

## The Youth Mental Health Imperative: Why We All Must Become Involved

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#### Center for Youth Mental Health and Wellbeing

#### **Our Driving Principles**

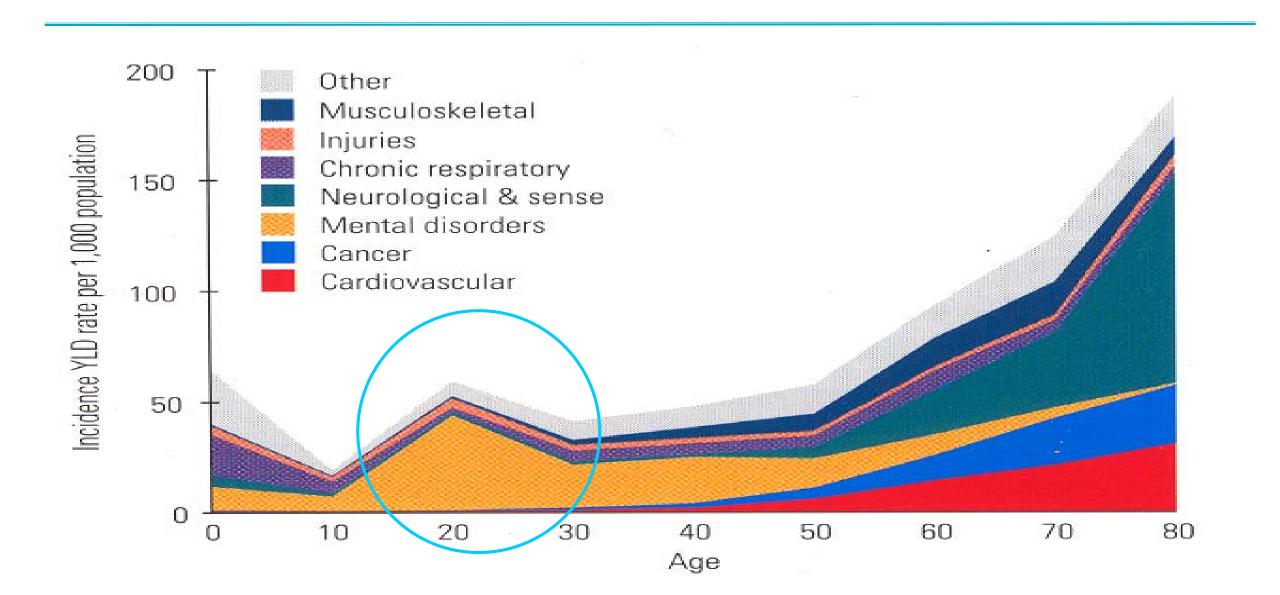
- Reducing Stigma
- Increasing Access
- Early Intervention
- Youth Advised/Involved
- Community Based

#### **Current Initiatives**

- headspace Youth Mental Health Centers
- School & Community Partnerships
- Mental Health and Technology
- Early Psychosis Program
   Support



#### Incidence of Disease across the Lifespan



#### Community Focus Groups 2015 Key Findings

- Both parents and young people are concerned about mental health and see a need for more education and supportive resources.
- Mental health stigma = a significant barrier to discussing mental health & accessing services.
- Intense school, parental, and peer pressure to achieve success academically and personally.
- In some local Asian families, cultural expectations and generational stigma are barriers to youth feeling comfortable talking with parents about mental health and seeking help.

#### Main Findings (continued)

- Community mental health resources are perceived as sparse, expensive, difficult to access.
- Students hesitate to access school counseling due to issues of access, trust, and stigma.
- Talking to friends/peers is perceived as a very helpful resource for mental health support, but can be complicated by feelings of academic competition or uncertainty of how to respond to friends in need.

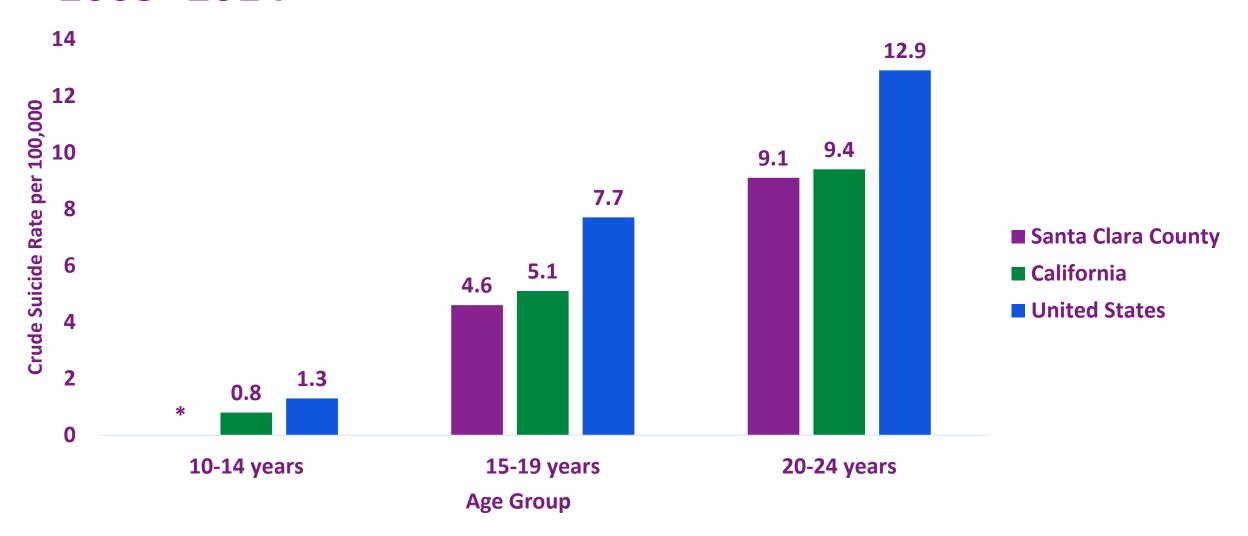
#### Conclusions

- These findings underscore the tremendous need for coordinated, accessible, confidential, reliable, and youthfriendly mental health outreach and services in San Mateo and Santa Clara Counties
- And including the voices of local youth and parents, particularly in a cultural context, is vital to making programs and services relevant and meaningful





## Crude suicide rate among youth, by age category, 2003–2014



**Data Source:** CDC WONDER **Case Definition:** Youth suicide decedent, age 10-24, that died in the United States 2003-2014 \*rate not calculated because count < 20

## Predicted crude youth suicide rates by city of residence, 2003–2015

Predicted youth suicide rate in Palo Alto not significantly different than Morgan Hill

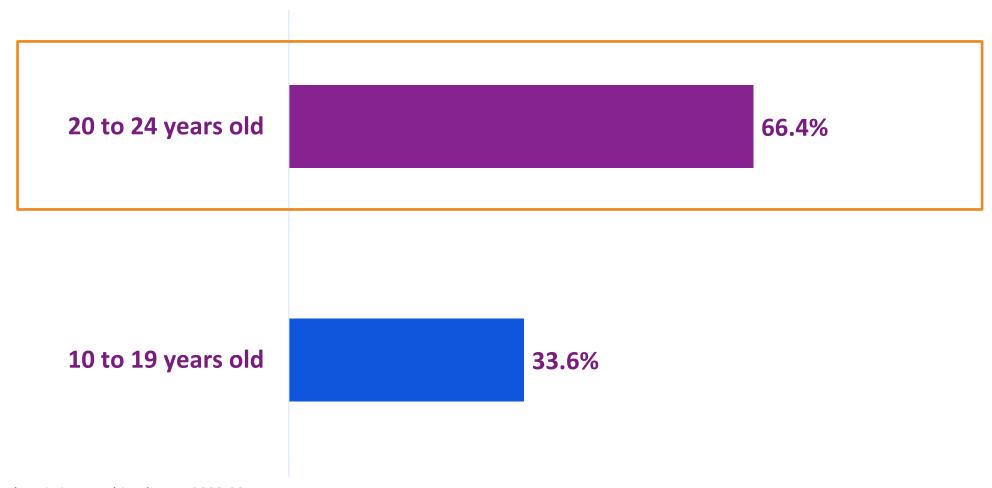
	Suicide Rate per 100,000	95% Confidence Interval	
San Jose	4.6	3.8	5.5
Morgan Hill	12.7	7.3	21.8
Palo Alto	14.1	9.0	22.2
Sunnyvale	6.4	4.0	10.3
Santa Clara	5.1	3.0	8.5

Dradicted Crude

Data Source: Vital statistics, combined years 2003-2015

Case Definition: (1) County of residence listed as Santa Clara County, (2) Death occurred in state of California, (3) Decedent 10 to 24 years of age, (4) Manner of death listed as suicide.

#### Age category of youth suicide decedents, 2003–2015



**Data Source:** Vital statistics, combined years 2003-2015

Case Definition: (1) County of residence listed as Santa Clara County, (2) Death occurred in state of California, (3) Decedent 10 to 24 years of age, (4) Manner of death listed as suicide.

## Individual level risk and protective factors for nonfatal suicidal behavior among public high school students

Risk Factors	Protective Factors
<ul> <li>Drug, alcohol, pain medication, cigarette use</li> <li>Mental health problems</li> <li>Sexual orientation (Lesbian, Gay, Bisexual)</li> <li>Delinquent behavior</li> <li>Sleep difficulties</li> <li>Female gender</li> <li>Lack of purpose and control over life</li> <li>Sensation seeking</li> <li>Sexual intercourse</li> </ul>	<ul> <li>Positive perceptions of self</li> <li>Positive outlook on future</li> <li>Problem solving</li> <li>Emotional self-awareness</li> <li>Self-efficacy for help-seeking</li> </ul>

**Data Sources:** Developmental Assets Survey (2010), California Healthy Kids Survey (2003-2016) **Population:** Public high school students from Santa Clara County

## Interpersonal level risk and protective factors for nonfatal suicidal behavior among public high school students

Risk Factors	Protective Factors
<ul> <li>Violence perpetration/victimization</li> <li>Family violence</li> <li>Physical, emotional, cyber bullying</li> </ul>	<ul> <li>Close and positive relationship with parents and family</li> <li>Parent involvement in youth's life</li> <li>Being encouraged by family to do one's best</li> <li>Open communication with parents</li> <li>Engagement in outside activities</li> <li>Close and positive relationship with adults outside of school/family</li> <li>Caring relationships with fellow students</li> </ul>

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# 246 media articles from 2009 through 2015 were identified and abstracted using a checklist

#### Example characteristics included in checklist

#### **Negative Characteristics**

- Sensational headline
- Photos of location or methods of suicide
- Photos of memorials/grieving
- Reporting on suicide similar to a crime
- Oversimplification of suicide

#### Positive Characteristics

- Inclusion of local/national hotline number
- Inclusion of warning signs
- Discussion of suicide as a public health issue
- Description of suicide as preventable

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#### Average number of characteristics

#### **Negative Characteristics**

**Positive Characteristics** 

Average: 4.3

**Range: 0-11** 

Average: 0.5

Range: 0-7

#### Average number of characteristics

Negative Characteristics

**Positive Characteristics** 

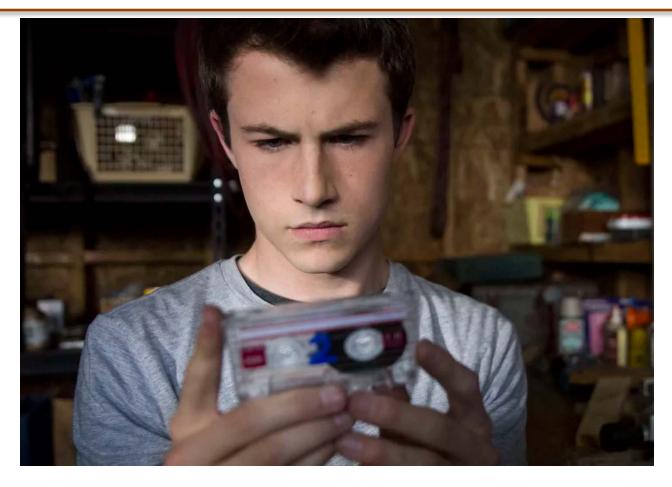
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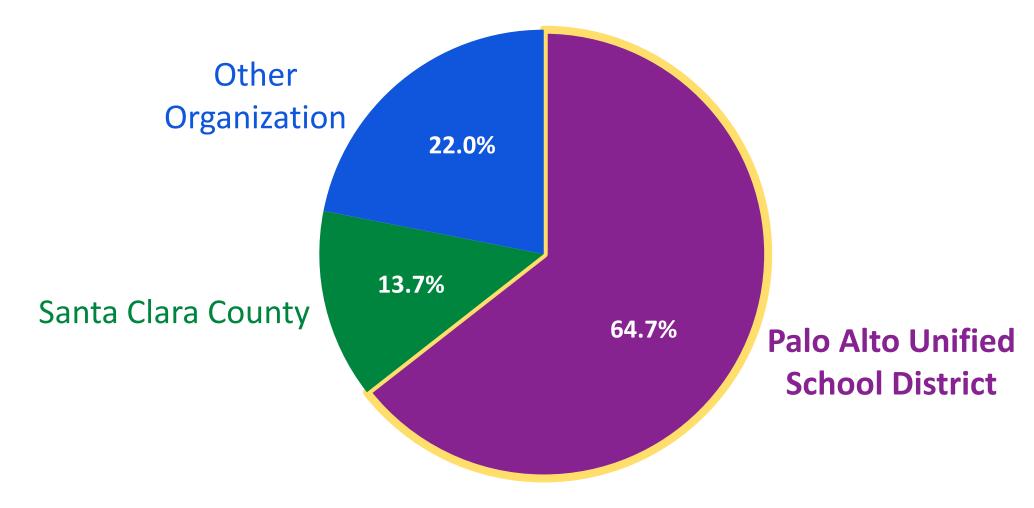
#### 13 Reasons Why – Please Be AWARE



Season Two is Coming....

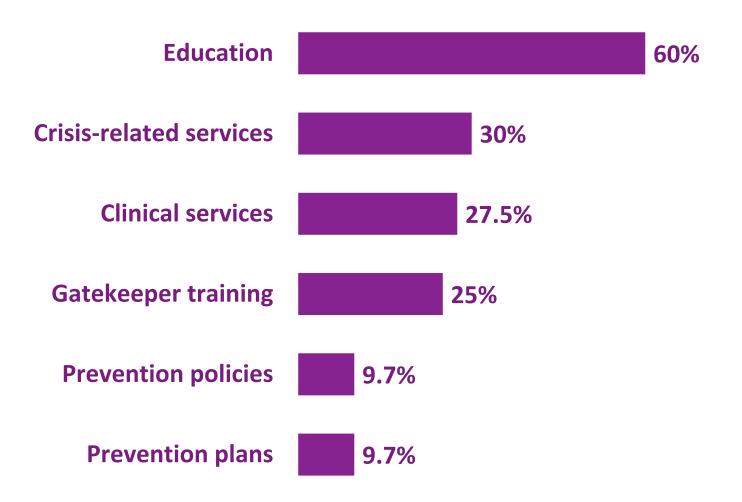


#### Prevention activities, programs, policies



Data Sources: Materials related to programs, policies, and activities being utilized as part of suicide prevention efforts in Santa Clara County that were shared with the Epi-Aid team and were specifically focused on suicide prevention.

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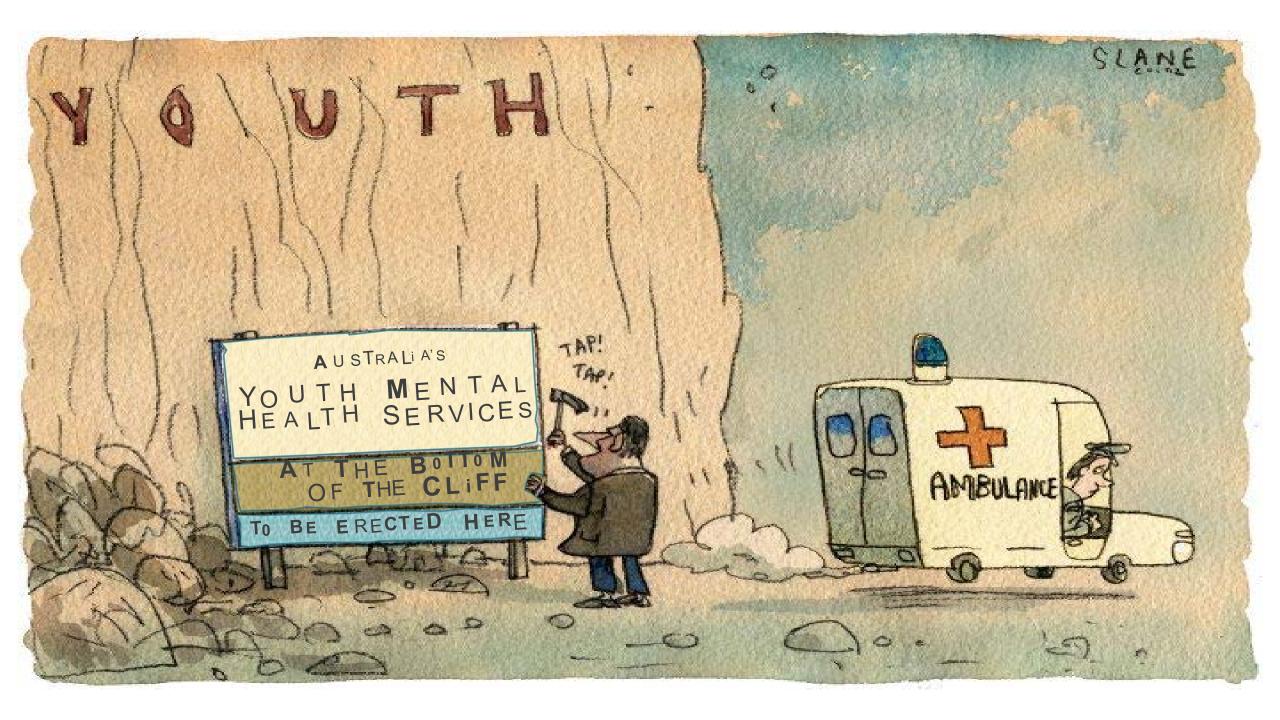


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#### Recommended suicide prevention strategies

- 1. Multiple prevention approaches to address multiple risk factors
- 2. Access to evidence-based mental health care
- 3. Family relationships and family-based programs
- 4. Connection to school and school-based programs
- 5. Identify and support people at risk
- 6. Crisis intervention

- 7. Suicide postvention
- 8. Prevention of other forms of violence
- 9. Reducing access to lethal means for youth at risk
- 10.Safe messaging and reporting about suicide
- 11.Strategic planning for suicide prevention
- 12.Selection and implementation of evidence-based programs
- 13. Continuous program evaluation



One stop service for mental health, AOD, physical health, vocational assistance that is youth friendly and

free or low cost















If your child doesn't seem like themselves







If your child doesn't seem like themselves





# Next Steps in headspace Development and Implementation

- Continued Funding Partnership Development
- Initial funds from Santa Clara County support our new youth and school/employment specialists
- Plan to start 2 sites in Santa Clara County
- Development of Youth and Community Advisory Boards
- MHSA Innovation grant partnership with Santa Clara County
- We'd love one site in San Mateo County!



# Thanks to Our Great headspace Collaborators and Supporters!!

- AACI
- Acknowledge Alliance
- ACS
- Caminar
- CASSY
- City of Palo Alto
- Children's Health Council
- Headspace Australia
- Lucile Packard Children's Hospital
- Lucile Packard Foundation for Children's Health

- Momentum for Mental Health
- Project Safety Net
- Robert Wood Johnson Foundation
- Santa Clara and San Mateo County Behavioral Health
- Stanford Psychiatry
- Supervisor Joe Simitian
- Uplift Family Services
- WOPAC
- Youth of Santa Clara and San Mateo Counties



#### **Get Involved**

- Visit our website at <a href="https://edu/psychiatry/special-initiatives/youthwellbeing.html">https://edu/psychiatry/special-initiatives/youthwellbeing.html</a>
- Contact us at <u>stanfordyouthmh@stanford.edu</u>
- Vicki Harrison (Program Manager): vickih@stanford.edu
- Roshelle Ogundele (Supported Education & Employment Specialist): <u>roshelle@stanford.edu</u>
- Pam Lozoff (Youth Outreach Specialist): <a href="mailto:pam.lozoff@stanford.edu">pam.lozoff@stanford.edu</a>
- Follow us @stanfordyouthmh (Facebook, Twitter, Instagram)



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