

This presentation will highlight the early pilot stages of the Coolminds programme, discuss the learnings and evaluation completed so far, and the implications of creating, rolling out, and scaling up such a wide-ranging offering in the Hong Kong environment.
Integrating services for youth in Ontario: Co-creating Youth Wellness Hubs through evidence-based Implementation Frameworks

Introduction:
Young people in Ontario, Canada, frequently experience barriers to accessing care for mental health or addiction problems. In addition, many find that there's little coordination between the services they access, that spaces and services meant for youth are not designed by youth, and that turning 18 means being forced to transition to an unfamiliar adult care system. Youth Wellness Hubs Ontario (YWHO) is working to change this by building integrated service hubs across the province that offer rapid access to stepped care services with a focus on the diverse needs and experiences of youth.

Objectives:
YWHO aims to bring the right services to youth at the right time and in the right place. By building on similar projects and other evidence-informed models of integrated youth services from across Canada and the globe, YWHO will offer an innovative and adaptable approach to care that simultaneously addresses issues of access, equity, youth satisfaction with services, and youth health outcomes.

Approach:
YWHO is establishing ten hubs across Ontario that will serve as “one-stop-shops” for youth between the age of 12 and 25 who want to access any health or social services. With the support of a “backbone” agency, each hub is bringing together a network of existing organizations to offer fully integrated services for mental health, substance use, primary care, and a range of social, educational, vocational and housing supports, all tailored to the context of each community in which a hub is located. Furthermore, youth and their family members are involved in every aspect of the initiative, from planning to implementation and program evaluation. This includes groups of young people who have historically experienced barriers to access, such as Indigenous youth, LGBTQ+ youth, Francophone Canadians, newcomers to Canada, racialized youth, and youth with disabilities.

Practice/Policy Implications:
Through youth-informed, youth-friendly, integrated service delivery, YWHO is expected to provide a care model that can increase access to services for diverse youth, improve their clinical outcomes, and improve the way service providers work together.

Conclusion:
We hope that that the experience of building Youth Wellness Hubs in Ontario will inform understandings of how to improve mental health and addictions services for young people and that this model can ultimately be scaled up, adapted, and duplicated in other jurisdictions that are struggling to improve youth care systems and youth wellbeing.
At Jack.org, we develop tools to support young mental health advocates in promoting mental health. One of our programs, the Jack Talks program, trains young people to deliver 45 minute to hour long presentations on mental health with the objective of educating them on and shifting attitudes about the subject. In previous years, the talks focus on unpacking the term mental health, providing definitions of relevant terms, describing signs and symptoms of struggle, and providing directives on where and how to seek support. Increasingly, however, young audiences wanted guidelines on how to care for their own mental health, and concrete tools for providing informal support and referral to peers who may be struggling with their mental health. This informal support would serve to provide temporary relief (before they can access professional mental health supports) to those who are struggling with their mental health, though not with a diagnosable mental illness. In addition, it would help give young people confidence to support their loved ones while not taking on an inappropriate counselling role.

In trying to find guidelines that provided instruction on caring for one's own mental health and providing informal support, we hit a roadblock. No such guidelines existed, and the few that did included technical jargon that was inaccessible to young people. To this end, working alongside young mental health advocates from across Canada, we developed the Be There Golden Rules. A series of reminders and steps that a young person should go through to safely and effectively provide informal support to peers in any situation related to mental distress.

Jack.org's Be There golden rules are as follows:

1. Say what you see
2. Show you care
3. Hear them out
4. Check yourself
5. Connect them to help

Overall, these rules provide guidelines by which young people can offer support to peers, without putting themselves or their peers in danger. Though not a comprehensive how-to guide, these rules are a first step towards providing direction for those seeking to lend support. Increasingly, people are aware of mental health as a concept, and are aware that mental health struggles are common occurrences. In a recent representative survey of Canadians, a worrying 63% of youth aged 20 to 34 years old reported suffering from mental health struggles, primarily anxiety and depression. Currently, there is no formal built capacity to support this amount of struggle. For this reason, providing directives and training on how young people can support their peers through such struggle becomes important.

Beyond inclusion in the Jack Talk, the Be There golden rules will be included in an online, interactive mental health resource call Be There. Be There will be launching during Mental Health Week from May 6th to 12th.
Everything is fine? A targeted campaign to encourage young males to access Foundry

Introduction
Foundry empowers youth and young adults ages 12-24 to lead healthy lives through a province-wide network of centres and online resources in British Columbia (BC), Canada. However, initial evaluation data has shown that males are half as likely to access Foundry compared to females. Females account for 61% of visitors to foundrybc.ca compared to 31% male. In the centres, 56% of visitors identify as female and only 36% as male. On social media the disparity is even greater, with only 12% of Facebook followers identifying as male.

Objective
The Health Literacy team at BC Children's Hospital, in partnership with Foundry, set out to understand why boys ages 12-17 aren't accessing mental health supports and to develop a promotional campaign to reach young males and connect them with the resources available through Foundry.

Methods
To start, the team brought on a young male consultant with lived experience to manage the project. They also conducted a focus group with high school boys. Next, the team selected a creative agency to further investigate the target audience and design a campaign. The agency conducted a series of interviews to better understand teen boys' perception of mental health and help seeking. An initial set of concepts were developed, short-listed, and then presented to four different high school classes for their reaction and feedback. A final concept was selected, and the creative team is currently designing the final posters and social media assets.

Results
The research phase revealed that teen boys often don't have the knowledge or language to talk about mental health and they don't necessarily see what they're experiencing as a possible mental health issue. Most boys who show up at Foundry centres know that something is wrong, but they don't know exactly what it is: labels like depression or anxiety seem foreign. Many have grown up being told the manly thing to do is just “get over it,” “suck it up,” or “walk it off.”

The strategy identified was to explore concepts for campaign using posters in high schools and mass social and to position Foundry as a place to go for “real-life” problems. The team reviewed several concept sketches and decided on a final concept that involved posed photos of young males who at first glance appear to be smiling with the headline “Everything is Fine.” A closer look reveals that something is not quite right, either in their expression, movement or posture. At the bottom is the tagline “But if it's not, we can help” and the Foundry logo and url.

Conclusion
The posters are a powerful and humorous expression of how often the face we put forward, or on social media, doesn't always capture the true feelings inside. The creative team is designing the final poster series and complementary social media images, which will launch in schools across BC and be evaluated by July, 2019. The final product and learnings from the process will be of interest to anyone working with this hard-to-reach demographic.
Online youth mental health services have emerged as an innovative way to promote self-referral and help meet high levels of unmet service demand, through accessible technology. However, limited evidence exists regarding young people's satisfaction with these services and there is no standardised service satisfaction measure. Measuring service satisfaction is important for service improvement and so that young people can choose high-quality, evidence-based services.

This study implemented an online youth mental health service satisfaction questionnaire within eheadspace, an online youth mental health service. The aims were to test the questionnaire's psychometric properties and identify current levels of satisfaction among service users, as well as identify client and service contact characteristics that affect satisfaction.

Data were collected from 2280 eheadspace clients via an online questionnaire advertised and accessed through the eheadspace service platform between September 2016 and February 2018. Client and service contact characteristics, and satisfaction feedback data were collected.

The online youth mental health service satisfaction questionnaire developed for and implemented in eheadspace showed good psychometric properties. The measure is brief, has good internal consistency, and has a clear factor structure. The measure could be adapted for use in other online youth mental health services in Australia and internationally. The young people using eheadspace and completing the feedback survey were highly satisfied. Service characteristics, but not client characteristics, were significantly associated with satisfaction. Young people were more satisfied with eheadspace when they had greater engagement as evident through having a longer session and greater interaction with the clinician. The eheadspace satisfaction results are regularly monitored and used to guide service improvement to ensure the service is appropriate and acceptable to young people, and helping to achieve positive outcomes.
There is increasing concern over timely access, and availability of mental health supports that are available to young people living in remote and rural areas. To address these gaps, in 2018, a partnership between Department of Education and headspace led to the commencement of a trial of tele-web services for young people enrolled in rural secondary schools in Victoria.

The service was aimed to increase accessibility for mental health clinicians to provide assessment, early intervention, and referral pathways in rural and remote areas. The service also assisted in building capacity and capability of government school workforces to consult with mental health clinicians to identify mental health concerns and intervene early. Rural schools which could not easily access face to face counselling were prioritized for service delivery because they were more than 80 km from their nearest mental health service such as a headspace centre.

Students over 16 could self-refer, or students under 16 required parental consent, to access phone counselling with a mental health clinician during school hours. Early outcomes from a 6 month trial of the service delivery model indicated a steady rise in the number of referrals of young people presenting with a range of mild-moderate mental health difficulties including: assistance with mood management, substance use, and family and interpersonal issues.

The initiative successfully created opportunities for earlier mental health interventions, as well as training, support and consultation for school staff. Following evaluation, this has led to further funding for the program's continuation until 2022. Whilst this highlights the potential for tele-web services to be a successful mode of mental health service delivery for young people in school settings, it also highlights the need for further education to advocate for its utility and benefits within a rural setting. Further implications about the impact on community development within rural settings will also be discussed as well as the challenges of setting up the relevant infrastructure to promote successful service delivery.
Do You M.I.N.D.? - A Youth Mental Wellness Programme by TOUCH Community Services

Monday, 28th October - 16:30: Concurrent 4.6 - Lightning - Interventions and Services (Mezzanine Level, Room M3) - Lightning Presentation - Abstract ID: 724

Ms. Peggy Lim (TOUCH Community Services)

The youth mental health landscape has gained the spotlight in the recent years. There is a significant rise in mental health issues among adolescents. In Singapore, the number of cases increased significantly to some 3,000 cases by 2010. While mental health issues generally onset in childhood and adolescence, they tend to be undetected for years. Youths may cope via unhealthy means such as self-harming and suicide. In 2016, there were 22 youth suicides in the 10-19 age group.

In Singapore, 75% of sufferers do not seek professional help. Mental health service providers are largely confined to medical institutions. The number of such community-based agencies are relatively limited, targeting individuals in the post-diagnosis stage. There are limited educational or preventive services available in the community to engage youths early, before mental health issues worsen.

Do You M.I.N.D.? is a mental wellness programme targeted at youths aged 13 to 17 years old to meet this gap. It is designed to enhance the knowledge, perception and behaviour of youths pertaining to mental wellness in an upstream, educational manner, so that they may mind their mental health.

The four mental health issues that are highlighted through the programme are depression, anxiety, eating disorders and self-harm behaviours. Its objective is to co-construct awareness and understanding of mental health and the experiences of PMHIs. It invites youths to adopt an accepting stance towards PMHIs, instead of avoiding or stereotyping them.

To monitor the effectiveness of the programme, questionnaires are administered before and after the programme to measure any improvement in awareness of mental health issues, knowledge, and perceptions towards PMHIs. Between the programme's initiation in October 2017 and February 2019, some 1,600 youths have participated in and benefitted from it. Findings from the questionnaires have shown that respondents self-reported improvements in their knowledge of mental health issues, their willingness to seek professional help and that they were more comfortable in interacting with PMHIs.

The programme uses two innovative approaches - experiential learning and virtual reality immersive experience to engage youths.

The first approach involving experiential-based activities has been associated with positive outcomes in terms of resilience and well-being. Through specially-curated station activities, youths are given opportunities to communicate and collaborate as a team to overcome challenges, participate in meaningful feedback, as well as to reflect on their personal motivation and self-efficacy, which are also crucial factors during PMHIs' recovery phase.

The second approach enables youths to explore the minds of PMHIs through Virtual Reality Immersive Experience. Research has shown that VR technology is effective as a teaching and learning tool. It is also able to encourage participants' perspective-taking ability as they take on the first-person perspective of a video character as well as improve self-reported empathy.
Through VR technology videos, youths experience scenarios through the lenses of PMHIs. When coupled with facilitated discussion and reflections, participants’ learning is enforced. These two educational approaches are supplemented by TOUCH’s intervention approaches that include a counselling hotline, individual counselling sessions, and a peer support recovery programme.
A qualitative study into using virtual reality to deliver social cognition training to those diagnosed with early psychosis (VEEP trial)

Monday, 28th October - 16:45: Concurrent 4.6 - Lightning - Interventions and Services (Mezzanine Level, Room M3) - Lightning Presentation - Abstract ID: 735

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Rationale: Social cognitive interventions have not been as thoroughly assessed in the beginning stages of psychosis, where the opportunity to improve outcomes is the greatest. Technological developments mean that there are more appealing methods of engaging with young individuals whom are less likely to access psychological interventions.

Objectives: The aim was to develop a virtual reality (VR) intervention to improve the social cognitive deficits in those with early psychosis.

Methods: A single-arm non-randomised trial designed to target social cognitive deficits in an early psychosis population was conducted. The ‘Social Cognition and Interaction Training,’ was modified and implemented via an online virtual world platform (Second Life®), which can be accessed via a computer. Participants attended treatment using an avatar, which took place during 1 hour bi-weekly sessions for 4 weeks. The study adopted a mixed methods approach. The qualitative data analyses will be presented here. Semi structured interviews were conducted post intervention, with both participants (N=15) who had completed the intervention and those who had dropped out.

Results: The data was analysed using a Thematic Analysis method developed by Braun and Clarke (2006). Participants provided feedback on the virtual world, where they discussed their experiences on the following: privacy and safety, anonymity, embodiment of an avatar, the Second Life® environment and their sense of realism. Participants also provided feedback on the treatment itself (the treatment content, delivery and the number of sessions), the impact of treatment on their wellbeing, the support they received during treatment and their motivations for taking part. Participants also suggested ideas for improving the intervention.

Conclusion: Results indicated that participants found the VR intervention to be acceptable. Participants found the technology to be accessible, safe and easy to use. Participants also stated that there were improvements in their mental wellbeing post intervention. These findings can help to form the development of a larger randomised controlled trial.
Building the policy case for youth mental health services: Economic evaluations of three different transformations across Canada

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Rationale: Since most mental illness begins in youth, addressing the mental health needs of young people is a strategic imperative. Services designed to intervene early could have substantial benefits for individuals' life trajectories while reducing the societal costs associated with mental illness. However, transforming services to meet these needs involves a complex set of costs and benefits. There have been a handful of economic evaluations in the youth mental health (YMH) space, but most of these have been of diagnostically-focused interventions rather than an assessment of an entire systems transformation; the latter is sorely needed.

The pan-Canadian YMH initiative ACCESS Open Minds (AOM) is conducting economic evaluations of three different service transformations for youth aged 11-25 presenting with mental health concerns of all levels of severity. These evaluations aim to understand the relative costs and benefits associated with such service transformations, and to provide health planners and funders (many of whom are considering support for new or ongoing YMH initiatives) with actionable data about their potential return on investment.

Objectives: This presentation will (1) outline how AOM service transformations might impact upon costs and benefits in YMH services, and (2) discuss the policy implications of economic evaluations of YMH service transformation.

Approach: Three AOM sites (Chatham-Kent, Ontario; Edmonton, Alberta; and Eskasoni, Nova Scotia) represent semi-urban, urban, and rural/Indigenous sites respectively. Each has conducted unique, community-led YMH service transformations in order to meet the needs of their local youth. We will explore how these transformations and site characteristics have shaped the three economic evaluations now underway.

Practice/Policy Implications: From the perspective of health planners and policy-makers, the AOM service transformation takes different forms at each site but with a core set of principles across the entire network. Should these varied transformations yield significant benefits, their economic evaluations will serve as a key rationale for the ongoing funding and support of YMH service transformation in Canada and internationally.

Conclusion: In a constrained resource environment, demonstrating the return on investment in YMH service transformations will (1) inform the scaling-up of such services, (2) strengthen arguments for core funding for YMH services, especially for neglected and vulnerable populations such as Indigenous youth, and (3) act as a potential defence against cuts when policy priorities change – thereby sustaining and “future-proofing” these initiatives for the long-term.
Modelling Global Service Coverage for Mental Disorders

Monday, 28th October - 17:15: Concurrent 4.6 - Lightning - Interventions and Services (Mezzanine Level, Room M3) - Lightning Presentation - Abstract ID: 839

Ms. Kara Jaeschke (University of Queensland), Dr. Fiona Charlson (University of Queensland), Dr. Tarun Dua (World Health Organisation), Dr. Fahmy Hanna (World Health Organisation), Dr. Harvey Whiteford (The University of Queensland)

Introduction: The Sustainable Development Goals (SDGs) make reference to universal health coverage (UHC) of mental health under target 3.8. However, there are methodological difficulties associated with producing robust and reliable estimates of treatment coverage for mental disorders. Data currently available on global treatment coverage is fragmentary, frequently limited in its scope, and is not standardised across health systems to facilitate comparisons and monitoring of changes over time. The WHO’s Mental Health Atlas provides a tool for monitoring progress towards these goals.

Objective: The aim of this study is to evaluate the effectiveness of the Mental Health Atlas as an instrument for estimating mental health service coverage.

Method: We utilised cross-sectional service utilisation data from the Mental Health Atlas in specialist (inpatient and outpatient) mental health facilities for non-affective psychotic, bipolar and major depressive disorders as defined by the International Classification of Disease, 10th revision (ICD-10). Service coverage was defined as the proportion of people with a disorder contacting a mental health service (numerator) among those estimated to have the disorder (denominator) over one year. In order to provide reliable and valid estimates of service coverage for a disorder, service utilisation data and prevalence data (from GDB2016) at a country-level were adjusted where necessary. The adjusted data were used to generate an estimate of service coverage, based on the number of individuals cases utilising services per 100,000 persons, adjusted GBD prevalence estimates, and UN population estimates.

Results: 70 countries reporting on non-affective psychosis, 64 countries reporting on bipolar disorder, and 66 countries reporting on major depressive disorder. After data adjustment, the sample comprised of 66 countries reporting on non-affective psychosis, 60 countries reporting on bipolar disorder, and 62 countries reporting on major depressive disorder. 57 countries out of 177 reported seemingly reliable treatment coverage estimates from the Mental Health Atlas 2017 data. This represents all 6 WHO regions and all World Bank income region.

Conclusion: This study is part of a broader project to generate a predictive model of global service coverage for mental disorders. This work will assist to develop a methodological framework for estimating service coverage for mental disorders that will facilitate the improved monitoring and reporting of mental health related targets and indicators within the SDGs and will provide epidemiological evidence to inform policy needed to scale-up mental health services.
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