We wish to gratefully acknowledge the assistance and support of our sponsors without them this conference would not have been possible.
Ten-year targets

1. Suicide rates for young people aged 12–25 years will have reduced by a minimum of 50% over the next ten years. This minimum target means that we do not accept that the death of any young person by suicide is inevitable.

2. Every young person will be educated in ways to stay mentally healthy, will be able to recognise signs of mental health difficulties and will know how to access mental health support if they need it.

3. Youth mental health training will be a standard curriculum component of all health, youth and social care training programmes.

4. All primary care services will use youth mental health assessment and intervention protocols.

5. All young people and their families or carers will be able to access specialist mental health assessment and intervention in youth-friendly locations.

6. Specialist assessment and intervention will be immediately accessible to every young person who urgently needs them.

7. All young people aged 12–25 years who require specialist intervention will experience continuity of care as they move through the phases of adolescence and emerging adulthood. Transitions from one service to another will always involve a formal face-to-face transfer of care meeting involving the young person, his or her family/carers and each service involved in his or her care.

8. Two years after accessing specialist mental health support, 90% of young people will report being engaged in meaningful educational, vocational or social activity.

9. Every newly developed specialist youth mental health service will demonstrate evidence of youth participation in the process of planning and developing those services.

10. A minimum of 80% of young people will report satisfaction with their experience of mental health service provision.

11. A minimum of 80% of families will report satisfaction that they felt respected and included as partners in care.

Why an International Declaration on Youth Mental Health?

“International declarations that articulate core values, goals and standards have played an important role in enhancing the quality of care in a number of areas of medicine” (Bertolote & McGorry 2005).

The World Health Organisation (2011) recognises mental health as one of the main health issues affecting young people around the world today. At any one time up to one in four young people aged 12–25 years will be going through a period of mental illness and three-quarters of adults with mental health difficulties are likely to have developed those difficulties by the age of 24 (Kessler et al 2005).

The International Declaration on Youth Mental Health (2011) articulates core principles and targets for youth mental health service provision. The declaration aims to influence how people think about and respond to young people’s mental health needs. It will be used to leverage support for the development of timely and appropriate youth mental health services internationally.
**Declaration Objectives**

The declaration sets out a range of objectives under five action areas:

1. **Public health target to reduce preventable mortality**
   Reduce mortality rates correlated with mental ill-health among the youth population.

2. **Mental health literacy**
   Raise awareness among young people, families and communities of the determinants of mental health and the mental health needs of young people aged 12–25 years. Minimise any impediments to young people with mental ill-health integrating fully into their communities and society.

3. **Recognition**
   Organise training for health and social care professionals in optimal approaches for detecting and responding to young people with mental health needs.

4. **Access to specialist support**
   Create, enhance and evaluate comprehensive and dedicated youth mental health services provided by professionals with specialist knowledge in youth mental health and interventions for young people. Ensure that youth mental health services, including on-line services, are equitable, universally available and accessible to young people and their families when they need them.

5. **Youth and family participation in service development**
   Provide opportunities for young people and their families to participate fully in the planning, design and delivery of youth mental health services and promote partnership with young people and families within primary and specialist mental health care services.

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**Background to the Declaration**

The International Declaration on Youth Mental Health evolved from a Youth Mental Health Summit that took place in Killarney, Ireland on 19 May 2010. The Summit provided a forum for young people, family members, clinicians, researchers and policy makers to share practice innovation and research in the field of youth mental health and to discuss and debate the content of this declaration.

Over 80 people from Ireland, the UK, Australia, Canada, the USA, the Netherlands and New Zealand took part in the process and their feedback and input provided the basis of the declaration. The declaration includes a piece written by a young mental health advocate from Ireland and a number of young people from Ireland contributed their views on the declaration over the course of the writing period.

**The Issue of Youth Mental Health: young people’s views**

If young people don’t feel like they have someone to talk to or somewhere they can go to for support and expert care, how can they be helped? The unfortunate truth for many is that they can’t, which can lead to very sad, and often tragic, endings for some. This has resulted in high rates of youth suicide and premature death and disability. There are far too many thwarted and unhappy lives.

Poor access to quality mental health services and supports is hindering many young people’s ability to fully participate as active participants in society. Every time a young person is overcome by the challenges they face and has no one to turn to for the support they need, an opportunity to foster their spirit of resilience and the chance of recovery from mental ill-health is lost.

**Young people are ready for change.** We are ready to engage in services and organisations to make our voice heard. We want our participation in the process to be assured and valued. What better experts can there be than the people who live through these things every day? How can services be redesigned, or stigma reduced without the guidance of such experts? Internationally we have seen how well listening to young people works in organisations working to support young people’s mental health in Australia, the UK and Ireland.

Every young person, no matter where they live, has the same right to access quality services and supports that can help them overcome their experience of mental ill-health. This is why this declaration is of international significance and must be supported by all who value the contribution that young people make to our communities. Improving mental health services and changing the way people think about youth mental health worldwide is our key to change.

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**International Declaration on Youth Mental Health**, authored by the ACAMH Special Interest Group in Youth Mental Health, supported by Professor Patrick McGorry and Dr. David Shiers.

Endorsed and launched by the International Association for Youth Mental Health (IAYMH), October 2013.

For more information on the Declaration visit: [www.iaymh.org](http://www.iaymh.org)
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Mr. Matthew Hamilton (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Sarah Hetrick (Orygen, The National Centre of Excellence in Youth Mental Health; Centre for Youth Mental Health, The University of Melbourne, Australia), Mr. David Baker (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Vivienne Browne (Orygen), Prof. Patrick McGorry (Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne, Australia; Centre for Youth Mental Health, The University of Melbourne, Australia), Ms. Kerryn Pennell (Orygen, Dr. Rosie Purcell (Orygen, The National Centre of Excellence in Youth Mental Health)

Young people living with anxiety: A day in the life

Dr. Roberta Woodgate (University of Manitoba), Ms. Pauline Tennent (University of Manitoba), Dr. Pamela Wener (University of Manitoba), Dr. Gary Altman (University of Manitoba), Dr. John Walker (University of Manitoba)

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Ms. Kathryn Sabella (University of Massachusetts Medical School), Dr. Kathleen Biebel (University of Massachusetts Medical School), Ms. Emma Pici D Ottavio (University of Massachusetts Medical School), Ms. Laura Golden (University of Massachusetts Medical School)

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

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Ms. Emma Castanier (University of Alberta)

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Ms. Jacqui Faliszewski (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Kerryn Pennell (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Gina Chinnery (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Helen Nicoll (Orygen, The National Centre of Excellence in Youth Mental Health), Mr. Brendan Pawsey (Orygen, The National Centre of Excellence in Youth Mental Health), Prof. Mario Alvarez-Jimenez (Orygen: The National Centre of Excellence in Youth Mental Health)

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Ms. Gretel O'Loughlin (head), Dr. Steven Leicester (he), Ms. Ashley Sheridan (headspace National Youth Mental Health Foundation)
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Ms. Mairead Cardamone-Breen (Monash University), Dr. Marie Yap (Monash University), Prof. Anthony Jorm (The University of Melbourne), Dr. Katherine Lawrence (Monash University), Prof. Andrew Mackinnon (The University of Melbourne)

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Ms. Vanessa Wan Sze Cheng (University of Sydney), Ms. Tracey Davenport (Brain and Mind Centre, University of Sydney), Dr. Kellie Vella (Queensland University of Technology), Dr. Daniel Johnson (Queensland University of Technology), Mr. Brett Johnson (AFL Players Association), Dr. Jo Mitchell (The Mind Room), Prof. Jane Burns (The University of Sydney), Prof. Ian Hickie (Brain and Mind Centre, University of Sydney)

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Ms. Katherine Dowling (National University of Ireland Galway), Prof. Margaret Barry (National University of Ireland Galway)

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Mrs. Sabrina Zitsch (Pennsylvania Psychiatric Institute), Ms. Amy Williams (Pennsylvania Psychiatric Institute)

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Ms. Kathleen MacDonald (McGill University, ACCESS Open Minds), Ms. Nina Fainman Adelman (McGill University), Dr. Kelly Anderson (Western University), Dr. Srividya Iyer (McGill University, ACCESS Open Minds)

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Dr. Chris Richardson (School of Population and Public Health, University of British Columbia), Dr. Gabrielle Chartier (University of British Columbia), Mrs. Javiera Pumarino (School of Population and Public Health, University of British Columbia), Dr. Steve Mathias (Inner City Youth Program - Providence Health Care)

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Ms. Wilma Peters (Orygen The National Centre of Excellence in Youth Mental Health), Dr. Simon Rice (ORYGEN The National Centre for Excellence in Youth Mental Health, The University of Melbourne, Parkville, Australia.), Prof. Mario Alvarez-Jimenez (Orygen: The National Centre of Excellence in Youth Mental Health), Prof. Sarah Hetrick (Orygen, The National Centre of Excellence in Youth Mental Health), Mr. Elias Kamitsis (ORYGEN The National Centre for Excellence in Youth Mental Health, The University of Melbourne, Parkville, Australia.), Ms. Olga Sentesteban (ORYGEN The National Centre for Excellence in Youth Mental Health, The University of Melbourne, Parkville, Australia.), Dr. Sarah Bendall (Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne, Australia)

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Ms. Joanne Walker (University of Bedfordshire)

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Ms. Madeline Zielinski (Youth MOVE Indiana), Mr. Jacob Griffin (Ball State University), Mr. Rodney David Riley (Youth MOVE Indiana), Mr. Austin Harris (Youth MOVE Indiana)

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Dr. Jean-Gabriel Daneault (Hôpital du Sacré-Cœur de Montréal), Dr. Anika Maraj (McG), Dr. Srividya Iyer (McGill University, ACCESS Open Minds), Prof. Ridha Joober (McGill University, ACCESS Open Minds), Prof. Ashok Malla (McGill University), Dr. Jai Shah (McGill University)

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Dr. Erik O Hanlon (Department of Psychiatry, Royal College of Surgeons in Ireland, 123 St Stephen’s Green, Dublin 2), Ms. Amy Adair (Department of Psychiatry, Royal College of Surgeons in Ireland, 123 St Stephen’s Green, Dublin 2), Mr. Colm Healy (Department of Psychiatry, Royal College of Surgeons in Ireland, 123 St Stephen’s Green, Dublin 2), Prof. Mary Cannon (Royal College of Surgeons)

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Dr. Paddy Power (St), Dr. Laura Muresan (St Patrick’s University Hospital), Dr. Godwin Udoh (St Patrick’s University Hospital)

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Ms. Aoife Griffin (Irish Society for the Prevention of Cruelty to Children)
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Ms. Aoife Nic Uidhir (Royal College of Surgeons), Ms. Grace O Regan (Royal College of Surgeons)

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Ms. Yi Ping Lee (Institute of Mental Health/Community Health Assessment Team)

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Dr. Amit Bhaduri (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Brian O Donoghue (Orygen)

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Dr. Silvia Murguia-Asensio (East London Foundation Trust), Dr. Doug Milner-White (East London Foundation Trust), Mr. Toby Nathan (East London Foundation Trust), Dr. Edward O’donnell (East London Foundation Trust), Ms. Shahnaj Begum (East London Foundation Trust), Ms. Clare Brunst (East London Foundation Trust)

DETERMINANTS OF MENTAL HEALTH IN YOUTH IMMIGRANTS LIVING IN JAPAN

Dr. FRANCIA IVONNE CAMPOS CHINCHILLA (International Division Coordinator, Community Support Center - Family Medicine Center, HAIBARA GENERAL HOSPITAL)

IMPACT OF ACCULTURATION, ASSIMILATION AND CULTURAL RETENTION IN MENTAL HEALTH OF YOUTH IMMIGRANTS IN JAPAN

Dr. FRANCIA IVONNE CAMPOS CHINCHILLA (International Division Coordinator, Community Support Center - Family Medicine Center, HAIBARA GENERAL HOSPITAL)
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Mr. David Hogan (School of Medicine, University College Dublin), Dr. Blanaid Gavin (Department of Child and Adolescent Psychiatry and Geary Institute, University College Dublin), Prof. Fiona McNicholas (Department of Child Psychiatry, Our Lady's Hospital for Sick Children, Crumlin, Dublin 12, Lucena Clinic Rathgar, Geary Institute and University College Dublin)

Project Synergy: providing the right care, at the right place, first time, every time
Ms. Tracey Davenport (Brain and Mind Centre, University of Sydney), Prof. Jane Burns (The University of Sydney), Mr. Shane Cross (Brain and Mind Centre, University of Sydney), Prof. Ian Hickie (Brain and Mind Centre, University of Sydney)

Risky sex behaviours among college students in Ireland: The psychosocial profile
Prof. Barbara Dooley (University College Dublin), Dr. Louise Dolphin (University College Dublin), Dr. Amanda Fitzgerald (University College Dublin)
The physical health and lifestyle of young people at ultra-high risk for psychosis
Ms. Rebekah Carney (University of Manchester), Mr. Jack Cotter (University of Manchester), Dr. Tim Bradshaw (University of Manchester), Prof. Alison Yung (University of Manchester)

Young men’s access to community-based mental health care: Qualitative analysis of barriers and facilitators
Dr. Simon Rice (Orygen, The National Centre of Excellence in Youth Mental Health), Mr. Nic Telford (headspace National Youth Mental Health Foundation), Prof. Debra Rickwood (headspace National Youth Mental Health Foundation), Prof. Alex Parker (Victoria University)

Language function in adolescents with subclinical psychotic symptoms
Mr. Conor McCandless (RCSI), Prof. Mary Cannon (Royal College of Surgeons)

Youth Peer Support: Lived Experience as a Basis to Employment
Ms. Sarah Irving (Foundry), Dr. Steve Mathias (Foundry)

Good practice in the provision of mental health services and supports for children and young people and the role of e-mental health in responding to these needs
Ms. Kate Mitchell (Mental Health Reform), Ms. Lorna Kerin (Love Knowledge Consultancy), Mr. Manus Hanratty (Mental Health Reform)

Teacher capacity to respond to student mental health issues: An Irish perspective
Dr. Jennifer McMahon (University of Limerick), Ms. Eadaoin Slattery (University of Limerick)

Title Effects of early life adversity on immune function and cognitive performance in youths with and without experience of psychotic symptoms.
Prof. Gary Donohoe (NUI Galway)

Little Things Can Improve Your Mental Health
Mr. Emer Clarke (HSE)

Youth Participation in Action: An organisation-wide approach
Ms. Jacqui Faliszewski (Orygen), Ms. Kerryn Pennell (Orygen, The National Centre of Excellence in Youth Mental Health), Mr. Craig Hodges (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Magenta Simmons (The University of Melbourne), Mr. Nicholas Fava (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Gina Chinnery (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Helen Nicoll (Orygen, The National Centre of Excellence in Youth Mental Health)

Addressing health inequalities: Co-producing mental health services with excluded young people in the community: the INTEGRATE approach
Dr. Sally Zlotowitz (MAC-UK), Dr. Laura Casale (MAC-UK), Mr. Kiaron Jones-hewitt (MAC-UK)

‘If I could see on a piece of paper options for treatment that would just be insane’: Shared decision making in youth mental health
Dr. Magenta Simmons (Orygen)

Youth voice, community engagement and collaboration with the justice system: Key ingredients in tackling urgent youth-related challenges in remote Inuit communities in Canada
Ms. Aileen MacKinnon (ACCESS Open Minds Puvirnituq), Ms. Minnie Grey (ACCESS Open Minds Puvirnituq), Prof. Ashok Malla (McGill University, ACCESS Open Minds), Dr. Srividya Iyer (McGill University, ACCESS Open Minds)
ACCESS Open Minds: Thriving in a National Youth Council
Ms. Alyssa Fronptom-Fudge (ACCESS Open Minds Youth Council), Mr. Clifford Ballantyne (Sturgeon Lake Health Centre), Mr. Jimmy Tim (ACCESS Open Minds Youth Council), Ms. Emma Castanier (ACCESS Open Minds Youth Council), Ms. Brittany Dalfen (ACCESS Open Minds Youth Council), Ms. Haley Marion Mclean (ACCESS Open Minds Youth Council), Ms. Kendra Richardson (ACCESS Open Minds Youth Council), Ms. Alicia Raimundo (ACCESS Open Minds Youth Council), Ms. Shasini Gamage (ACCESS Open Minds Youth Council), Ms. Chantelle Mireault (ACCESS-Open Minds), Dr. Srividya Iyer (McGill University, ACCESS Open Minds)

The impact of adolescent cannabis use, mood disorder and education on attempted suicide in young adulthood.
Dr. Mary Clarke (Royal College of Surgeons), Ms. Helen Coughlan (Royal College of Surgeons), Dr. Michelle Harley (Royal College of Surgeons), Dr. dearbhla connor (Royal College of Surgeons), Dr. Emmet Power (Royal College of Surgeons), Dr. Fionnuala Lynch (Lucena Clinic), Prof. Carole Fitzpatrick (University College Dublin), Prof. Mary Cannon (Royal College of Surgeons)

Who presents to the Emergency Department with self-harm and what are the barriers to delivering optimal care?
Dr. Jo Robinson (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Amy Donaldson (Orygen, The National Centre of Excellence in Youth Mental Health), Prof. Sarah Hetrick (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Chris Davey (Orygen, The National Centre of Excellence in Youth Mental Health), Prof. Jane Pirkis (The University of Melbourne), Prof. Matt Spittal (The University of Melbourne), Prof. Greg Carter (University of Newcastle, Australia)

Raising the bar for youth suicide prevention
Ms. Vivienne Browne (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Jo Robinson (Orygen, The National Centre of Excellence in Youth Mental Health)

Emerging trends in hospital-treated self-harm among children, adolescents and young adults
Dr. Eve Griffin (National Suicide Research Foundation), Dr. Elaine McMahon (National Suicide Research Foundation), Prof. Fiona McNicholas (Our Lady's Children's Hospital, Crumlin), Prof. Ivan Perry (Department of Epidemiology and Public Health, University College Cork), Prof. Ella Arensman (National Suicide Research Foundation)

Integrated youth mental health care: Doing more with what we know
Dr. Ian Manion (Institute of Mental Health Research), Dr. Steve Mathias (Foundry), Dr. Joanna Henderson (Centre for Addiction and Mental Health), Dr. Amy Cheung (University of Toronto), Dr. Srividya Iyer (McGill University, ACCESS Open Minds), Ms. Alicia Raimundo (ACCESS Open Minds Youth Council), Ms. Emma Mccann (Centre for Addictions and Mental Health), Dr. Tanya Halsall (Institute of Mental Health Research), Dr. Maryann Davis (University of Massachusetts), Prof. Patrick McGorry (Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne, Australia; Centre for Youth Mental Health, The University of Melbourne, Australia)

Prevention of Mental Illness: what do we know and how far can we go?
Dr. Paul Patterson (Forward Thinking Birmingham & University of Warwick), Ms. Gabriela Ramos (Forward Thinking Birmingham), Ms. Claire Rigby (Forward Thinking Birmingham), Mr. Neil Mortimer (West Midlands Academic Health Science Network), Dr. Peter Lewis (West Midlands Academic Health Science Network)

A National Research Priorities and Implementation Framework for Youth Mental Health Research in Australia: An Update
Ms. Jo Fitzsimons (Orygen, The National Centre of Excellence in Youth Mental Health), Mr. John Moran (Orygen, The National Centre of Excellence in Youth Mental Health), Mr. Matthew Hamilton (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Cassie Redlich (Orygen, The National Centre of Excellence in Youth Mental Health)
The next stage for early intervention: Transdiagnostic, Personalized, Universal.

Prof. Patrick McGorry (Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne, Australia; Centre for Youth Mental Health, The University of Melbourne, Australia)

TeachMentalHealth.org: A Mental Health Literacy Curriculum for Pre-Service Teachers

Dr. Susan Rodger (Western University), Dr. Wendy Carr (University of British Columbia), Dr. Chris Gilham (St. Francis Xavier University), Dr. Stan Katcher (Sun Life Financial Chair in Adolescent Mental Health, Dalhousie University/IWK Health Centre), Ms. Yifeng Wei (Dalhousie University/IWK Health Centre), Ms. Vanessa Bruce (Dalhousie University/IWK Health Centre), Ms. Robyn Masters (Western University)

Novel open innovation approach for community engagement to tackle research challenges on mental health of children and adolescents

Ms. Raphaela Kaisler (Ludwig Boltzmann Gesellschaft), Mr. Patrick Lehner (Ludwig Boltzmann Gesellschaft)

Young People's Concept of Treatment Pressures in Mental Health Care Settings

Ms. Rikki Battersby (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Magenta Simmons (The University of Melbourne), Dr. Brian O donoghue (Orygen, The National Centre of Excellence in Youth Mental Health), Prof. Sarah Hetrick (Orygen, The National Centre of Excellence in Youth Mental Health)

What Helps Young People During and Following a Mental Health Inpatient Stay?

Ms. Claire Hayes (The University of Melbourne), Dr. Christine Simons (Albert Road Clinic), Dr. Magenta Simmons (The University of Melbourne), Prof. Malcolm Hopwood (The University of Melbourne)

Swords Youth Study: distinct clinical profiles of young versus older adults referred to a general adult community mental health service

Dr. Eric Roche (Department of Psychiatry, Royal College of Surgeons in Ireland, 123 St Stephen's Green, Dublin 2), Dr. Sashini Gunawardena (College of Psychiatrists of Ireland), Prof. Mary Cannon (Royal College of Surgeons), Dr. John Lyne (Department of Psychiatry, Royal College of Surgeons in Ireland, 123 St Stephen's Green, Dublin 2)

Demonstration of Experience Mapping from Child to Adult Mental Health Services: Interactive Table Top Presentation

Dr. Gillian Mulvale (McMaster University), Mrs. Ashleigh Miatello (McMaster University), Ms. Christina Roussakis (McMaster University), Ms. Alison Mulvale (OCAD University)

Pathways to Care

Ms. Rebecca Nelson (University of Glasgow), Dr. Ruchika Gajwani (University of Glasgow), Dr. Michael Smith (NHS Greater Glasgow and Clyde), Prof. Helen Minnis (University of Glasgow), Prof. Andrew Gumley (University of Glasgow), Prof. Christopher Gillberg (Gillberg Neuropsychiatry Centre, University of Gothenburg)

Service Disengagement in Minority Groups Receiving Treatment for Psychosis

Dr. Anika Maraj (McGill University), Dr. Srividya Iyer (McGill University, ACCESS Open Minds), Mr. Franz Veru (McGill University), Ms. Kathleen MacDonald (McGill University), Ms. Laura Morrison (Douglas Mental Health University Institute (CIUSSS ODIM)), Prof. Ashok Malla (McGill University), Dr. Ridha Joober (McGill University), Dr. Jai Shah (McGill University)

The characteristics and service needs of youth with mental health and/or addictions issues and their families: A survey in Ontario, Canada

Dr. Roula Markoulakis (Sunnybrook Health Sciences Centre), Ms. Samantha Chan (Sunnybrook Health Sciences Centre), Ms. Kendyl Dobbin (Sunnybrook Health Sciences Centre), Ms. Staci Weingust (Sunnybrook Health Sciences Centre), Dr. Anthony Levitt (Sunnybrook Health Sciences Centre)
Building the policy case to “future-proof” youth mental health: Economic evaluations of three different service transformations from across Canada

Dr. Jai Shah (McGill University, ACCESS Open Minds), Ms. Laura Morrison (Douglas Mental Health University Institute (CIUSS ODIM)), Dr. Eric Latimer (McGill University), Dr. Phil Jacobs (Institute of Health Economics), Dr. Egon Jonsson (Institute of Health Economics), Dr. Paula Reaume-Zimmer (Canadian Mental Health Association, Lambton Kent, Bluewater Health), Ms. Christine Mummery (Alberta Health Services), Ms. Jill Kelland (Alberta Health Services), Ms. Daphne Hutt-MacLeod (Eskasoni Mental Health Services), Dr. Shalini Lal (University of Montreal, Centre hospitalier de l’Université de Montréal), Prof. Patricia Boksa (McGill University, ACCESS Open Minds), Prof. Ridha Joober (McGill University, ACCESS Open Minds), Dr. Srividya Iyer (McGill University, ACCESS Open Minds), Prof. Ashok Malla (McGill University, ACCESS Open Minds)

Exploring functional impairment in young people at ultra-high risk for psychosis: a qualitative study

Prof. Alison Yung (University of Manchester), Mr. Jack Cotter (University of Manchester), Dr. Sandra Bucci (University of Manchester), Ms. Rebekah Carney (University of Manchester), Dr. Richard Drake (University of Manchester), Dr. Dawn Edge (University of Manchester)

Predisposition to aberrant experiences: An investigation using transcranial direct current stimulation

Ms. Rachel Marchant (Birmingham University), Dr. Jason Braithwaite (Lancaster University)

Angry Young Men: Using an interpersonal formulation of anger to help bring about change

Dr. Peter Cairns (Norfolk & Suffolk NHS Foundation Trust), Dr. Lawrence Howells (NSFT)

Strength and Skills for Wellness - An adapted DBT approach for Youth Mental Health

Ms. Miriam McLaughlin (Stella's Place), Ms. Stephanie Mather (Stella's Place), Ms. Kayla Cowen (Stella's Place)

Developing the effectiveness of clinical and cognitive assessment with personalised feedback: A pilot study of young people with mood disorders in an inpatient facility

Ms. ashleigh tickell (Brain and Mind Centre, University of Sydney), Dr. Daniel Hermens (Brain and Mind Centre, University of Sydney), Dr. Elizabeth Scott (Brain and Mind Centre, University of Sydney), Ms. Tracey Davenport (Brain and Mind Centre, University of Sydney), Mr. Frank Iorfino (Brain and Mind Centre, University of Sydney), Dr. Laura Ospina-Pinillos (Brain and Mind Centre, University of Sydney), Prof. Ian Hickie (Brain and Mind Centre, University of Sydney)

What do young people at risk for psychosis need?

Ms. Sarah McIlwaine (McGill University), Dr. Manuela Ferrari (Douglas Mental Health University Institute), Dr. Srividya Iyer (McGill University), Dr. Ashok Malla (McGill University), Dr. Jai Shah (McGill University)

An examination of the relationship between physical activity, mental health, perceived health and happiness in a representative sample of third level students in Ireland.

Mr. Joseph Murphy (University of Limerick), Dr. Ciaran MacDonncha (University of Limerick), Prof. Marie H Murphy (Ulster University), Dr. Niamh Murphy (Waterford Institute of Technology), Prof. Catherine B Woods (University of Limerick)

Using sport to further our understanding of mental health stigma.

Ms. Jessie Barr (University of l), Dr. Tadhg Macintyre (University of Limerick), Dr. Michelle Macalarnen (Minnesota State University)
Moving beyond gamification to video game use in the design of new and emerging technologies for mental health and wellbeing

Ms. Vanessa Wan Sze Cheng (University of Sydney), Dr. Daniel Johnson (Queensland University of Technology), Dr. Kellie Vella (Queensland University of Technology), Ms. Tracey Davenport (Brain and Mind Centre, University of Sydney), Prof. Jane Burns (The University of Sydney), Prof. Ian Hickie (Brain and Mind Centre, University of Sydney)

Seeing the gap: Improving organisational knowledge about Aboriginal and Torres Strait Islander perspectives on mental health through engagement with health professionals

Mr. David Baker (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Jo Robinson (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Sarah Bendall (Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne, Australia), Dr. Simon Rice (Orygen, The National Centre of Excellence in Youth Mental Health; Centre for Youth Mental Health, The University of Melbourne, Australia)

Making it Work: Maximising internal networks to create job opportunities for young people

Ms. Gina Chinnery (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Kerryn Pennell (Orygen, The National Centre of Excellence in Youth Mental Health), Mr. Dan Kneipp (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Petula Frantz (Orygen, The National Centre of Excellence in Youth Mental Health), Mr. Wayne Mallia (Orygen, The National Centre of Excellence in Youth Mental Health)
SOMETIMES LIFE CAN BE TOUGH...

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Migration, mental health and suicide attempts in European adolescents: Effects of region of origin and migrant generation.

Monday, 25th September - 11:00 - Oral Presentations - Social risks to mental health - Pembroke Room - Oral - Abstract ID: 172

Dr. Elaine McMahon (National Suicide Research Foundation), Dr. Paul Corcoran (National Suicide Research Foundation), Dr. Helen Keeley (Health Service Executive), Prof. Mary Cannon (Royal College of Surgeons)

Background: The mental health of migrant adolescents in Europe is an issue of major importance. Migrant background has been reported to be associated with poor self-perceived health, higher rates of suicide attempt and higher prevalence of psychiatric disorders, but previous findings have been inconsistent. We examined internalising and externalising symptoms, self-perceived health, suicidal ideation and suicide attempt among migrants compared with their non-migrant peers and examined effects of migrant generation (first and second generation) and region of origin (European and non-European).

Method: A school-based survey was completed by 11,057 adolescents in ten EU countries as part of the Saving and Empowering Young Lives in Europe (SEYLE) study. The questionnaire included items assessing migration background, internalising and externalising symptoms (Strengths and Difficulties Questionnaire – SDQ), suicidal ideation and suicide attempt (Paykel Suicide Scale- PSS). Multi-level mixed effects regression was used to examine associations between migration background, mental health measures and history of suicidal ideation and attempt.

Results: In this ten-country sample, 663 participants (6.0%) were first generation migrants, while a further 1,298 (11.7%) were second-generation migrants (born in their country of residence but with at least one parent born abroad). After adjustment for confounding factors (age, gender, SES, household composition, MIPEX integration score of country of residence, clustering of pupils within schools and within countries) we found higher levels of internalising symptoms among first generation migrants of both European and non-European origin and higher levels of externalising symptoms among non-European migrants. Highest prevalence of suicidal ideation was found among second generation non-European migrants compared with the non-migrant reference group (OR 2.16 (95% CI: 1.44-3.25), while first generation European migrants had elevated prevalence of both suicidal ideation and suicide attempts (OR 1.72 (95% CI: 1.09-2.70) and OR 2.08 (95% CI 1.32-3.26) respectively).

Conclusions: School-based mental health promotion programmes should target migrant adolescents, whose elevated risk of suicide attempt persists across different regions of origin. It is vital that appropriate mental health services and supports are made available to support the complex needs of migrant adolescents.
Social support and cultural integration as modifiers of the impact of bullying on mental health amongst adolescents


Dr. Charlotte Gayer-Anderson (King’s College London), Dr. Gemma Knowles (King’s College London), Dr. Stephanie Beards (King’s College London), Ms. Katie Lowis (King’s College London), Ms. Paula De Vries Albertin (King’s College London), Ms. Lucy Richardson (King’s College London), Ms. Victoria Kirova (King’s College London), Ms. Helen Maris (King’s College London), Prof. Craig Morgan (King’s College London)

Introduction: Peer bullying during adolescence is common. Evidence suggests that such experiences culminate in an increased risk to a range of mental health problems. What we do not know, however, is what the key modifiable factors are that promote resilience in the context of such negative experiences.

Objectives: Our objective was to explore whether social support and cultural integration mitigate the impact of bullying on mental health amongst adolescents, and to explore variation by gender.

Methods: Data on self-reported bullying (revised Olweus Bully/Victim Questionnaire), cultural integration (friendships with own and other ethnic group), social support from friends and family (Multidimensional Scale of Perceived Social Support), and self-reported mental health (total difficulties score (TDS) from the Goodman’s Strength and Difficulties Questionnaire) were collected as part of a new cohort study, REACH (Resilience, Ethnicity and AdolesCent mental Health) - a large, ethnically diverse study of adolescents aged 11-13 years in southeast London (current n 2090 adolescents). The modifying effects of support and integration were examined using interaction contrast ratios, which compare risks (or odds) by levels of a third variable (i.e., support, integration).

Results: After adjustment for age, sex, and ethnicity, adolescents who were bullied at least monthly in the last 6 months had a five times greater odds of being at high risk of a mental disorder (TDS > 17) (aOR 5.18, 95% CI 3.96-6.79). The association between frequent bullying and negative mental health outcomes was modified by feelings of loneliness (adjusted Interaction Contrast Ratio [aICR] 9.66, 95% CI 2.41-16.92, p=0.009), and having an adult to confide in (aICR 5.54, 95% CI 0.35-10.73, p=0.036). Among boys only, having a larger network of friends appeared to modify the association between bullying and high risk of disorder (boys: aICR=5.51, 95% CI -1.83-12.86, p=0.141; girls: aICR=1.14, 95% CI -4.06-3.78, p=0.944). Among girls only, high perceived support from friends and family modified the association between bullying and high risk of disorder (boys: aICR=-0.71, 95% CI -5.31-3.88, p=0.761; girls: aICR=7.35, 95% CI 0.60-14.09, p=0.033). More tentatively, cultural integration modified the relationship between bullying and negative mental health outcomes in girls (aICR=5.36, 95% CI -5.53-16.26, p=0.335), but not in boys (aICR=0.21, 95% CI -6.14-6.58, p=0.948).

Conclusions: Amongst adolescents living in inner city environments, having an adult confidant and not feeling lonely may mitigate the impact of frequent bullying on risk of mental disorder. By contrast, network size and perceived quality of support had different buffering effects in boys and girls. This study points to important targets for intervention for young people who are frequently bullied.
Embarrassment of Riches: Youth Mental Health, Poverty and Social Class

Introduction/Rationale
Youth mental health policy is quickly emerging and shifting in many western nations as new data emerges. However, this policy still embraces a one-size-fits-all approach to “youth” while acknowledging the impact of poverty on mental health. It is therefore lacking in nuance as to how social class and poverty operates and how new data could feed policy and practice. This paper provides data for such nuance and direction.

Objectives
In this presentation, we explore the complicated relationships between poverty and social class on the access and care that youth encounter in their mental health journey. Drawing from narrative and story-based journey interviews with youth experiencing mental health challenges, parents of such youth, and mental health service providers, we examine multi-vocal lessons as to how poverty and social class operate and as shared by these diverse groups.

Methods/Approach
Semi-structured qualitative interviews (n=169) were conducted with youth, parents, and mental health service providers as part of the Atlantic Canada Children’s Effective Service Strategies in Mental Health (ACCESS-MH) project, funded by the Canadian Institutes of Health Research. Youth (n=46) aged 10-21 and identifying with depression, anxiety, eating disorders, conduct disorder, or autism spectrum disorder (formal diagnosis or self-identifying) were interviewed about their journey in seeking help for their mental health. Parents (n=46) of children/youth aged 5-18 were interviewed about their experiences caring for a child experiencing such a journey. Mental health service providers (n=77) in medical and community settings (including education) were interviewed about their perspectives on the mental health care system in their province/region.

We take a multi-vocal approach in this presentation to highlight not only the complex relationship between youth mental health and social class/poverty but the details as to how these three groups make sense of the way in which it operates.

Results/Implications
Narrative and storied analyses revealed that service providers neglect to consider poverty or social class as crucial aspects of the youth mental health journey even though they understand the importance of poverty of youth mental health. The stories of youth and parents more clearly illustrate the nuanced operation of social class, social capital and poverty. For instance, the journeys of relatively impoverished youth and families show a more difficult road to access and care and ultimately suggest a tiered and biased system of youth mental health, which requires immediate recognition in policy setting.

Conclusion
As young lives continue to be marked by increasing challenges with mental health, it is crucial that the links between poverty and mental health are fully established, nuanced and recognized in policy and practice. State spending on health, mental health and youth mental health respectively demonstrates that too few dollars are ear marked for this growing challenge of youth. Particularly for impoverished youth, it is important that policy
and practice reflect the tiered system of access and care that remains inequitable.
Le Chéile (Together): Predictors of Mental Health and Well-Being in Young Adults with Chronic Illness

Monday, 25th September - 12:00 - Oral Presentations - Social risks to mental health - Pembroke Room - Oral - Abstract ID: 493

Ms. Amelia Campbell (University College Dublin), Ms. Katie Duffy (University College Dublin), Ms. Miriam Fehily (University College Dublin), Prof. Eilis Hennessy (University College Dublin), Dr. Niki Nearchou (University College Dublin), Ms. Holly Ryan (University College Dublin)

Introduction: Adolescence and early adulthood are times of significant cognitive, social, and emotional change leading to the development of a wide range of new skills and abilities. In addition, however, these are also times of greater vulnerability to mental distress and mental health problems. Many of the chronic mental health problems of adult life first emerge during these developmental periods making them important times for early intervention and additional support. However, identifying those in need of support can be challenging as there is evidence that young people with the greatest needs are the least likely to seek help either from friends or professionals. This means that it is particularly important to find out how to identify those who would benefit from intervention and the best ways to facilitate help seeking should it be needed.

Objectives: The overarching objective of this paper is to determine which factors best predict young adults' mental health and well-being. The research also aims to improve our understanding of the factors associated with the stigma of physical and mental health problems.

Methods: Participants in this research are approximately 400 young adults aged between 18 and 25. All were enrolled in colleges of further education in the greater Dublin area in Ireland. Students of colleges of further education have rarely been the exclusive focus of research on mental health, despite the fact that anecdotal evidence suggests they have higher levels of chronic physical and mental health problems than other school or university groups. These young adults are taking a very wide range of courses. The well-being outcomes of interest in the study are young adults' life satisfaction and self-esteem. The analysis explores the extent to which these outcomes are predicted by factors including: general health, social support, health literacy, willingness to seek help for physical and mental health challenges.

Results: Findings will focus on which social, psychological and health variables best predict young adult well-being.

Conclusions: The findings will be discussed in terms of their implications for the way in which young people are taught about their physical and mental health and how we can design interventions to reduce concerns about help seeking for both physical and mental health problems.
The impact of adverse life events on mental health in a diverse sample of adolescents: initial findings from the REACH study


Dr. Stephanie Beards (King's College London), Dr. Charlotte Gayer-Anderson (King's College London), Dr. Gemma Knowles (King's College London), Ms. Katie Lowis (King's College London), Ms. Lucy Richardson (King's College London), Ms. Victoria Kirova (King's College London), Ms. Paula De Vries Albertin (King's College London), Ms. Helen Maris (King's College London), Prof. Craig Morgan (King's College London)

Introduction
Mental health can be affected by adverse experiences, especially those occurring early in life. However, it is unclear whether the impact of such experiences varies by ethnic group and/or gender.

Objectives
We sought to examine associations between adverse experiences and adolescent mental health, investigate possible cumulative effects, and assess any variation by ethnic group and gender.

Methods
Preliminary baseline data on adverse life events (11-item checklist) and self-reported mental health (total difficulties score (TDS) from the Strengths and Difficulties Questionnaire) were drawn from a new cohort study – the Resilience, Ethnicity, and AdolesCent Mental Health (REACH) study conducted in southeast London, UK. Data were available for 1,916 adolescents aged 11-14 years.

Results
A majority (77.1%) reported exposure to at least one adverse event, including interpersonal threat/violence, family chaos, and uncontrollable events. Nearly one-third (30.6%) were exposed to at least three events, more than double the UK national average (13.5%). Those exposed to three or more life events were three times more likely to have a probable disorder (TDS > 17) (aOR 3.36, 95% CI 2.61-4.33), independent of age, gender, and ethnicity. To examine the potential cumulative impact of exposure to adverse life events, we created a simple index by summing the number of events reported and combining those with five or more events into a single category. When the linear effect of the index was modelled, there was strong evidence of a linear effect (aOR 1.52, 95% CI 1.40-1.65), indicating an average increase in odds of probable disorder of 1.52 for every unit increase in number of life events. We did not find any strong evidence that the effect of life events on mental health varied by ethnic group ($x^2 = 4.59; p = 0.710$). Further, no variations were found by gender for SDQ score (aOR for girls 3.63, 95% CI 2.61-5.03; aOR for boys 3.01, 95% CI 2.02-4.47; p-value for interaction term 0.473).

Conclusions
In our diverse sample of adolescents, exposure to adverse life events was almost ubiquitous, and, for some young people, exposure to an increased number of events was associated with higher odds of poor mental health. This impact may also be cumulative. However, there may be a step change at a certain level of exposure; some adversity may not always be detrimental to health outcomes. Adolescent mental health appears to be influenced by exposure to adverse life events, and this may have a negative impact across different ethnic groups and genders.
Towards Reconciliation Practice in the Delivery of Mental Health Services to Canadian Indigenous Youth

Monday, 25th September - 12:40 - Oral Presentations - Social risks to mental health - Pembroke Room - Oral - Abstract ID: 503

Dr. Caroline Tait (University of Saskatchewan)

The Truth and Reconciliation Commission of Canada (TRC) outlines 94 ‘Calls to Action’ that direct our country towards reconciliation. The TRC states that reconciliation requires Canada to adopt a new vision, based upon a commitment to mutual respect and transformative change. Reconciliation requires an understanding by all Canadians that the most harmful impacts of our country’s colonial legacy has been to Indigenous children and youth. Transformative change to mental health and addictions service delivery targeting Indigenous youth requires redesigning of our health and social services to be culturally safe. Employing anti-racist pedagogy, our Canadian Indigenous mental health network, First Peoples First Person has developed education and training for non-Indigenous health care providers in ‘cultural safety’ and ‘micro-reconciliation practice’. Framing our approach is an acknowledgement that mental health services in Canada are failing Indigenous peoples, specifically our youth and children. Our country's tendency to focuses on “fixing” Indigenous youth and ‘Indigenous youth problems,” we believe is the wrong way to effectively support Indigenous youth and their families. Instead our network directs attention towards addressing racism, oppression and marginalization within our health care systems, factors that are key contributors to health and social disparities found among our youth populations. We contend that unravelling Canada’s colonial history and reimagining a future freed from the past depends on reconciliation at macro and micro-levels. We propose education of health care administrators and providers in three spheres: 1) acknowledgement that as a nation, Canada is built upon the subjugation of Indigenous peoples. Anti-racist training of non-Indigenous human service sector workers requires their reflection upon a Western worldview and material culture that situates them in a subjective position of privilege and power founded upon the colonial oppression of Indigenous peoples' lives; 2) witnessing the ways in which underlying assumptions of racism and micro-aggression influence practitioner-client interactions and systems and institutional practices of care; and 3) moral courage, specifically the empowerment of individual practitioners (Indigenous and non-Indigenous) and their professional bodies to name, speak out about, and advocate against racism, oppression and marginalization of Indigenous patients and their families. Our presentation will be an introduction into anti-racist education of health care service providers, with specific emphasis on the importance of this approach to improve health care delivery to Canadian Indigenous youth.
Peer Support Courses for Student Mental Health

Monday, 25th September - 11:00 - Oral Presentations - Mental Health & Higher Education - Herbert Room - Oral - Abstract ID: 133

Dr. Nicola Byrom (King's College London/Student Minds), Ms. Sarah Masood (King's College London)

Overview
This presentation will provide an introduction to the use of group peer support in Higher Education. I will outline how this approach works and how peer-group-leaders are trained. I will summarise two specific programmes and theoretical rationale behind the programme design. Evaluations of these programmes have been conducted, and this presentation will summarise the results of these evaluations and share lessons learned.

Background
Mental health problems are prevalent among university students. This is a time of transition as young people move away from home and develop in independence. Transitions are challenging and can create pressure on mental health. Further, academic and financial pressures, are present persistent stressors. According to a UK survey of Student Academic Experience students are showing increased levels of anxiety compared to wider population (HEPI-HEA, 2016).

While creating risk, there is an opportunity in the Higher Education environment to build self-care competencies, enhancing mental well-being and resilience. Peer support has the potential to provide an efficient and effective way of engaging students in conversation around mental health, building competencies and breaking down isolation. Peer support is defined as support provided by and for people with similar experiences.

Approach
This presentation will report on the evaluation of two different peer-led courses for mental health; Positive Minds and My Mind. Both courses have been run within the Student Minds group peer-support framework; small teams of students were trained to deliver a 6-part workbook based course for their peers. Positive Minds is a course for mild depression, based on principles of behavioural activation. The My Mind course, is based on principles of Positive Psychology and open to all students, with no specific focus on mental health difficulties.

Evaluation
Positive Minds was evaluated across 9 different UK university sites. The evaluation combined measures of Mental Wellbeing (Warwick-Edinburgh Mental Well-Being Scale) and Quality of Life, with qualitative data. Sixty-eight students volunteered to participate in the evaluation, completing initial measures for the evaluation. Of these, 40 students completed follow up measures.

My Mind was evaluated as a small preliminary pilot in one UK site. The evaluation included measures of stress (Perceived Stress Scale), Mental Wellbeing (Warwick-Edinburgh Mental Well-Being Scale), Quality of Life, Social Support (Multidimensional Scale of Perceived Social Support) and Resilience (Brief Resilience Scale). Measures were taken for a cohort of 80 students at the start and end of an academic term. The Mental Wellbeing of students participating in the course were compared with non-participating peers.

References
http://www.hepi.ac.uk/wp-conte...
“We’ll run ourselves into the ground, it’s not sustainable:” Mental health experiences of youth attending postsecondary institutions.


Dr. Helen Vallianatos (University of Alberta), Mr. Kevin Friese (University of Alberta), Dr. Jai Shah (McGill University), Dr. Srividya Iyer (McGill University), Prof. Ashok Malla (McGill University)

Introduction: A “mental health crisis” for youth attending postsecondary institutions in Canada is demonstrated in the 2016 National College Health Assessment that showed 25% of youth attending these institutions have mental health issues. Reasons for this crisis include increased stress and anxiety, emergent mental illness, transition from youth to early adult services, but also potentially increased awareness and acceptance of mental illness and the importance of promoting mental wellness. A health promotion approach that calls for education, early intervention and improved access to appropriate care has the best chances for promoting life-long mental health. It is through this lens that a national youth mental health service transformation project, ACCESS Open Minds, was designed for improving mental health of youth 12 to 25 years old. The University of Alberta was identified as one of the 12 demonstration sites, for transformation of youth mental health services, with a special focus on first year students. A strength of this study is the centering of youth, recognizing youth as agents of their own care, and as such, including youth throughout the research design through dissemination process.

Objective: To improve early interventions to support mental health of youth attending postsecondary institutions.

Methods: Findings from twelve focus group interviews (FGI) with a diverse array of students are presented. Participants were purposively sampled to represent the range of communities and cultures at this large institution with multiple campuses and approximately 38,000 registered students. Thematic content analysis of FGI transcripts was done, where codes were formulated through a line-by-line analysis of concepts identified in the data. Comparative analysis of codes, and participants’ use of codes, led to the development of categories. Themes were developed from categories that emerged from the data, and by comparing to concepts reported in the literature.

Results: Findings illustrate variations in how youth defined mental health and their challenges and opportunities. Opportunities included social supports, occasions to connect with other youth, and self-care strategies. Challenges ranged from individual constraints (e.g. comfort creating new social circles) to community-wide shared concerns (e.g. stress, anxiety) and social structural factors (e.g. university structures and policies). Based on participants’ responses, program and policy implications for moving forward are presented.

Conclusion: Programs and policies that support mental wellness at postsecondary institutions need to be inclusive of diverse cultures and communities, be accessible and available from youths’ perspectives, and consider how local social structures need to change to support youth mental health.
Multiple perspectives on the academic experience of college students with mental health conditions

Background/Introduction: Young adults with mental health conditions (MHC) make up a growing percentage of students on college campuses, yet they continually struggle to achieve academic goals and successfully complete a post-secondary degree. Given the increasing advantage that a college education provides in the current U.S. labor market, it’s imperative that we better understand the academic experiences of college students w/MHC and how faculty members and staff interact with and support them. A better understanding of the academic experiences of college students with SMHC from the perspectives of both college students w/MHC and those who support them can better inform the development of relevant future academic supports.

Objective: This presentation will briefly review findings from 60 qualitative interviews with students, faculty and staff across 3 universities in the U.S. describing the unique barriers to academic success college student's face and direct experiences of faculty/staff who support them.

Methods: One hour semi-structured interviews were conducted in Fall of 2017 with students w/MHC, faculty, counseling center & disability office staff from three colleges; Wright State University (WSU), UMass Boston (UMB), and Boston University (BU). Interviews asked about academic experiences of YA students w/MHC and their supporters, including 1) what was helpful/detrimental to academic success, 2) when/how they accessed formal/informal academic supports, 3) what encouraged/discouraged use of supports, 4) what knowledge/resources were needed to aid academic success, and 5) what supports an on-campus peer coach could provide. All interviews were recorded, transcribed and analyzed using Dedoose Software by extracting and define themes in a collaborative coding process.

Results/Conclusions:

Preliminary analysis of the 60 interviews suggest the following:

**Barriers to providing support**

- **Level of Support**-Identifying the appropriate level of support was often challenging, with staff fearful of providing too much “hand holding” and not appropriately preparing a student for the “real world”.

- **Lack of Cross-Campus Communication**-between on-campus services often made staff/faculty hesitate to offer support. Concern that their advice to a student would conflict w/advice from another service or faculty member on-campus hindered staff ability to effectively assist students in navigating the plethora of available supports.

- **Understanding Special Populations**-Few services met the needs of special populations (e.g. veterans, international students) and tailored supports to meet the unique needs of these groups were inadequate or simply unavailable.

**Facilitators to academic success:**
• There was no “standard list of supports” available for students w/MHC like there were for students w/a physical disability, due to the varying ways MHC can impact learning ability/cognition. Students were more academically successful when able to pinpoint how their diagnosis concretely impacted learning abilities rather than assume specific diagnoses present in a certain way.

• Academic Accommodations were immensely valuable as a first line of support. Commonly offered accommodations for students w/MHC included distraction free environments, support animals, and time management/study skill development. Supports to avoid social Isolation and/or proactively plan before academic challenges present were also discussed.

These findings provide important perspectives on the academic challenges and needs of young adults w/MHC and can be used to tailor future interventions.
A day in the life of a university student: Supporting youth mental health in halls of residence

Delivered by: Rachel Piper, Policy Manager, Student Minds

A significant factor in a young person’s wellbeing is the environment in which they live. Moving into university accommodation is an influential part of a student's experience at university, and a huge time of transition. Times of transition can be when individuals are most vulnerable to experiencing difficulties with their mental health. Accommodation staff are often amongst the first to notice if someone might be experiencing mental health difficulties.

We believe accommodation providers play a vital role in promoting positive wellbeing, signposting to early intervention and responding to crisis situations. Student Minds, the UK’s student mental health charity, have worked with a university (Nottingham Trent University) and an accommodation provider (UPP) to explore how best to support students in university halls.

In this presentation, we will share learning from The Student Living project, a combination of:

- **service development** – through interviewing staff and students at university accommodation, and facilitating a steering committee with the university and accommodation provider: We created a bespoke training course for supporting student mental health in halls -
- **and new policy research** which aims to help transform the way in which young people experience their home life whilst in Higher Education.

The presentation will discuss our policy recommendations to university accommodation providers, from leadership to information sharing, through to empowering young people and staff to provide appropriate support to one another, and designing living spaces that support wellbeing.

This presentation will take the audience through a day in the life of a young person in university halls. We’ll consider each of the points where we see that improvements could be made to this experience, in order to promote positive mental health and create a supportive community in University accommodation.
Universities futureproofing youth mental health: research confirms that offering mindfulness courses to students increases their wellbeing and resilience to stress


**Introduction**

Worldwide, increasing numbers of young people go to university, but there is concern about students’ rising need for mental health services. Young people’s journey through university provides a golden yet under-used opportunity for prevention. Mindfulness meditation training is popular amongst young people, but its effectiveness to increase wellbeing and resilience to stress in university students needs confirmation.

**Objective**

To address these issues the University of Cambridge has funded an implementation and evaluation project co-produced between the University Counselling Service, the Academic Division and the Department of Psychiatry. We designed a pragmatic, randomised controlled trial assessing the impact of providing mindfulness teaching before examinations to test the main hypothesis that it reduces students’ distress.

**Methods**

University of Cambridge students without severe mental illness or related crisis were randomly allocated to join an 8-week mindfulness course adapted for university students, or to just continue accessing mental health support as usual (SAU). The main outcome was self-reported psychological distress during the examination period measured with the CORE Outcome Measure. Other results included the Warwick-Edinburgh Mental Wellbeing Scale, and adverse events. Main outcome analysis was masked to random allocation. An Advisory Reference Group involved students and other stakeholders. An independent committee provided oversight.

**Results**

A sample of 616 students took part (median age 22 years, 63% women); 309 were allocated to mindfulness, and 307 to SAU. Participants’ initial distress was higher than the general student population, but lower than students attending counselling; 74% completed the main outcome questionnaire. During the exam season mindfulness participants’ distress score was on average 0.25 CORE-OM points lower (95% confidence interval (CI) 0.16 to 0.34) than SAU participants’ distress. This difference bridges the gap between participants’ initial distress (0.99) and the general student population mean (0.76). Mindfulness participants were one third less likely to be in the clinical range of distress than SAU participants (risk ratio 0.65, 95%CI 0.53 to 0.80). SAU participants’ distress increased over the academic year whereas mindfulness group distress decreased after the course and was maintained during the exam period. Mindfulness also increased wellbeing. Effects were extremely unlikely to be due to chance (p<0.001). Mindfulness did not cause any significant adverse events.

**Conclusion**

Findings confirm that the provision of an 8-week mindfulness course effectively reduces distress and enhances wellbeing in university students. We hope that these results will impact significantly on student welfare policy.
with mindfulness being implemented at universities more widely.
Construction of hierarchical models predicting depression and anxiety in 18-25 yr old college students


Prof. Barbara Dooley (University College Dublin), Ms. Serena Carberry (University College Dublin), Dr. Amanda Fitzgerald (University College Dublin)

Introduction: The widespread and increasing prevalence of psychological morbidity among higher education students represents a neglected public health issue, and holds major implications for campus health services and policy development.

Objective: The present study was conducted to test a multidimensional assessment of risk/protective factors in predicting depression and anxiety.

Method: The sample consisted of 7,475 third-level students across 12 third level institutions. Data were collected across several ecological domains; socio-demographic, individual internal, individual external, peer relationship and family factors.

Results: Multivariate hierarchical logistic regression analyzes identified similarities and differences across depression and anxiety models. Odds ratio analyzes indicated the individual internal domain dominated model performance in both cases, with significant factors including: low self-esteem; low satisfaction with life; low levels of optimism; and high levels of avoidant coping.

Implications and Conclusions: The findings highlight the importance of examining a multiplicity of malleable psychological constructs in determining vulnerable students as priority candidates for interventions. The emergence of unique predictors within each model indicates the value of understanding distinct factors differentially predicting depression and anxiety- most notably the identification of the older age cohort (20-25 years) as a unique significant factor predicting depression. The current findings provide valuable information for clinicians and researchers developing university support services and campus outreach programs aimed at reducing widespread psychological distress among this population.
Beyond the binary - exploring correlates of mental ill health in the non-binary transgender community

Rationale: Increasing research in recent years has addressed the disproportionate rate of discrimination and violence faced by members of the transgender community. It has been established that members of the transgender and gender non-conforming population which has seen almost no research but the awareness and visibility of which has drastically increased in the past decade is the non-binary community. Non-binary refers to individuals whose gender identity does not fit (exclusively) within one of the two binary genders, male and female.

Objectives: The Transgender Equality Network Ireland, in collaboration with non-binary activists, has begun groundbreaking research with the non-binary community in Ireland, in an attempt to elucidate the unique challenges faced by this part of the community.

Methods: The first phase of this research involved a self-report questionnaire, distributed online to the non-binary community. Respondents were asked to report their experiences within the education system, and were asked about their gender identity, sexuality, and mental health.

Results: Responses were obtained from 221 Non-binary individuals currently resident in the Republic of Ireland or in Northern Ireland. Of these, 132 reported currently experiencing mental ill health. A series of one-way ANOVAs revealed that individuals who reported experiencing mental ill health were significantly more likely to have experienced a lack of inclusion of non-binary individuals in school curricula, use of the wrong gender pronouns or gendered titles in school, and gender segregated facilities (such as restrooms) and activities (such as sex education or physical education). Those non-binary individuals reporting mental ill health were also significantly less likely to identify their sexuality as “straight”, and significantly more likely to identify with the terms “pansexual” or “panromantic” (meaning an attraction to individuals regardless of their gender and/or sex). Furthermore, individuals identifying their gender identity as “genderqueer”, a term often used by gender non-conforming individuals, were significantly more likely to report mental ill health. Results also revealed that individuals below the age of 35 were most likely to report mental ill health.

Conclusion: The findings from the first phase of this research indicate that there are specific areas in the education system in which changes could have a significant positive effect on the mental health of non-binary individuals. Furthermore, we identified a specific target group at elevated risk for mental ill health. These findings provide tangible targets for mental health interventions and preventative measures.
Young Men as Leaders in Promoting Healthy Masculinity and Positive Mental Health in the Balkans


Mr. John Crownover (CARE International Balkans)

In the Western Balkans, as throughout the world, boys and men are the main perpetrators of violence, against other boys / men and against girls / women. Young men are also often the primary victims of violence during adolescence and young adulthood within the region. For young men, peer violence – including bullying – is often the most pervasive violence in their daily lives. Indeed, many young men are often taught that aggression or violence towards others is an acceptable means of demonstrating strength and control or that to avoid being victims they must perpetrate violence towards others. The baseline survey conducted by CARE in Bosnia & Herzegovina, Albania, Serbia and Kosovo for the Young Men Initiative (YMI) activities in technical schools with predominant male population found that significant numbers of young men (ages 15-17) had engaged in bullying: 34-55% had threatened another young man at least once and 47-65% had punched or kicked another young man. The same survey also found that 75-90% of the young men believed that they needed to defend their “honor” if someone insulted them, even if it meant using violence. In addition, 64 – 78% of young men reported feeling high anxiety and depression during the previous 3 month period. Utilizing the gender equity and men scale, we also saw patterns of rigid gender norms and ideas around manhood by a majority of the young men. The project focus was to promote more healthy concepts of masculinity through a combination of educational workshops, through the Program Y manual and social norms campaign, which was developed and implemented by the young people. Young men were trained as peer educators and supported through leadership development to be school and community leaders in promoting healthier norms amongst their peers. The young men have worked to transform the school environment through engaging with educators, youth workers and have work to address policy makers on the outcomes of the project. The endline results showed a decrease in inequitable gender norms, including healthier ideas around masculinities and an increase in school and community connections. External factors continue to impact scaling up the program, including a conservative policy environment that is sensitive to addressing issues around gender, sexuality and health. In the Herzegovina-Neretva Canton, one of ten in Bosnia and Herzegovina, recently included Program Y as part of the cantonal strategy on violence. As part of that strategy all schools will be obligated to implement the program. An on-going capacity building process involving youth and educators is taking place in the schools with plans for the program to start in the next school year. The youth involved continue to be the best advocates for developing comprehensive approaches to addressing their challenges.
Queer peers ‘come out’ with youth-driven online support space


**Mr. Charlie Cooper (headspace National Office), Ms. Sara Strachan (headspace National Office), Ms. Anita Krug (headspace National Office)**

LGBTQIA+ young people are a population of importance to headspace, however several barriers to LGBTQIA+ young people seeking help have been identified. LGBTQIA+ youth face isolation, fear of judgment and discrimination when accessing health services, particularly in rural areas. Peer support may be a preferred option for LGBTQIA+ young people who lack trust in health professionals due to negative experiences with discrimination. Qheadspace is an innovative Australian youth-led online peer support initiative that has been created by two headspace National Youth Advocates to address barriers to support for LGBTQIA+ young people. Sara is a queer identifying young community development artist and has worked with LGBTQIA+ youth in remote areas across Australia, and noted a desperate need for a free and confidential online platform that could connect youth to a peer who could safely provide support with questions around gender and sexuality. Charlie has shared his lived experiences as a young gay man at youth mental health forums across Australia, and noticed the detrimental impact of a lack of access to openly inclusive and non-judgmental health services. Charlie and Sara are passionate about genuine youth participation in mental health organisations and believe that youth-led peer support initiatives are a potential solution to many struggles that young people face in Australia. Qheadspace is a safe place where LGBTQIA+ young people (12-25yrs) can seek support anonymously from a trained young peer support worker (‘queer peer’) who has lived experience, through web-based chat and forum type group sessions. Qheadspace reaches young people needing support anywhere in Australia from the comfort of their own smartphone, tablet or computer. ‘Queer peers’ share their experiences and resources, and respond to concerns and questions. Eheadspace clinicians provide clinical support to Qheadspace queer peers and referrals are facilitated to clinicians if needed. The oral presentation will share our work as LGBTQIA+ young people with lived experiences in creating an innovative online safe space for our peers. We will show how genuine youth participation leads to the development of initiatives that meet community need, can boost an organisation's ability to reach a target population, and is a key to future-proofing youth mental health.
Young LGBT people’s mental health: findings from LGBTIreland Report

Monday, 25th September - 12:00 - Oral Presentation - Gender, sexuality and identity. - Ulster Suite - Oral - Abstract ID: 645

Prof. Agnes Higgins (Trinity College Dublin), Ms. Lisa McKenny (BeLonGTo Youth Services)

**Background**
Ireland has slowly made significant advancement in the civil and legal rights of its LGBT citizens. Notwithstanding this, there are notable deficits in our knowledge surrounding the mental health and well-being of LGBTI people in Ireland, and in particular the extent to which experiences and mental health outcomes are similar or different across all LGBTI people.

**Aim**
To examine mental wellbeing (depression, anxiety, stress, substance misuse, suicide, self-harm) among LGBTI people in Ireland.

**Methodology**
A survey comprising 102 questions, which were a complementary mix of open and closed questions. The survey was disseminated primarily via social media and online methods, with hard copies made available on request to potential participants without internet access. Ethical approval to conduct the study was received from the University ethics committee. In total, 2,264 people were included in the final sample.

**Findings**
The findings suggest that a large proportion of LGBT participants are experiencing positive well-being; however, across all LGBT age groups between 12-35% of participants recorded scores indicating severe or extremely severe depression, anxiety, and stress. On all scales of DASS, the youngest age group (14-18 years) had the highest mean scores, followed by the 19-25 year olds. Rates of severe or extremely severe depression, anxiety and stress for the adolescent cohort (14-18 year) was four times higher than the rates reported for the 12-19 year old cohort in the My World survey of Irish young people. Over half (55.7%) of the sample aged 14-18 had a history of self-harm, with just over 75% of these having self-harmed in the previous year. The youngest age group (14-18 years) also had significantly lower scores on satisfaction, happiness and self-esteem. Alongside differences in mental health difficulties according to age, participants’ DASS-scores were also mediated by LGBT identity.

**Conclusion**
Findings clearly indicate a need for ongoing support for young LGBT people in Ireland, with specific emphasis on needs of those who identify as transgender and bisexual.
LGBT young people living in rural areas of the US, including Minnesota, have few adult LGBT role models, thus making more difficult their journey through sexual identification and “coming out” to family, friends, and community. The prominence of social media and access to dating apps further influences this journey for young people. One consequence of this is that few “come-out” while living at home and in their home communities; while some do so within their local community, others come-out when they leave home. There is nothing new about this, as studies have shown. Likely new, however, are the incidence and severity of self-destructive behaviours, secondary to the absence of available, safe, comfortable, and meaningful ways to live one's sexual orientation locally with family, friends and positive role-models. Suicide, self-mutilation, hazardous driving, binge drinking, sexual promiscuity and drug abuse are some acts/behaviours typical of LGBT youth who are exploring their identities. Often the consequences of such behavior are school suspension, drop out, sexually transmitted disease, drug overdose, homelessness and countless others. Expanding on previous research conducted and presented in 2014, we will further illustrate the effects; i.e. lowering the risk of self-destructive behaviors, lightening the burden of the “coming out” process, of a trusting relationship with a caring, supportive LGBT role-model, participation in LGBT support groups, and use of social dating apps on rural LGBT youth and their sexual identification. Additionally, through interviews of LGBT adults and youth work practitioners, we will highlight our findings and their possible relevance for rural LGBT youth elsewhere in the U.S., Ireland, and around the world.
Gender Proofing Youth Mental Health Services: Responding to young women’s mental health

Dr. Cliona Loughnane (National Women’s Council of Ireland)

The National Women’s Council of Ireland (NWCI) is Ireland’s leading national women’s membership organisation seeking equality between women and men, representing 170 member groups and individual members from diverse backgrounds, sectors and locations. Women’s health is one of our key priorities and in particular women’s mental health across the lifecycle.

This oral presentation will address the importance of taking gender into account when designing, planning and delivering services for young people. The gender-specific needs of young women from diverse backgrounds will be addressed.

Gender inequalities have a powerful impact on mental health and well being. Having a gender perspective will affect how support is provided and how health promotion materials or treatment programmes address mental health concerns. Although biology may play a part in understanding some mental health conditions young women and men social roles are linked to many causes of mental ill health. Risk factors that impact on young women include gender discrimination, socioeconomic disadvantage, low income and income inequality, responsibility for the care of others and domestic and sexual violence.

Here are some statistics:

- Depression and anxiety are more than twice as prevalent amongst women than men.
- 1 in 5 women experience some form of domestic violence in Ireland which has huge implications for women’s mental and physical health.
- Ireland has the highest rate for child suicide of girls in Europe.

International evidence shows that the lack of access to abortion services causes mental health difficulties in women. It has been shown that the risk of suicide during pregnancy reduces when abortion services are made available.

At the moment Ireland’s mental health strategy and policies are gender blind and we argue that this needs to change to respond at an optimum level to the needs of young women. There has been very little research done into young women's mental health in Ireland. Through our direct contact with young women we know that mental health is a big issue due to a range of factors including the impact of gender stereotypes and roles, the pressure to conform, negative body image and instances of sexual harassment / abuse. The UK has just completed a big research study in 2016 into mental health and it revealed young women as a key high risk group.

Our presentation will cover the outcomes of a series of workshops with young women (16-24) in 2015 and 2016 where the issues affecting young women’s lives were explored. A survey amongst young women was conducted and the findings of this will be presented. In addition we will show extracts from a film ‘Out of Silence: Women’s Mental Health in Ireland’ which will premiere in Ireland on Tuesday 7th of March 2017, the first film of its kind in Ireland. It explores the link between gender inequalities that young women face and its impact on their mental health. Our presentation will present a strong case for placing a gender lens on Irish youth mental health services.
**eheadspace: New Approaches to Measuring Online Service Effectiveness**

Monday, 25th September - 11:00 - Oral Presentations - Evolving technologies - Meeting rooms 1 & 2 - Oral - Abstract ID: 193

Dr. Steven Leicester (headspace National Office), Ms. Vanessa Kennedy (headspace National Office), Prof. Debra Rickwood (headspace National Office), Ms. Gretel O'Loughlin (headspace National Office), Ms. Carmen Garrett (headspace National Office)

**Background**

*eheadspace* is a national teleweb 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, 7 days a week, 365 days a year. 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 30,000 young people and families.

**Our Challenge**

Whilst we have taken considerable steps to understand our client characteristics and service activity, our insights regarding service effectiveness at addressing client needs has been limited. This is a challenge faced by many agencies providing telephone and digital mental health supports, particularly those responding to client engagement characterised by brief episodes of support.

In order to improve our understanding of client service effectiveness it has been imperative we accurately gauge the nature of presenting issues. In comparison to *headspace* centres, *eheadspace* clients tend be experiencing significantly higher states of acute distress and at an earlier stage of illness. On average young people access *eheadspace* for approximately 2 sessions of support, usually in an adhoc manner, with a proportion going on to receive a structured course of extended treatment with a clinician.

Traditional methods for assessing service effectiveness, such as routine mental health outcome measures and post-treatment follow up have been relatively ineffective. In general, these approaches have either failed to address the reasons young people access *eheadspace*, or, led to very low rates of compliance.

**Solution**

*eheadspace* has attempted to address the challenge by considering 2 key factors. First that parameters such as satisfaction and diffusion of immediate distress need to be considered as integral to gauging service effectiveness. Second, that real time measurement is a viable method, otherwise the likelihood of compliance is greatly compromised.

This presentation will focus on our approach which involves embedding a series of voluntary brief satisfaction and outcome ratings within the webchat environment. Clients are invited to complete the questions at the end of their webchat session. We are in the relatively early stages of implementation, however we have already observed that a considerably larger proportion of young people are completing the questionnaire compared to other methods and the results are providing valuable insights into our service effectiveness and outcomes. We will continue to develop our approach with the eventual aim of receiving satisfaction and outcome ratings for all young people and families accessing clinical support through *eheadspace*. In addition, we will consider the application of this approach for measuring the effectiveness of many of our other digital resources including static information, self-guided materials and our group based online activities.
How digital technology removes stigma, increases access and improves outcomes for young people seeking mental health support


Mr. Aaron Sefi (XenZone), Ms. Emily Frith (TBC) (Education Policy Institute)

It's clear that children and young people's mental health services in the UK are under scrutiny. A recent report found services turn away an average of 23% of young people referred to them by GPs, teachers or others. Once accepted, young people have to wait an average of ten months for treatment (State of the Nation, 2016).

What if there is a solution to this fractured system?

"While digital support can encourage an individual’s autonomy over their treatment, online services should be commissioned in a way that is integrated and complementary to face-to-face support." (Children and Young People's Mental Health and Well-being Taskforce).

Digital technology is transforming industries across the world. Within the field of mental health, digital reduces stigma and increases access for people looking for support. Young people deserve to have access to mental health and emotional well-being support as and when they need it.

Connected counselling

Kooth, from XenZone, is the first online counselling and emotional well-being platform in the UK, founded in 2004 by Elaine Bousfield. A true pioneer in the industry, Elaine's vision was to make it easy and safe for all generations to access the best emotional and mental health services.

Since its foundation, Kooth has helped nearly 100,000 young people aged up to 25 in the UK, with one young person logging in every 90 seconds.

Kooth is a free, safe, confidential and anonymous service available through smart phone, tablet or computer. It is currently commissioned across 41 Local Authorities in the UK. Young people logging in can access:

- Online counsellors up to 10pm, 365 days a year, through either drop-in sessions or scheduled sessions
- Self-help materials co-produced by other young people
- Fully-moderated peer-to-peer support forums
- Personal goal-based journal

Kooth in an early intervention solution, which helps to reduce waiting times for young people seeking help while removing the stigma associated with accessing mental health support.

Digital is at the heart of all we do at XenZone, underpinned by our deep-rooted philosophy of co-production and joining up with traditional face-to-face services.

A person-centred and needs-led approach through THRIVE

Kooth is being independently evaluated this year by the Education Policy Institute. This piece of research will explore key outcomes of the service, both for young people and for its impact on the mental health system. The research will focus closely on Kooth as part of the i-Thrive model of care, evaluating how digital can contribute to widening access and integration of services.

This presentation

During this presentation, we will exclusively explore the findings from the Education Policy Institute research paper, which launches in September 2017.

We will evidence these findings with the work we’ve done with Hertfordshire CCG through Kooth. Since commissioning Kooth in April 2016, over 2,000 young people registered with Kooth in the first nine months, with over 1,000 counselling sessions and 7,000 mail messages with counsellors sent in this time.
References

• www.epi.org.uk
• http://centreforum.org/publica...
Development and validation of an online clinical staging model for use in early intervention youth mental health service


Dr. Laura Ospina-Pinillos (Brain and Mind Centre, University of Sydney), Ms. Tracey Davenport (Brain and Mind Centre, University of Sydney), Mr. Frank Iorfino (Brain and Mind Centre, University of Sydney), Ms. ashleigh tickell (Brain and Mind Centre, University of Sydney), Mr. Shane Cross (Brain and Mind Centre, University of Sydney), Prof. Jane Burns (The University of Sydney), Prof. Ian Hickie (Brain and Mind Centre, University of Sydney)

BACKGROUND
Clinical staging allows clinicians to identify ambiguous or mixed symptoms and provide personalised and responsive care. Our team has developed a model to incorporate six stages: Stage 0 (no symptoms, person at risk of disorder); Stage 1a (help-seeking, person with mild symptoms/mild functional impacts); Stage 1b (attenuated syndrome, person with mixed/ambiguous symptoms and moderate/severe functional impacts); Stage 2 (discrete disorders such as clear episodes of psychotic, manic or severe depressive disorders); Stage 3 (recurrent/persistent disorder); and, Stage 4 (severe, persistent and unremitting illness).

METHODS
An online version of this clinical staging model was developed and validated against current face-to-face service, administered through two Sydney-based primary care services. Two hundred and four young people were identified as eligible to participate in the study which included two assessments randomly allocated and counterbalanced at a one-to-three ratio, respectively. These assessments were: (1) traditional face-to-face assessment performed by a Youth Access Clinician; and, (2) detailed online assessment via self-report questionnaire followed by a short ‘video visit’ with a health professional. All assessments were completed within a two-week time-frame from the initial assessment (traditional or online).

RESULTS
Of the 73 participants who participated in both assessments, 69% were female and the mean age was 20.4 years (SD=2.6; range 16 to 25 years). Inter-rater agreement of participants’ clinical stage, as determined after face-to-face assessment and online assessment, demonstrated fair agreement (κ=0.40; p<0.001), with concordance in 68% of cases. The online assessment detected 87% of severe cases (Stage 1b+) whereas Stage 1a concordance was 56%. With regards to online competition times, the self-report questionnaire took approximately 50 minutes to finish; while assessment of severity through the ‘video visit’ took 12 to 22 minutes, the latter pertaining to more severe cases where suicidality was detected and a safety plan/emergency contact details were necessary to provide.

DISCUSSION
This study validated an online clinical staging model against traditional face-to-face assessment, for which there was fair agreement between allocated staging classifications. Additionally, this study was crucial to the design and development of many current components of the Synergy Online System, namely its initial triage system, clinical survey assessment and underlying algorithms, ‘video visit’ and ‘Suicidality Escalation Protocol’.

CONCLUSION
The online clinical staging model presents a technologically-advanced and clinically-efficient method that can be adapted to many and varied settings (and populations) in order to deliver the right care in the right place, first time, every time.
Coaching parents for better youth mental health outcomes: development of an online stepped care model

Ms. Sophie Potter (ReachOut Australia), Dr. Kerrie Buhagiar (ReachOut Australia), Dr. Kathryn Cairns (ReachOut Australia), Ms. Kitty Rahilly (ReachOut Australia)

Introduction
1 in 4 young Australians currently experience a mental health difficulty, with the majority of mood disorders first emerging in adolescence. Research shows that friends and family are often the first place that young people turn to for support and that parents can play a vital role in their child's mental health care; however they may feel ill-equipped to respond to the many issues facing today's adolescents, and to navigate the fractured service system when mental health difficulties arise (ReachOut Australia, 2016; Boulter & Wickwood, 2013). Today's parents are time-poor, and are increasingly turning online for information and support.

Objectives
We undertook a program of research and development in order to:

1. Understand the unique role of parents and carers in supporting young people's mental health, specific challenges they face, and their needs and preferences relating to online support;
2. Design and develop an online service model in partnership with parents and young people, ensuring service relevance and optimising the unique offerings of digital service delivery; and
3. Develop an embedded evaluation framework to gather insights relating to service satisfaction and the impact of the online stepped-care model.

Approach
Over 1,000 parents, carers and young people were engaged in a participatory, co-design process that spanned from conceptualisation through to implementation of the service. The service is underpinned by a multi-method evaluation framework that provides insights derived from web analytics and bespoke surveys delivered on the ReachOut Parents website and applications.

Results
Our research identified that parents want support services that are: inclusive; relatable; evidence-based; practical; non-judgemental; easy to navigate; and respectful of their privacy and desire for anonymity. In response to this in 2016 ReachOut Australia launched a national online prevention and early intervention service for parents and carers of teenagers aged 12-18 years. ReachOut Parents offers an online stepped care intervention model, matching parents with different service elements depending on their support needs and preferences. Crucially, the program offers pathways through to more intensive interventions where these are needed. ReachOut Parents encompasses three key service components: a self-help website offering multimedia information and advice; an online peer support community forum; and an innovative 1:1 teleweb coaching service to facilitate supported self-help. To translate existing face-to-face coaching frameworks into an online interface, ReachOut partnered with The Benevolent Society, who have a long history of working with parents and families within a clinical service model.

Conclusion
ReachOut Parents represents a scalable model of program delivery that aims to alleviate pressure on downstream, face-to-face services. Parents play a crucial role in young people's mental health and help-seeking, but need support to build their confidence and capability to engage with their teenager, and in some cases the mental health system. In this paper, we will reflect on the lessons learned in translating the needs of parents, carers...
and young people into the service offering. Preliminary evaluation findings relating to reach and engagement of service users will also be presented.
ReachOut NextStep: Co-designing an online help-seeking tool for young people


Dr. Kerrie Buhagiar (ReachOut Australia), Dr. Sylvia Kauer (The University of Melbourne), Dr. Lena Sanci (The University of Melbourne), Ms. Andrea Browne (ReachOut Australia), Ms. Victoria Blake (ReachOut Australia)

Introduction:
One in four young people in Australia experience mental health problems. However, only 35% seek professional support (ABS, 2007). Known barriers to help-seeking include lack of access to appropriate care, not recognising mental health issues, being unsure of where to get help and negative attitudes towards seeking help. ReachOut ‘NextStep’ is an online tool designed to facilitate help-seeking for mental health difficulties in young people aged 18-25. Co-designed in partnership with end-users, the tool helps users navigate the mental health system, matches them to the support most suitable for their need and empowers them to feel confident to seek help.

Objectives (of project or research):
The objectives of this study are to determine if ReachOut ‘NextStep’:
1) relieves distress and increases positive affect; and
2) improves help-seeking.

Methods and approach:
Participatory design research methodologies were used to partner with young people in the design and development of ReachOut ‘NextStep’. The tool was designed using a mobile first approach, ensuring a positive user experience for a growing number of young people using smartphones as their primary device for accessing the internet (particularly outside major cities). This presentation will draw on insights from:

- Participatory research undertaken to design and develop the tool
- A Randomised Controlled Trial (RCT) of an early release of the product that involved 412 participants recruited online and randomised to either NextStep (intervention) or usual help-seeking strategies (control).

Implications
The development and evaluation of the NextStep tool demonstrates:

- The effectiveness of an online tool to facilitate help-seeking among young Australians and better match demand and capacity across the mental health service system
- Benefits of co-designing with young people to ensure ‘real-world’ applicability
- Benefits of partnering with academics, service providers and service users to design and deliver high-quality, evidence based digital interventions.

Conclusion:
‘ReachOut NextStep’ showcases how technology can be used to reach vulnerable young people that have unmet support needs and are disengaged from the mental health system. Young people report the benefits of the tool as anonymity, validation, reassurance and providing them with a sense of autonomy and confidence.
Mobile Apps as Data Collection Tools in Youth Mental Health: An Ecological Momentary Assessment Study


Dr. Rachel Kenny (University College Dublin), Prof. Barbara Dooley (University College Dublin), Dr. Amanda Fitzgerald (University College Dublin)

The integration of technology into research and practice is a necessary component of future-proofing youth mental health. In a research context, new technologies have the potential to be used as innovative data collections tools for capturing data on the mental health of young people in real time, as they go about their daily lives. This method of data collection is known as ecological momentary assessment (EMA).

The aim of this study was to explore the utility of a mobile phone app to collect EMA data pertaining to mood, problems, and coping efficacy in a sample of Irish young people, aged 15-18 years (N=208, 64% female). Participants were recruited from second-level schools in Ireland, and downloaded the ‘CopeSmart’ mobile phone app as part of a randomised controlled trial. On the app, participants were encouraged to record daily information about their mood states (happiness, sadness, anger, stress, and worry), problems, and coping self-efficacy, over the course of the 28-day intervention period. Students also completed pen and paper questionnaires containing standardised measures of emotional distress, well-being, and coping.

On average participants completed 18% of daily app ratings, and engagement levels did not differ across gender, age, school, socioeconomic status, ethnicity, or nationality. Happiness was consistently the highest rated daily mood state and anger was consistently the lowest. Pearson correlations revealed that average daily ratings of emotional states were associated with standardised measures of emotional distress and well-being. Inferential statistics indicated that single-item measures of key mental health protective factors (formal help-seeking, informal help-seeking, sleep, exercise, and sense of belonging) were related to average daily mood states. Hierarchical regressions revealed that greater daily problems were associated with more negative daily mood ratings (all at the p <.001 level); however, when coping efficacy was taken into account, the relationship between problems and mood states (happiness, sadness, and anger) became negligible.

While engagement with the app was low, overall the data collected appeared valid and provided useful insights into the relationships between mood states, daily problems and coping efficacy in young people. Future research should explore ways to increase young people’s engagement with EMA mobile apps in order to increase the amount of data captured by these tools and their maximise value in the future of mental health research.
What is the moderating role of coping strategies in the relationship between perceived family support and depressive symptoms?


Dr. Amanda Fitzgerald (University College Dublin), Ms. Emma Hickey (University College Dublin), Prof. Barbara Dooley (University College Dublin)

Introduction: It is estimated that 30% of adolescents in Ireland experience depressive symptoms, and although these are not indicative of the presence of a depressive disorder, these symptoms are linked with negative outcomes for the young person. Coping strategies have become integral in informing the development of intervention programs for depression. While much research has demonstrated that there is a relationship between coping and depression, research on the moderating role of coping in relation to the perceived social support->self-esteem->depressive symptoms relationship is limited and thus is a focal point of the current study.

Objective: This study aimed to investigate whether different coping strategies (e.g., problem-solving, support-focused, and avoidant coping) and gender moderated the mediated relationship between perceived family support, self-esteem and depressive symptoms in a community-sample of adolescents.

Method: Data were used from the My World Survey Second Level, a national survey of mental health among 6,085 young people (51% female) aged 12-19 years in Ireland.

Results: Mediation analyses indicated that self-esteem mediated the relationship between perceived family support and depressive symptoms. Higher levels of perceived family support were associated with higher levels of self-esteem, and higher levels of self-esteem, in turn, were associated with lower levels of depressive symptoms. Moderation analyses indicated that problem-focused coping only moderated the relationship between perceived family support and depressive symptoms for those engaging in low-to-moderate levels of problem-focused coping, and this moderating relationship was stronger for females than males. Avoidance coping only moderated the relationship between family support and depressive symptoms for those engaging in moderate-high levels of avoidance coping, and again, this moderating relationship was stronger for females.

Practice: In terms of problem-solving, the finding may suggest that when internal coping resources are strong and oriented towards planning a solution to a problem, the effect of perceived family support on depressive symptoms is not as strong as it would be for those who engage less in a proactive coping style. As engagement in this coping strategy decreases, the importance of perceived family support in buffering against depressive symptoms may become more important, particularly for females. In terms of avoidance coping, when internal coping resources are oriented towards avoiding a problem, the effect of perceived family support on depressive symptoms can play a significant role, particularly for females.

Conclusion: Findings suggest that the strength of the relationship between perceived family support and depressive symptoms depends on level of engagement with a particular coping strategy, and this engagement is a consistently stronger moderator for females.
Protecting Youth Mental Health with Cognitive Bias Modification: The Effects of a Cognitive Training Programme on Adolescent Anxiety


Ms. Cliodhna O Connor (University College Dublin), Dr. Amanda Fitzgerald (University College Dublin)

Overview: Anxiety is one of the most common psychological disorders in adolescence and social anxiety is the most common anxiety disorder among adolescents (Ogliari, et al., 2012). Cognitive bias modification for interpretations (CBM-I) is a novel and recent intervention which has been found to be effective in modifying interpretation biases and reducing feelings of social and state anxiety. It is a computer-based programme aimed to train those with negative biases to interpret ambiguous information more positively by resolving ambiguous scenarios. Research supporting its efficacy has been carried out on clinical, sub-clinical and community samples, highlighting its potential as a treatment as well as a preventative tool. However, leading researchers in the area have called for more basic research to be carried out on the underlying mechanisms. This is the first study to assess the effects of CBM-I on state anxiety and social anxiety in adolescents of 16-17 years (N = 237) and to investigate two possible learning mechanisms underlying the CBM-I effect; the Ambiguity Hypothesis and the Active Resolution Hypothesis.

Method: This research was split into two independent studies to test the Ambiguity Hypothesis (N = 119) and the Active Resolution Hypothesis (N = 118). School-based participants in both studies completed the State Trait Anxiety Inventory for Children (STAI-C) and the Attentional Control Scale. Depending on their study and condition, participants completed one session of CBM-I. All participants completed the STAI-C and the Social Phobia and Anxiety Inventory for Children after their training programme.

Results: No support was found for the Ambiguity Hypothesis. To test the Resolution Hypothesis, a 2 (Condition: Active vs. Passive) X 2 (State Anxiety: Time 1 vs. Time 2) mixed measures ANCOVA revealed that there was a significant interaction with those in the active condition presenting with less state anxiety following the intervention.

Conclusions: Results indicate that active resolution may have a key role in CBM-I training but that ambiguity is not a key factor in the training programme. Before this programme can be used clinically, more research needs to be carried out to identify an appropriate control for experimental purposes, to understand the key mechanisms underlying the CBM-I process and to determine how it is we conceptualise and measure interpretation bias.
Predicting transition to eating disorder and identification of high risk indices in young adolescents


Dr. Charlotte Connor (University of Warwick), Prof. Max Birchwood (University of Warwick)

Introduction: Eating disorders (ED) in young people are common and rates continue to rise; however, research focusing on early intervention and identification of risk factors are sparse. Early identification of those at risk of developing an ED, however, remains a neglected area of research and population studies are few and often focus on the presence of physical risk factors such as body size and weight. Patton et. al (1999) found dieting behaviour in the context of self-esteem issues to be highly predictive of the development of disordered eating behaviour. In their study young adolescent females who dieted at a severe level were found to be 18 times more likely to develop an eating disorder than those who did not diet and that levels of psychiatric morbidity also increased risk. Emerging literature suggests, however, that non-weight factors may be more indicative of risk and provide greater understanding of the function that disordered ED may serve for individuals, for example, affect regulation. Whilst dieting has been found to be an important predictor of disordered eating behaviour in young women, the presence of psychiatric morbidity is believed to put them at almost sevenfold increased risk of developing an ED.

Objectives: To identify the incidence of eating disorder in young adolescents and the predictors of transition to ED in a community sample.

Methods: A 2-year longitudinal screening and transition study in young adolescents (13/14 yrs). We screened for ED symptomatology using the widely-used Eating Disorder Questionnaire (EDQ) to measure transition and as a quantitative measure of ED characteristics, together with measures of dieting behaviour, self-esteem, body esteem, food rules, difficulties with emotional regulation, depression and anxiety and BMI at four time points, in 6 secondary schools in Birmingham, UK.

Results: A total of 758 young people completed the online study measures at least once during the 24-month period. Of those who had completed at least 2 surveys, 14% reported either moderate or severe ED. 8% of young people transitioned from no ED to ED at some point during the study period. Analysis revealed that restraint, shape, weight and eating concerns were highly predictive of transition (ie subthreshold ED behaviour); controlling for this, dieting behaviour, difficulties with emotional regulation and low body esteem were also highly significant predictors of those later developing disordered eating behaviour. On the basis of available data, BMI was not lowered in the ED group.

Conclusion: Sub-threshold eating disorder characteristics, moderate or severe dieting and dysfunctional affect regulation, were highly predictive of transition. Our findings support those of Patton et. al (1999) who found dieting behaviour in the context of self-esteem issues to be highly predictive of the development of disordered eating behaviour. These findings also echo the ultra high risk findings in psychosis where those with attenuated symptoms were at high risk of persistence and transition to psychosis. The largely unaffected BMI underlines that these young people have been identified early paving the way for an indicated prevention approach.
Effectiveness of an Early Intervention Mood and Anxiety Program for Emerging Adults


Ms. Carolyn Summerhurst (London Health Sciences Centre), Mr. Michael Wammes (Western University), Mr. Justin Arcaro (London Health Sciences Centre), Mrs. Pamela Dash (London Health Sciences Centre), Dr. Elizabeth Osuch (Western University)

Introduction: The lifetime prevalence of anxiety (29%) and mood disorders (21%) is substantial, and these illnesses usually begin by age 25. Early identification and treatment of mood and anxiety disorders is needed, and evidence-based research of early intervention programs is essential to determine the best approach.

Objectives: We conducted an effectiveness evaluation of the First Episode Mood and Anxiety Program (FEMAP) for early intervention in youth age 16-25 as it functioned in “real world” circumstances.

Method: Youth aged 16-25 contacting FEMAP with mental health concerns between May 1 2013 and April 30 2015 were included in the study. Youth were excluded if they had longer than 18 months lifetime medication treatment, developmental delays or learning disabilities, current legal issues, major medical problems, a history of severe head injury, primary substance use, or severe ADHD. Participants completed a battery of questionnaires measuring demographics, treatment history, functioning, and symptomatology upon completion of a telephone screening, at their intake assessment, at their first treatment appointment, and 2-4 months after treatment began. Participants received treatment according to their needs, as identified by a multi-disciplinary team. Treatment was provided by psychiatrists, psychologists, addiction specialists, family therapists, and social workers as clinically indicated.

Results: Of the 402 individuals who attended an intake, 296 commenced treatment with a clinician, and 171 completed questionnaires at an intermediate time-point in their treatment (2 and/or 4 months after treatment began). Only 5% of those who began the study had never sought help before. Patients had moderate clinically significant levels of depression and clinically significant levels of dysfunction upon entry into the program. Patients had, on average, 5 clinical appointments every two months. There were statistically significant improvements in depression, anxiety, and functional impairment scores between all time-points, most significantly after the onset of treatment to 2- or 4-month follow-up. Depression and dysfunction scores were no longer clinically significant. Analysis of the significant drop-off rate between intake and treatment onset showed that the individuals who did not follow-through with treatment were less ill at presentation.

Conclusion: This naturalistic program evaluation of a mood and anxiety program designed for the treatment of youth and emerging adults in the early stages of illness showed excellent outcomes in a relatively short time and illustrates the high potential for success of programs using such a model.
Physical activity interventions for young people with depression


Prof. Alex Parker (Victoria University and Orygen, The National Centre of Excellence in Youth Mental Health), Prof. Sarah Hetrick (Orygen, The National Centre of Excellence in Youth Mental Health), Mr. Alan Bailey (Orygen, The National Centre of Excellence in Youth Mental Health)

**Introduction:** Depression is highly prevalent, is associated with poor health and functioning outcomes, and is the leading contributor to the burden of disease in young people worldwide. Current evidence-based interventions of medication and psychological therapy are modestly effective. There is an urgent need for additional treatment strategies to improve outcome for young people. Physical activity holds promise as a therapeutic strategy for treating depression in young people, with a developing evidence base.

**Objectives:** To review the evidence for physical activity interventions for depression in young people; to explore how physical activity is proposed to improve mood; to identify the barriers and facilitators to implementing a physical activity intervention, from the perspective of clinicians and young people.

**Methods:** We address the objectives using a mixed methods approach. This includes a systematic review and meta-analysis of intervention studies; narrative review of mechanisms of action; thematic analysis of semi-structured interviews conducted with clinicians who delivered, and young people who received, a physical activity intervention integrated into usual care for depression.

**Results:** Meta-analysis of included studies found a large effect of physical activity on depression symptoms in comparison to control conditions. The few intervention studies that explored mechanisms of action identified increases in fitness, reduction in stress hormones, and increases in self-efficacy coinciding with improvements in depression. Thematic analysis revealed that a physical activity intervention can be integrated into usual care, using motivational interviewing, positive reinforcement, monitoring connections between activity and mood, to increase a young person’s engagement in physical activity. Young people identified scheduling and routine, selecting activities with social aspects, and incidental or everyday activities as increasing the likelihood of them increasing their physical activity. Barriers identified were lack of motivation, poor organisation and competing priorities with work, school or university commitments.

**Conclusions:** Physical activity appears to be an effective treatment for young people experiencing depression and is likely to be an acceptable intervention. Future directions on further research and the delivery of physical activity interventions are provided, including consideration of the appropriate workforce, treatment settings and modality of physical activity interventions.
Exploring the factors associated with Irish parents’ and peers’ support-giving responses to an adolescent with depression

Introduction/Rationale
Research has consistently demonstrated that adolescents do not typically seek help for mental health difficulties, and that adolescents who experience depression or suicidal ideation are particularly unlikely to reach out for support. It has been suggested that members of a young person's social network - such as their parents and peers - may be able to detect early signs of depression and provide help before it is sought by the young person themselves. Little research exists, however, on the nature of the help provided by these individuals. Additionally, the factors that may help to explain different responses to a young person with depression are not well understood.

Objectives
The current study aims to address this gap in the literature by investigating the factors related to help-giving responses toward a young person displaying signs of depression, using the Theory of Planned Behaviour (Ajzen, 1991) as a framework. Specifically, this study explored the responses of adolescent peers, and adults who are primary caregivers to adolescents.

Methods/Approach
This quantitative, questionnaire-based study involved two participant groups: adolescents aged 12-18 years (n = 500) and adults who identified as a primary caregiver of an adolescent aged 12 – 18 years (n = 150). Adolescent participants were recruited through post-primary schools in the Leinster region of Ireland. Primary caregivers were recruited either through their child's school, or online.

Participants read a vignette which depicted a young person with depression. Participants responded to the vignette with respect to assessment of the severity of the character's situation, identification of disorder, recognition of symptoms, and assessment of prognosis.

Participants then completed a set of scales that measured the following factors: empathy; beliefs about appropriate help for depression; subjective norms towards help-giving behaviour; attitudes towards help-giving; perceived behavioural control in relation to help-giving; perceived controllability of symptoms; intentions to provide help; previous experience providing support; level of contact with individuals with mental health difficulties.

Results
Results from this study will be reported. Multivariate analysis will investigate the association between participants’ understanding of depression and their responses to the vignette character.

Practice/Policy Implications
This study provides knowledge on non-professional support for adolescent depression, which will impact on mental health education policies and practices, and service utilisation promotion.

Conclusion
Understanding the type of support that is offered by caregivers and peers, and whether that is aligned with the treatment goals of clinicians, will help to clarify the role that caregivers and peers play in assisting or impeding recovery. Understanding the factors that are associated with these responses will assist the development of targeted interventions to improve caregivers’ and peers' understanding of depression and appropriate supports.
A Collaborative Approach to Youth Mental Health Service Development

Monday, 25th September - 11:00 - Table Top 1 - Youth participation & advocacy - Lansdowne Room - Table Top - Abstract ID: 55

Dr. Rick Fraser (Sussex Partnership NHS Foundation Trust), Ms. Viki Ashby (Sussex Partnership NHS Foundation Trust), Mr. John Richardson (Sussex Partnership NHS Foundation Trust)

The current economic climate in England is difficult and has been made more challenging since Brexit. Resources remain limited and services are decommissioned regularly as funding is scarce. Supports for young people with mental health problems have traditionally been available via school, college or County Council. Nowadays schools can choose not to employ counsellors, County Councils have had to cut costs which has meant youth services have disappeared. And yet we live in a time when the pressures on young people to do well appear to be increasing, expectations are high, digital technology and social media have a huge impact on the way young people communicate and concepts such as cyber bullying are no longer novel but have become commonplace. As a result, mental health problems in youth are increasing - especially problems with mood, anxiety and self harm. Health care providers, social care, education, County Councils, non-government organisations and charities need to collaborate in order to make the most of limited resources. To ensure the progress made meets the needs of young people it is essential to involve them in co-production and delivery of services.

We will be presenting the story of how iRock, the new youth service in Hastings, Sussex, UK was conceived and born. We will present the ‘How to Set up a Youth Service’ manual written to help others to replicate such a service in their own area. In addition we will show extracts from the film made to document this journey made by a young local film maker who is an ex service user. Our aim is to demonstrate that through creative thinking, networking, collaboration, co-production and co-funding we were able to build a youth service for the young people of Hastings in the south east of England which opened in 2016. We will also be able to show some early outcome data and attempt to predict how things might progress from here in the UK and beyond in a time when the landscape changes daily and in order to keep up we must ensure we are ready.
Exploring cyberbullying from the perspective of young people: Collaborating with a Youth Advisory Group on the CYBER Study

Monday, 25th September - 11:00 - Table Top 1 - Youth participation & advocacy - Lansdowne Room - Table Top - Abstract ID: 216

Ms. Rebecca Dennehy (University college cork), Ms. Mary Cronin (University college cork), Prof. Ella Arensman (University college cork)

Introduction: Cyberbullying is harmful to the physical and mental health of young people, perhaps more so than traditional bullying. Progress in addressing cyberbullying has been hindered by a lack of consensus about the concept and its definition. The voice of young people is largely absent from the current discourse, particularly in the Irish context. Research on issues relevant to young people can be enhanced by involving young people in the research process. This presentation aims to describe the process of collaborating with a youth advisory group in the development and conduct of a study to explore cyberbullying from the perspective of young people.

Methods: A participatory approach was utilised. An advisory group comprising 16 Transition Year students from 4 post-primary schools was established. It met with researchers 5 times in a local youth centre. Basic training in health research was provided. Participatory tools and enabling techniques, such as walking debate, ranking, concept mapping and focus group discussion, were used to explore cyberbullying, review draft research materials and findings and evaluate the collaboration process.

Findings: A conceptual understanding of cyberbullying and key topics for exploration in data collection were co-generated. The advisory group identified terminology, issues of concern and social media that were not previously known to the researchers. Recruitment strategies, data collection methods and tools were discussed and consensus reached on the most suitable approach. Inclusive data analysis allowed for consideration of emergent themes to establish the credibility of the findings. Finally, building on the findings of the study, the advisory group collaborated with researchers in identifying the focus of a future intervention to address cyberbullying.

Conclusion: This process enabled young people to become part of the solution to cyberbullying related issues and not just the focus of the problem. The advisory group contributed a contemporary perspective to the research process that, without their participation, would not otherwise have been accessible to the researchers. The findings from the study will now inform the development of an intervention to address cyberbullying that is grounded in young people’s experience of the phenomenon.
Walking the Talk: Internship Programs in Youth Mental Health

Monday, 25th September - 11:00 - Table Top 1 - Youth participation & advocacy - Lansdowne Room - Table Top - Abstract ID: 233

Ms. Vivienne Browne (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Jacqui Faliszewski (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Gina Chinnery (Orygen, The National Centre of Excellence in Youth Mental Health), Mr. David Baker (Orygen, The National Centre of Excellence in Youth Mental Health)

Introduction or Rationale:
As Orygen, The National Centre of Excellence in Youth Mental Health has expanded, and the interest in youth mental health across Australia has grown, there has been increasing interest from young people seeking opportunities to gain an understanding of, and experience in, the work across our organisation. A need to structure meaningful career focussed opportunities for young people with experiences of mental ill-health and/or an interest in this field was therefore identified.

Objectives (of project and or research):
Orygen, The National Centre of Excellence in Youth Mental Health has developed an internship program model, responding to the growing early career interest in youth mental health policy, services and programs across Australia from young people studying across a range of disciplines.

Methods or Approach:
There are currently two streams of intern program which have been developed and delivered at Orygen:

- A Summer Intern Program inviting young people from across Australia to participate in a four week structured overview of the Research, Strategy and Development and Skills and Knowledge divisions of Orygen.
- Policy and Communications internships, which are paid positions at two days a week for 12 weeks to provide young people with the opportunity to gain experience in, and make a direct contribution to, the work of these areas of the organisation.

Results or Practice/Policy Implications:
Through these programs young people have been able to learn from leaders in youth mental health to inform their future career choices through structured exposure to a variety of direct service and support roles in the youth mental health sector. Orygen has also benefited greatly from the knowledge, ideas and experiences that the interns have contributed to the organisation during their time here.

Measurable career development outcomes for young people have included:

- The development of employability skills including public speaking, report writing and networking.
- Exposure to the variety of job roles and departments to inform future career decision making.
- An opportunity to gain references for future job applications and the possibility of ongoing work experience.

Conclusion

This presentation will highlight the experiences, benefits and outcomes for both the young people engaged in the Internship programs; and for staff and leaders across all the work divisions of Orygen.
The 100 Reasons Challenge: Exploring Youth Participation in a Mental Health Promotion Campaign

Monday, 25th September - 11:00 - Table Top 1 - Youth participation & advocacy - Lansdowne Room - Table Top - Abstract ID: 275

Ms. Aoife Clerkin (Jigsaw: The National Centre for Youth Mental Health), Ms. Aoife Malone (Jigsaw: The National Centre for Youth Mental Health), Dr. Jeff Moore (Jigsaw: The National Centre for Youth Mental Health)

Background: Alongside a focus on wellbeing, recent studies have highlighted the importance of participation and community partnerships in mental health promotion (Tamminen, 2016). Despite good examples of mental health campaigns informed by youth (Blee et al., 2015), youth participation in the design, implementation and evaluation of mental health promotion initiatives has been less commonly reported (Howe, 2011).

Objective: This presentation examines how members of a Youth Advisory Panel (YAP) experienced participation in the development, implementation and evaluation of a youth-led initiative that aimed to promote mental health awareness in a diverse urban community. The “100 Reasons Challenge” involved students walking together from schools and colleges to their local Jigsaw youth mental health service, each with a placard showing a reason why they need to talk about youth mental health. The “100 Reasons” were then presented to local and national political representatives.

Methods/Approach: As part of an evaluation of the campaign, staff and YAP members cofacilitated a focus group exploring members’ (n = 12) participation in the development and implementation of the project. Influenced by the International Association for Public Participation Spectrum (2007) YAP members’ participation in each phase of the project was examined. Findings will be co-presented by a YAP member involved in all stages of the project and photo imagery will be used to chronicle and bring to life the campaign for audience members.

Results: Results indicate that young people perceived high levels of participation in the project design and in the initial decision to initiate a partnership approach with an existing mental health network. YAP members emphasised the importance of ownership in certain phases of the initiative, but also noted that authentic youth participation is about choice in terms of levels of participation. Creating opportunities for YAP members to participate in different ways and at different phases of the project was paramount to ensuring meaningful participation. YAP members made a number of recommendations for ensuring meaningful youth participation in mental health initiatives, including creating structured communication channels with adult partners and running public relations training in advance of youth leading mental health promotion campaigns.

Conclusion: This presentation illustrates the benefits and complex reality of youth participation in mental health promotion campaigns. It also highlights the need to provide realistic and flexible participatory opportunities for young people to future proof youth participation in mental health services.
Transformation through co-production

Monday, 25th September - 11:00 - Table Top 1 - Youth participation & advocacy - Lansdowne Room - Table Top - Abstract ID: 302

Dr. Yvonne Anderson (Cernis Limited), Dr. cathy Street (Cathy Street Associates), Ms. Leanne Walker (Derby NHS), Ms. Amanda Tuffrey (NHS)

“No one is born a good citizen; no nation is born a democracy. Rather, both are processes that continue to evolve over a lifetime. Young people must be included from birth. A society that cuts off from its youth severs its lifeline.”

Kofi Annan

We are GIFT - a partnership between experienced professionals and young service users. GIFT innovated co-production for young people’s mental health within the NHS England national programme to transform services.

Co-production in GIFT is where professionals and young people work alongside one another in partnership and we believe this has been key in transforming services.

Since 2013 we have blogged, vlogged, tweeted, led national conferences and meetings, designed and delivered master classes, created an eBook and influenced a very wide range of youth mental health policy and procedure. In the last two years we consulted to the Netherlands and Belgium and gave papers at conferences and meetings in Italy, Belgium, Croatia, Ireland and Norway (as well as UK).

Making young people’s participation sustainable

Our presentation will offer a theoretical basis for participation as a foundation for citizenship and democracy, as well as describing the practical ways in which to ensure that participation becomes embedded and routine in all youth mental health practice: future-proofed and sustainable.

We will unpack some of the benefits we have recorded in the time that we have been co-producing:

Young people tell us they:

- develop new skills
- grow in confidence
- experience symptom reduction/recovery
- make good friends
- feel less alone
- improve their employability.

Professionals say:

- there is less jargon
- professionals stay more focused
- more innovative and fun methods are used
- greater focus on getting the young person’s view directly
- the agenda is developed together, which is better.

Young people, practitioners and managers say that organisations as a whole:

- become more efficient
- are more effective
- gain a better reputation.

Additionally we will point to actual statutory documents, guidance and policy in which GIFT young people have had a direct influence.
Youth as partners in data and evaluation

Monday, 25th September - 11:00 - Table Top 1 - Youth participation & advocacy - Lansdowne Room - Table Top - Abstract ID: 304

Mr. David Murphy (Centerstone), Ms. Stephanie Sikes (Kentucky Partnership For Families and Children), Ms. Chithra Adams (University of Kentucky), Ms. Kate Tilton (KY Partnership for Families and Children), Ms. Janice Johnston (Division of Behavioral Health), Ms. Anita Roper (Centerstone), Mr. David McKay (University of Kentucky)

The Center for Community and Youth Development (2001) identified a continuum of how young people were involved in programevaluation; ranging from youth as objects to youth as partners in evaluation. According to the Center for Community and Youth Development, young people are partners in evaluation when “Youth and adults equally share decision-making power and responsibility.” As a part of the table top presentation, youth staff will present strategies that programs can use to make youth as partners in evaluation.

This table top presentation will draw upon the experiences of evaluating a government funded program. As a part of the program, youth drop-in centers were opened in rural and urban areas in a state US. The concept of the youth drop-in centers was novel for the state. The program employed youth staff members at the local and state to increase behavioral health awareness, provide youth peer support, and increase access to mental health and related services. The presentation will present on the necessary supports needed to help youth as partners in evaluation. The presentation will describe strategies that have helped youth and adults to 1. to share responsibility in evaluation, 2. to develop evaluation priorities, 3. to interpret data, and 4. to jointly use findings. The youth staff will present on supports that program leadership and adult supervisors need to provide to increase youth involvement in data and evaluation.
Understanding readiness for mental health transitions from a standardized assessment and by listening to the voices of youth

Monday, 25th September - 11:00 - Table Top 1 - Youth participation & advocacy - Lansdowne Room - Table Top - Abstract ID: 229

Dr. Kristin Cleverley (University of Toronto)

Improving transitions from child mental health services (CAMHS) to adult mental health services (AMHS) is a priority for youth, their families, clinicians, researchers, and policymakers. Rightfully so, given that almost 50% of youth with mental illness experience poor transitions from CAMHS to AMHS and essentially ‘fall through the cracks’. In other words, half of youth do not successfully transition to AMHS and cease to receive mental health services. Positive transitions between CAMHS to AMHS are critical to continuity of care and ensuring youth and their families are not negatively impacted by service transitions. Assessing a youth’s readiness to transition has been identified as an important core component of CAMHS to AMHS transition interventions or support services. However, there is limited evidence to support the reliability of transition readiness assessments for use with youth with mental illness and addictions. Additionally, assessing youths’ readiness through standardized assessments may not provide the full picture of what is needed to prepare youth for transitions. In fact, asking youth directly what information and skills they need regarding transitions may be more effective in preparing them for transitions, and informing new program and policy directions. This presentation provides findings from a study that tackles each of these issues.

Objectives of this presentation are to: 1) describe the importance of assessing transition readiness among youth prior to the CAMHS-AMHS transitions; 2) overview findings of the Transition Readiness Assessment Questionnaire (TRAQ) completed by youth prior to transitioning out of CAMHS; 3) highlight what youth say they want to know about transitions from CAMHS to AMHS; and 4) offer insights for improving CAMHS to AMHS transitions for service providers and policymakers.

The Longitudinal Youth in Transition Study (LYiTS) is a prospective mixed-methods cohort study of youth aged 16-18 years receiving mental health care in a CAMHS in Toronto, Canada. All youth being seen in CAMHS programs are eligible to participate in LYiTS. Preliminary results from this study indicate the TRAQ is a reliable tool to assess transition readiness among youth with mental illness and addictions. Interviews with youth also revealed that youth are able to articulate the information, resources and support they need prior to transitioning from CAMHS to AMHS. Youth articulated simple and practical recommendations for their clinicians and programs that they feel would ensure their transitions are successful. These potentially small changes for clinical programs may have a large impact on transition outcomes for youth and their families. The results of this study highlight the importance of including not only formal transition readiness assessments like the TRAQ, but also youths own voices in the development of transition protocols and care plans.
Youth residential recovery services are the only long-term, intensive, daily support available to young people outside of hospital settings. To date, almost no research has been conducted to determine the degree to which these services meet the needs of young people. Neami residential recovery services are designed to create a nurturing, recovery-oriented and therapeutic environment. To fill this gap in the literature, Neami National have partnered with Orygen, The National Centre of Excellence in Youth Mental Health to identify what matters most to youth in their residential-based recovery support. This project is using participatory research action methods to allow for findings to be promptly integrated back into service delivery for the direct benefit of the young people. Positioning the voice of young people as central in the development, delivery and evaluation of services is fundamental to best practice and aligns with contemporary policy informed by recovery oriented and trauma informed paradigms. The project also utilises an innovative co-design approach and is led by a steering group, with youth representatives contributing equally to overseeing the evaluation process. This presentation will detail the design and process of the evaluation as well as preliminary findings from the qualitative interviews being conducted with residents of the recovery-focused residential units.
The Jack.org Network and Student Led Mental Health Promotion at Dalhousie University

Monday, 25th September - 11:00 - Table Top 1 - Youth participation & advocacy - Lansdowne Room - Table Top - Abstract ID: 404

Mr. Jacob Halloran (Dalhousie University)

Introduction

Four years ago, I was touched by a trio of young students who came to my high school to present a talk about a mental health Summit they had attended with Jack.org and their experiences with stigma and mental illness. I vividly remember how these students were nervous but fortified by the opportunity to share their message, and how they captivated the auditorium of youth in a way I’d never seen before.

That day I realized I wanted to make a change for mental health because no one should have to suffer in silence. Rather, everyone should be able to reach out for help without fear of stigma or judgement. Since then, I’ve worked with Jack.org to create an ally-culture around mental health and to eliminate the shame around reaching out for help at my university. In this piece, I’ll share our youth-led approach to making this change.

Objectives

With the Jack.org Dal Chapter, we focus on the academic pressures that permeate a research-based school like Dalhousie and prevent student help-seeking. Our peers, many targeting graduate or professional school, often feel it is necessary to achieve perfect grades at the expense of all else; we want to help promote balance between student health and student performance to enrich students' quality of life.

Approach

In my work with the Chapter, my team and I have led public forums and events like art therapy and advocacy photo campaigns, intentionally tailored for our achievement-oriented student body. We encourage dialogue—formal and informal—and help connect students with resources at events and on campus designed specifically to minimize student stress on the path to success.

Practice Implications

As a youth at the center of this work, I witness firsthand the impact the Jack.org network has in schools across Canada. Adding to our personal experiences, our team connects with hundreds of leaders across the country using both social media and the annual Jack Summit to collaborate on projects, share ideas that have worked in diverse Canadian school communities and learn from each other so we can continue to deliver the best and most up-to-date content to our peers. Rather than waiting for surveys and statisticians to tell my team if we’re having a meaningful impact, we get to see the impact in those around us. Empowering our peers to learn about and care for their mental health is as natural as having a conversation before class; we have literally done both at the same time!

Conclusions

The greatest thing about our movement isn't the growth we're seeing today. It's the hope we're seeing for our future. As a member of this network, I'm helping educate politicians, researchers, and CEOs of tomorrow on the importance of mental health services while still enacting meaningful action for my peers and myself today, and I will continue to do so until our society doesn't stigmatize anyone for suffering with their mental health.
Youth Participation and Engagement Champions

Ms. Jacqui Faliszewski (Orygen), Ms. Kerryn Pennell (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Gina Chinnery (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Helen Nicoll (Orygen, The National Centre of Excellence in Youth Mental Health), Mr. Brendan Pawsey (Orygen, The National Centre of Excellence in Youth Mental Health)

Introduction
Youth participation is valued as an integral part of Orygen's organisational structure. Young people are partners in both research and clinical divisions with youth participation embedded into everyday practice via advisory and research councils. In order to encourage meaningful youth engagement and participation to flourish across the organisation, youth engagement champions were appointed in different areas of Orygen following a strategic planning phase.

Objective
The role of a participation champion advocates for youth engagement and participation within each division and the role is taken by clinicians, educators and researchers working across Orygen. Champions are responsible for ensuring that all staff are engaged, where appropriate, with the different levels of youth participation occurring across the organisation. Champions are supported by the Youth Engagement Coordinator. Together they are a collective voice for the support of engagement and participatory mechanisms across the organisation. They develop strategic plans to ensure that young people are fully integrated into Orygen's culture and organisation.

Results
The results focus on the organisational and personal benefits of having youth participation champions working together across the organisation. There are also reflections on the barriers and solutions of implementing the role of a youth participation champion. The evaluation focusses on qualitative information from each division of Orygen as well as from the Youth Participation Coordinator. Information regarding change of team culture, specifically around youth participation, in response to having an integrated champion within their specific area is discussed.

Conclusion
Recommendations for other organisations in employing youth participation champions are also presented. Employing young people as partners in all areas of young people's services is beneficial to the young person, the organisation and beyond.
**The Role of Engagement in Future Proofing Jigsaw - a Youth Mental Health Initiative**

Monday, 25th September - 11:00 - Table Top 1 - Youth participation & advocacy - Lansdowne Room - Table Top - Abstract ID: 508

*Mr. John Williams (Jigsaw: The National Centre for Youth Mental Health), Mr. Mike Mansfield (Jigsaw: The National Centre for Youth Mental Health)*

**Background:** Jigsaw is the National Centre for Youth Mental Health in Ireland with the mission to bring about significant change in how Ireland thinks about, responds to and supports young people's mental health. We do this by funding ground-breaking, collaborative, high-impact youth mental health research, providing the most up-to-date information about youth mental health, delivering a range of services to improve the lives of young people experiencing mental health difficulties and those around them, and by influencing change and raising awareness of youth mental health on a national level. We represent an innovative approach to promoting and supporting youth mental health, in line with best practices of clinical, financial and operational governance and a constant throughout is our focus on, and involvement of, young people.

**Objective:** For this presentation, we aim to highlight youth participation in our approach to Community Engagement (a key pillar of our work). Through this work we aim to contribute to and stimulate the national conversation on youth mental health via local action.

**Approach:** Our approach to Community Engagement in which we partner with young people to build the capacity of the communities to support their young people is key is creating the change we desire in mind, body and societal structures. At Jigsaw, we see the value and importance of these partnerships with young people and are very conscious that young people do not occupy a space in time where they “are the future”; rather we rely on their expertise as young people right now, today. Together we have the vision, appetite and drive to be agents of change today.

**Practice Policy Implications:** In this presentation, we will explore the crucial role of young people in the various grassroots initiatives across our 13 Jigsaw ‘communities’ and highlight that when youth engagement is central to an organisation, it adds significant value to the achievement of the organisation’s strategic objectives at local and national level.

**Conclusions:** Our youth-led Community Engagement is pivotal in how we as an organisation, and key stakeholder within the Irish mental health arena, seek to futureproof our service and achieve our aim for all Ireland’s young people.
Involving young people in the delivery of youth mental health services

Ms. Roisin Doolan (ReachOut Ireland)

Introduction
ReachOut.com is an online mental health service aimed at young people aged 12 to 25 years-old. We believe that young people have a right to be involved in services that affect them and by involving them in our service delivery we ensure ReachOut.com stays relevant and engaging.

Objectives
This presentation will explore how we involve young people in our work, we will share youth participation case studies, results from a survey of our Youth Network members and our learnings along the way.

Approach
ReachOut.com currently has over 100 young people from around Ireland in our Youth Network. The purpose of the Youth Network is to facilitate a way in which young people can get involved and stay engaged with ReachOut.com on their own terms. ReachOut.com aims to make being involved as easy as possible for young people so it fits seamlessly into their everyday lives.

In May 2016, we surveyed members of the Youth Network to identify how we can best involve them, and our youth involvement activities throughout 2017 will be based on their feedback and interests.

Practice
Through the Youth Network, young people are provided with a range of activities to suit their interests, from research and photography, to event planning and street art. ReachOut.com endeavours to provide tangible ways for young people to get involved, whatever their passions, experiences and interests. In 2016 our Youth Network participated in writing workshops, produced content for ReachOut.com, represented ReachOut.com at community events and on social media, helped with research and planned their own positive mental health events. These activities directly helped us as an organisation by increasing our reach while ensuring that our service remained relevant and engaging for young people.

We aim to make our youth participation meaningful for the Youth Network as we know by doing so, we can enrich their sense of connectedness, belonging and self-esteem, which can contribute to positive mental health. We will share some case studies of our youth participation and explore what worked well and where we can learn and improve our practices.

Conclusion
At ReachOut.com we are always learning how we can involve young people in ways that are meaningful for them. Young people have valuable insights and experiences and by listening to them, we will continue to improve and progress ReachOut.com. We have seen the value of youth involvement and will keep asking young people to guide us in our work.
Youth for Youth: Enabling Peer-Led Mental Health Advocacy on Campuses

Monday, 25th September - 11:00 - Table Top 1 - Youth participation & advocacy - Lansdowne Room - Table Top - Abstract ID: 598

Ms. Nisha Kumar (HEALTH PROMOTION BOARD)

Around the world, training and supervising adolescents to reach their peers with health-related information has long been used as a way to promote adolescent help-seeking; there is considerable literature and analysis of peer programmes in other WHO and Joint United Nations Programme. In the Singaporean context, an increase in the numbers of counselling caseloads has been observed which can be attributed to the possible positive impact of the peer helping program in modifying help seeking behaviours and the perception of the counselling service among the student community. This presentation will discuss the experience of piloting peer support initiatives in local tertiary institutions including the merits and disadvantages of each approach taken. The discussion will also include impact measure and learning points from the pilot experience. Tapping into the power of youth influence and with the goal to empower youths to take charge of their mental wellbeing and promoting peer support, the goal of this initiative is develop the capacity of youths who are passionate about making a difference in their social environment to be active change agents instead of merely passive recipients of health-related information.
Co-creating in youth mental health; building a mobile youth outreach service

Monday, 25th September - 11:00 - Table Top 1 - Youth participation & advocacy - Lansdowne Room - Table Top - Abstract ID: 652

Ms. Trish Kane (Brisbane North PHN), Ms. Amy Fisher (Redcliffe Area Youth Space)

Conference Abstract - Brisbane North PHN
Australia has undergone significant mental health reform over the past two years. As a part of that reform, Brisbane North PHN (Primary Health Network) set about exploring the priority mental health needs for young people in the region. This journey culminated in the development of a new youth service in January 2017. This service is capable of providing a flexible approach to meeting youth mental health needs and is uniquely placed to support young people with a range of other needs (e.g. housing, training, employment). The new service specifically works with 12 to 18 year olds, and prioritises those young people that have complex needs, little or no existing service supports and experience difficulty functioning on a daily basis.

An over-riding theme that emerged during the consultation phase, which helped to develop this service, was that many young people either struggle to access or don't feel comfortable seeking mental health support via the traditional route (i.e. going to the GP for a referral and then seeing a psychologist in a clinic setting). The consultation also emphasised that young people are unique and therefore flexible and personalised responses are required to support them. An appropriate mental health response should therefore be youth friendly with an ability to deliver services in places and spaces that young people feel safe and comfortable.

This presentation will provide an opportunity to tell the story of how Brisbane North PHN adopted a collaborative approach to develop this mobile youth outreach service. Young people were involved in the consultation phase to help design the service and in selecting the providers to deliver the service. Young people will also provide representation on an ongoing advisory committee that will make decisions about the service. The service has clinicians and teams located within well-known and well-established community youth services, thereby reducing some of the barriers which can often make it difficult for young people to access the supports that they need at the time that they need them most. The new team have many skills and their philosophy acknowledges that working on a mental health issue in isolation is often not enough to support a young person's overall health and wellbeing. Finally, in agreement with the young person, parents and carers can also receive support which will improve overall family functioning, health and well-being.

This presentation will tell this story and present an update on the project to date.
CHOICES - Putting young people in the driving seat of their emotional wellbeing

Increased needs, overwhelming demand
With the heightened awareness and realisation about children and young people's mental health it has become increasingly clear that there will be enormous pressures and demands placed up on services.

Opening up access to support
Seeking to improve access to support the local Clinical Commissioning Group and stakeholders from across the CAMHS network we have completely revolutionised the first point of contact for emotional support through the development of this new service – CHOICES.

CHOICES offer free and confidential advice to help children, young people and families deal with emotional difficulties. Young people can refer themselves, as can parents concerned about their child. Access is encouraged through self-referral by phone or through the website, taking away barriers where referrals would only be accepted from professionals. CHOICES is putting the young person in the driving seat, helping them make the necessary steps to accessing support, as and when they require this support. But CHOICES is also taking out the need for “thresholds” as the service is open and accessible for all, allowing young person the space to explore anything that may be concerning them with a skilled mental health professional.

Developing the single session model
A core component of this work has been the development of single session intervention – such as models developed through drop-in services. CHOICES has built on the evidence of single session work (M Talmon et al) that shows how, for some, one session can be sufficient, especially when you know that you can come back for a further discussion at a later point. The emphasis of the work is not about assessments, but rather to enable conversations and dialogue – so that the young person or parent feels more empowered and enabled to draw on their own strengths, and to tap in to what might be available for them within their community and surroundings.

Building on strengths and community assets
CHOICES are connected with local community organisations, including leisure and sports clubs, as well as other therapeutic organisations, building an awareness of community assets. Through the CHOICES conversation practitioners help connect young people and their families with services that feel right for them, building on their strengths, whilst also equipping young people with skills they need to face life's challenges.

Evaluating the experience of this service, enabling learning
But the development of the work has required thorough evaluation – to ensure that what is being offered is both helpful and meaningful. The evaluation has therefore focused not just on the outputs and outcome measures – but also ensured that the is a more qualitative understanding of the experience. As highlighted by one young person;

“Before CHOICES I felt like I was going around in circles, now I am clear about where I can get help.”

Aims for this presentation
This presentation will outline service transformation and demonstrate how service user feedback has helped inform the development of CHOICES; enabling genuinely early and preventative emotional support for young people.
If tea doesn’t fix it, it must be serious

Monday, 25th September - 11:00 - Table Top 1 - Youth participation & advocacy - Lansdowne Room - Table Top -
Abstract ID: 336

Mr. Aaron Galbraith (Youth Empowerment Service - St. Patrick’s Mental Health Services)

Rationale: The Youth Empowerment Service (YES) believes that young people with lived experience of mental ill-health are best placed to support other young people currently experiencing a mental health difficulty. While working with young people currently being treated in hospital, our youth advocates recognised a high level of stigma and shame being expressed by the young people who are in hospital. This stigma appeared to be associated with a lack of a national discourse on mental ill-health. National campaigns such as ‘Beat the Blues’ launched by Aware, #Littlethings launched by the HSE and #Chatsforchange launched by the Union of Students in Ireland have helped to normalise the dialogue around mental health in general. Early intervention and staying well underpin the objective of mental health messaging used in media. However a review of ‘Mental Health Messaging’ uncovers a clear under representation of more acute presentations of mental ill-health. The message of ‘have a cup of tea and a chat’ is not a strategy that works for all young people experiencing mental health difficulties. From the experience of our youth advocates, young people with more acute mental ill health feel further stigmatised by these well-meaning mental health messages.

Objectives: We want to examine the impact that mental health messaging has on young people who experience acute mental ill-health. We want to find out if the current mental health awareness campaigns and advocacy campaigns work for young people with mental illness? We want to examine whether these campaigns help to support young people, including those that have experienced hospitalisation? What are the important mental health messages for young people that have experienced being in hospital due to their mental ill health?

Methods: Participatory research methodology is used to ensure that young people are central to the planning, designing, collecting and analysing elements of the research project. We will conduct a review of well known ‘mental health messaging’ campaigns identified in the current discourse. Five semi structured listening groups will be established nationally at local university sites. A letter is disseminated through CAMHS services and local community and voluntary organisations, inviting participation from young people aged 18 - 24 years old that have experienced a hospitalisation due to their mental ill health.

Practice/Policy: Awaiting completion of data collection before preliminary results are available. However, we hope to be in a position to establish that mental health messages used to support mental health issues for young people with mental ill-health have little positive impact on young people who have experienced mental ill health.
Safety and Belonging Critical To Improve Mental Health and Wellbeing For LGBTQIA+ Youth

Monday, 25th September - 11:00 - Table Top 1 - Youth participation & advocacy - Lansdowne Room - Table Top - Abstract ID: 633

Ms. Tabby Besley (InsideOUT)

Young people of minority sexualities, sexes and genders across the globe face disproportionate mental health challenges to their peers. While more and more young people are coming out and expressing their identities, mental health statistics for LGBTQIA+ youth are not decreasing.

InsideOUT is a for youth, by youth charity in Aotearoa New Zealand that works to improve mental health and wellbeing for LGBTQIA+ young people by giving them a sense of safety and belonging in their communities, through providing leadership opportunities, information, resources, education and events.

InsideOUT’s ‘Shift Hui’ is an annual four day gathering for young people of minority sexualities, sexes and genders. Using the Most Significant Change theory to monitor and evaluate the project we can see the powerful changes that can take place for LGBTQIA+ young people after being in an environment where they feel safe and supported to express themselves and connect with their community.

This presentation encourages everyone working with young people to reflect on the importance of ensuring their own practice is inclusive when working with LGBTQIA+ youth.
Youth-engaged research: applying the McCain Model of Youth Engagement to mental health research initiatives

Monday, 25th September - 11:00 - Table Top 1 - Youth participation & advocacy - Lansdowne Room - Table Top - Abstract ID: 306

Dr. Kristin Cleverley (Centre for Addiction and Mental Health), Mr. Joshua Miller (Centre for Addiction and Mental Health), Dr. Cara Settipani (Centre for Addiction and Mental Health), Ms. Samantha Docherty (Centre for Addiction and Mental Health), Dr. Lisa Hawke (Centre for Addiction and Mental Health), Ms. Gloria Chaim (Centre for Addiction and Mental Health), Dr. Joanna Henderson (Centre for Addiction and Mental Health)

There are increasing calls for engaging youth in the development and execution of the research conducted about them. At the McCain Centre at the Centre for Addiction and Mental Health, youth engagement in research is a key tenet to operations. This has led to the development of a model of youth engagement that provides for a variety of levels of youth engagement in different ways. The McCain Model of Youth Engagement combines high engagement for a small number of youth, moderate engagement for a moderate number of youth, and more limited, short-term engagement for a large number of youth, ensuring representation of a wide variety of voices and leveraging the different levels of interest and availability. The model is characterized by choice, flexibility, accommodation and opportunity for young people.

This presentation features two research projects falling under the McCain Model of Youth Engagement: YouthCan IMPACT and a Delphi study of integrated care for youth. YouthCan IMPACT is an implementation and research project testing an innovative model of service delivery, youth have been engaged from the early project development phase to the full implementation and testing of the model. Youth engagement facilitators are full members of the group's organizational structure, attending meetings and providing feedback at all phases of the project. They are supported by a Youth Advisory Group that meets periodically to consult on questions of specific interest to the team. Examples of the key contributions that youth have made to the project include selecting the primary outcome measure for the study, identification of key values for the project, selection of mobile applications to integrate into the service delivery pathway, and co-design of the project website.

The second project featured in this presentation is a Delphi study examining the core components of integrated, collaborative care models for youth with mental health and addictions needs. The objective of this Delphi study is to reach expert consensus on essential components of integrated care and to identify indicators for appraising integration of youth mental health and addiction services through a Delphi method study. Among the experts to be consulted are youth themselves. To engage young people in this research methodology, our team's youth engagement facilitators have created user-friendly, developmentally-appropriate video instructions to orient youth to the project and teach them how to effectively participate in the study. This presentation illustrates the methods used to ensure effective, meaningful youth engagement in a Delphi study, as experts in their own experience of care.

To conclude the presentation, presenters will offer practical recommendations on effectively engaging youth on research teams. Targeting researchers, we will draw on our experience, the literature, and discussions with our youth team to offer tangible suggestions to help researchers engage youth in meaningful ways to inform research project design and execution. The result is a series of "dos" and "don'ts" with regard to youth engagement, providing guidelines for researchers wishing to increase engagement in their studies to make their research more youth-friendly, relevant, and adapted to the population they are studying.
The Effect of a Biofeedback Intervention on Sustained Attention

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 24

Ms. Clodagh Cremen (Trinity College Dublin), Dr. Katie Crowley (Trinity College Dublin), Prof. Ian Robertson (Trinity College Dublin)

Abstract

Rationale: Absentmindedness has been suggested to be mediated by certain cognitive actions such as sustained attention. Recently, the locus coeruleus-noradrenergic (LC-NE) neuromodulatory system has been highlighted with regards to its role in task engagement and performance optimization as part of adaptive gain theory. Previous studies have demonstrated a relationship between task-engagement and stress that is reflective of the classic Yerkes Dodson arousal curve. Objectives: This study aimed to investigate the efficacy of an electrodermal activity (EDA) biofeedback intervention at reducing stress and the effect this may have on one's sustained attention. The EDA device used was the Pip, which is currently available commercially and is device marketed as a stress reduction device. Methods: A mixed-factorial design was used, whereby participants were assigned to the biofeedback intervention or a control intervention. Repeated measures of sustained attention, heart rate, and EDA were recorded at baseline, following a stress induction paradigm, and post-intervention. Results: The effects of the Trier Social Stress Test (TSST) within this study were mixed, however the biofeedback group still showed significantly higher levels of EDA reduction post-intervention when compared to the controls. A steady loss of vigilance appeared in both groups across time, indicating that the biofeedback intervention did not impact the sustained attention of the participants. Conclusion: The pattern of results suggests the biofeedback intervention resulted in a reduction in EDA activity, which did not have an effect on the sustained attention of the participants.

Declaration: Prof Robertson is Chair of Scientific Advisory Board for Galvanic Inc.
Help-seeking barriers for mental health issues in Irish adolescents

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 36

Mr. Simon Roche (Dublin Business School)

Rationale

To better meet the needs of Irish adolescents, it is important to identify factors that facilitate or impede young people's help-seeking behaviours for mental health issues, and to use this knowledge to improve the delivery of service information and the accessibility of mental health services.

Objectives

This study will aim to identify the most significant barriers to help-seeking for mental health issues in Irish adolescents and examine a potential relationship between self-esteem and help-seeking. It will also investigate whether a relationship exists between help-seeking behaviour and factors such as gender, age and school demographic.

Method

The participants consisted of 71 students from one urban school and 54 students from one rural school. Across the two schools there were 54 males and 71 females with ages ranging from 13 to 18. For regression analysis the sample was divided into three age groups. Data were collected using the Barriers to Adolescents Seeking Help scale (Kuhl, Jarkon-Horlick and Morrissey, 1997), Rosenberg's (1965) Self-Esteem Scale, General Health Questionnaire (Short Format) (Goldberg, 1992) and two open-ended self-report questions.

Results

This study adds to our current understanding of help-seeking behaviour in young people, identifying self-perception as the most significant barrier. The next two most significant barriers in this study were ‘family as sufficient’ and ‘peers as sufficient’. There was a significant moderate negative relationship between self-esteem and help-seeking reported. There were also significant differences in levels of resistance to help-seeking between the three different age groups. There were no significant differences found between help-seeking behaviour and the demographic data.

Conclusion

Scoring high on the self-perception items indicates that young people were concerned about what they might find out about themselves if they did seek professional help and how this would affect their perception of themselves. It appears that the idea of going to a professional for mental health issues can be very overwhelming for a young person. This study suggests that there needs to be an effort to make professional help more approachable and relatable to young people. Furthermore, it is evident that family members and friends can play a key role in a young person's life when they are attempting to overcome some form of inner turmoil. This highlights education as being an extremely important factor for resolution; greater emphasis could be placed on educating parents about youth mental health issues. In addition, perhaps primary and secondary school curriculums
might include mental health courses.
Fetal Alcohol Spectrum Disorder in Aboriginal Youth: A Descriptive Study of Presentations to Child & Adolescent Psychiatric Emergency

Ms. Sinead Nugent (BC Children's Hospital Vancouver)

Objectives: This study aims to examine the presentations of Aboriginal children and adolescents with Fetal Alcohol Spectrum Disorder (FASD) admitted to the Child & Adolescent Psychiatric Emergency (CAPE) at BC Children’s Hospital over a 6-year period.

Methods: A retrospective chart review of admissions to CAPE between 2009 and 2014 identified all patients with a diagnosis of FASD. Information was collected using the Discharge Abstract Database and supplemented through manual review of electronic and paper charts.

Results: 84 admissions were recorded (64 patients, 20 repeat admissions). Of the 64 patients, 54.6% were identified as Aboriginal and 45.3% as non-Aboriginal. The Aboriginal group made up 60.7% of admissions, inclusive of repeat admissions.

Behavior problems were the most common admission reasons for both groups (77% Aboriginal, 54% non-Aboriginal). Suicidality was also a common reason for admission in both groups (47% Aboriginal and 39.3% non-Aboriginal), as were psychotic symptoms (27.5% Aboriginal and 21.5% non-Aboriginal). Other reasons for admission (self-harm, depressive symptoms) were low across groups.

Regarding comorbidities, 72.4% of non-Aboriginal patients had a diagnosis of ADHD and 41.4% had a diagnosis of ODD compared to 31.4% and 25.7% of Aboriginal patients, respectively. Depressive (20%) and stress related disorders (28.5%) were higher in the Aboriginal group than the non-Aboriginal group (6.9% and 13.8%).

With regard to discharge disposition, 8.8% of non-Aboriginal patients changed placement on discharge compared to 19% of Aboriginal patients. 43.8% of non-Aboriginal admissions were discharged to their family homes compared to 23.5% Aboriginal admissions. 37.5% of non-Aboriginal admissions were discharged to foster care compared to 51% of Aboriginal admissions, and discharges to other inpatient units and state care were low across groups.

Conclusion: According to the 2006 Aboriginal Census, ~5% of the population of BC identify as Aboriginal, however, according to our findings, a disproportionate number of Aboriginal youth have diagnoses of FASD and require emergency psychiatric admission for co-occurring mental health crises. This highlights a critical need for further research into the mental health of this group in order to inform the development of culturally informed therapeutic interventions.
#MyDefinition

Ms. Lee Thomas (#MyDefinition)

#MyDefinition is a mental health campaign created by youth with mental health issues for youth with mental health issues. It was launched in 2014 at the University of New Brunswick in Fredericton, Canada, and since its launch has grown to over a dozen campaigns across Canada. #MyDefinition's message and tagline is simple: your mental health is a part of you, but it does not define you.

What makes #MyDefinition unique is its authenticity – Faces of the Campaign are not asked to represent anything other than their authentic experiences. #MyDefinition Faces describe themselves as daughters, sons, partners, friends, family, coworkers, classmates. They live with bipolar disorder, ADHD, anxiety, eating disorders, personality disorders, schizophrenia, BFRBs, substance abuse disorders. They describe themselves as suffering from, struggling with, living with, recovering from, coping with, or even just having these issues. They also describe themselves as loving, caring, artistic, athletic, literary, passionate, enthusiastic. They are real, whole, unique, dynamic people who live with mental health issues. They are the kind of people I wish I’d known about when I was twelve.

There's a quote I really like by a writer names Wesley King. He wrote, “I cannot unknow the monsters. But I can become the person who would have saved 13-year-old me.” We all have monsters, and for many of us it's mental illness. And we all have 13, and 14, and 20 and 40 and 80 year old versions of ourselves that want to be saved. But by sharing our stories and living authentically,#MyDefinition lets us be the people who do the saving.
The effects of childhood strong and weak psychotic experience on mid-adolescent psychopathology.

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 137

Mr. Colm Healy (Royal College of Surgeons), Ms. Helen Coughlan (Royal College of Surgeons), Ms. Aoife Adelaide Gordon (Royal College of Surgeons), Dr. Mary Clarke (Royal College of Surgeons), Dr. Ian Kelleher (Royal College of Surgeons), Prof. Mary Cannon (Royal College of Surgeons)

Background: Sub-clinical psychotic experiences (PEs) are highly prevalent in childhood and adolescences with 17% of young adolescents reporting a history of these symptoms without the manifestation of a clinical psychotic disorder. Early adolescent PEs are considered a marker for psychopathology. However, few studies have longitudinally explored whether the characteristics of the PEs mediates this relationship.

Aims: We investigated whether endorsing a history of strong or weak PEs in childhood was related to mid-adolescent psychopathology.

Method: At T1, 212 participants (x̄ Age: 11.50) who took part in the ‘Adolescent Brain Development’ study were assessed by clinical interview, with 22.6% reporting strong PEs. 86 took part in a second phase of the study (x̄ Age: 15.74) of which 25.6% had a history of strong PEs. 83 of this 86 completed the Youth Self Report (YSR) questionnaire at T2 (x̄ Age: 15.74). A number of psychological constructs (Anxious/Depressed, Withdrawn/Depressed, Somatic Complaints, Social Problems, Thought Problems, Attention Problems, Rule Breaking Behaviour, Aggressive Behaviour and composite internalising and externalising behaviours sub-scales) can be calculated based on the YSR.

Results: On most YSR sub-scales, after accounting for stringent covariates such as T1 Axis 1 disorder, those with a history of strong-PEs endorsed more symptoms than those without-PEs (p<.001), those with weak-PEs (p<.05), and had a higher prevalence within the clinical range (p<.01). Strong-PEs were associated with a 12-fold increase in psychiatric multi-morbidity (p=.01) and 87.5% of those presenting with externalising behaviour problems had a history of Strong-PEs. A history of weak PEs did not increase the likely of internalising or externalising behavioural problems or co/multi-morbidity.

Discussion: We provide longitudinal evidence suggesting that Strong PEs by early adolescence increases vulnerability to psychopathology and that the discrepancy between the groups is evident by mid-adolescence. Participants with a history of weak PEs, overall, perform relatively similar to their peers without a history of PEs. Clinically, Strong-PEs in childhood represents a reliable marker for vulnerability to mid-adolescent psychopathology. Providing targeted support to young people reporting these experiences may reduce progression to severe psychopathology.
Introduction: Adolescent idiopathic scoliosis is a condition involving abnormal curvature of the spine, that affects approximately 2 – 3% of the adolescent population. This condition mainly presents in females and is often progressive in nature, causing asymmetries associated with the shoulders, rib cage, waistline and breasts. Acquiring an appearance-altering, chronic health condition such as scoliosis can impact the mental health and wellbeing of adolescents, with previous research reporting significant levels of body dissatisfaction and issues related to psychological and social functioning.

Objectives: This research aims to investigate the psychosocial adjustment of adolescent females diagnosed with idiopathic scoliosis, in particular focusing on their appearance concerns, psychological and social functioning, and support needs. A qualitative research design was chosen in order to gain an in-depth understanding of the lived experience of these young people.

Method: Adolescent females with a confirmed diagnosis of adolescent idiopathic scoliosis, and their parent/guardians, took part in separate semi-structured interviews. The interview transcripts are being thematically analysed.

Results: Results will outline the key themes and sub-themes identified in the data, and quotations will be included to illustrate the findings.

Conclusion: The findings of this research will heighten awareness and understanding of the psychosocial impact that idiopathic scoliosis can have on adolescents, in terms of appearance concerns and aspects of their psychological and social functioning. This knowledge will contribute to future proofing the mental health of young people with scoliosis by informing the care and support of adolescents who acquire the condition.
The Impact of Early Life Stress on Psychological Symptoms in Young Irish Adolescents.

Introduction: Many Irish children are exposed to a variety of stressful life events. The link between early life stress and psychopathology is well established. However, in an Irish context, with a high prevalence of mental illness, the stresses children are being exposed to and how this impacts them merits further investigation.

Objectives: This project aims to explore: 1) The association between early life stress at age 9 and psychological symptoms at both ages 9 and ages 13, allowing for longitudinal analyses. 2) Whether or not biological sex alters one's experience of stress psychologically. 3) Which early life stressors are most associated with psychological symptoms. 4) The impact of citizenship status on the association between psychological symptoms and stress.

Methods: The data used was from the "Growing up in Ireland" child cohort. The outcome, psychological symptoms, was assessed via the Strengths and Difficulties Questionnaire as answered by the child's parents at ages 9 and 13. The child's exposure to early life stress was extracted from the primary caregiver questionnaire at age 9. Thirteen different stressful events were accounted for in the questionnaire, for example: death of a parent and parent in prison. Regression techniques were then used to test the association between abnormal SDQ scores and stressful life events.

Results: The analyses found that those exposed to an above average number of stressors were more likely to have an abnormal SDQ score at age 9 and longitudinally at age 13. At 13 the association was stronger than at age 9 for the majority of the events. Girls were more affected psychologically by early life stress than the boys.

Conclusion: The psychological impact of exposure to early life stress can be carried from childhood through to adolescence. These psychological symptoms often prelude psychopathologies. Acknowledging the impact of these stresses at such a young age could lead to preventative instead of curative treatment approaches when it comes to mental illness.
Making the Transition into the Workplace: Supporting Young People into Independence

Ms. Vicky Reino (King's College London), Dr. Nicola Byrom (King's College London/Student Minds)

Background
The transition from education into the labour market is full of challenges, placing considerable stress on young graduates. In the UK there is increasing concern about mental health difficulties among the student population, with 92% of respondents to a survey conducted by the National Union of Students, stating that they often feel down, stressed and demotivated. Further, graduate recruiters have raised concerns about how to manage the mental well-being of their intake. Recent university graduates are usually young adults, aged between 21 and 25. While they are no longer treated as “young people,” recent graduates are still, in many ways, in the process of making the transition to adulthood.

Project Aim
Collaborating with Student Minds, Mental Health First Aid and the City Mental Health Alliance, this study sought to examine and evaluate the challenges that students face transitioning into the workplace and identify factors that predict mental health following the transition.

Methods
Preliminary work with university graduates identified substantive variability in how universities support graduates in the transition out of university and how employers support graduates to make the transition into the workplace.

Following initial focus groups to identify relevant topic areas, recent university graduates were invited to complete an online survey. The survey addressed the support their university provided around the transition out of university and the support their employer provided around the transition into university. The survey included questions about managing the transition and the time between university and work. Respondents answered a set of questions about their mental health, including measures of stress (Perceived Stress Scale), mental well-being (Warwick-Edinburgh Mental Well-being Scale) and resilience (Brief Resilience Scale).

Outcomes
We summarize the factors that predict good mental well-being in recent graduates, providing an overview to the challenges students face in the transition and steps that can be taken to smooth the transition.
Treatment Orders Including Treatment of Severe Substance Use Disorder: A Case Series from a First-Episode Psychosis Clinic in Montreal, Canada

Introduction: Substance use disorder (SUD) is a very prevalent comorbidity in first-episode psychosis (FEP) and is associated with worsened outcomes. Indeed, FEP patients with SUD have been reported to have more and longer hospitalizations, more severe psychotic symptoms, more aggressive behaviors while having to deal with unemployment and homelessness in greater proportions than the non-SUD patients with FEP. SUD is also known to be a chronic condition that persists in about 2/3 of patients who meet the criteria at admission. Motivational approaches and harm reduction strategies are highly valued in the process of treating comorbid SUD in the FEP population in an integrated care setting and are regarded as the first line of intervention. Unfortunately, for a minority of FEP-SUD patients, these strategies are not always effective and patients may also refuse to participate in specialized treatments for SUD, despite the severe consequences that are related to it. In these cases, are court orders including mandatory treatment for SUD a path towards remission and recovery? This is the first study to address the use of such court orders and assess their clinical impact.

Objectives: To study the symptomatic and functional outcomes of FEP patients with comorbid SUD who are subjected to a court order that includes treatment for SUD.

Methods: This retrospective study was conducted by reviewing the medical files of 20 FEP patients who were subjected to a court order for the treatment of a psychotic disorder and SUD. Measures of functional and social outcomes (employment, housing, judiciary problems, quality of life), mental health service use (emergency room visits, hospitalizations), aggressiveness and the SUD course were studied for the entire duration of the patients’ clinical follow-up (2.3-6.4 years), including periods before and after the court order.

Results: The application of a court order for the treatment of comorbid SUD lead to better functional and social outcomes, improvement in several aspects of quality of life, diminished use of mental healthcare services, and reduction of aggressive episodes and substance use for several patients.

Conclusion: The use of court orders which include the possibility of mandatory treatment for comorbid severe SUD among the minority of FEP patients who have failed to respond to traditional approaches and have severe consequences of SUD, seems to improve several outcome measures for some of these patients and give them the opportunity to lead more empowered and satisfying lives afterwards. Further research with sturdier study designs must be conducted to gain a more in depth understanding of the role of this “coercive” legal approach to treat comorbid SUD in a FEP population. The ethical aspects of this practice should also be thoroughly investigated in the future.
The Intervention and Outreach Team: An Innovative Relationship-based Approach to Youth with Complex Needs

Ms. Stephanie Ens (NorWest Co-op Community Health)

The Intervention and Outreach Team (IOT) works out of a non-profit community health agency called NorWest Co-op Community Health in Winnipeg, Manitoba, Canada. In January of 2016 the Government of Manitoba put out a formal ask for proposals from agencies interested in receiving funding from the “Child & Youth Mental Health Strategy” to start an IOT program. NorWest was the successful applicant and in April 2016 IOT was up and running.

The Intervention and Outreach Team consists of three clinician/facilitators, two mentors, and a coordinator and serves 15 youth in Winnipeg deemed to have the most complex needs. Four sectors: mental health, child welfare, education, and justice were asked to submit their top 50 high needs youth and from these 200 youth, 15 were randomly selected to participate in the IOT program. These 15 youth are part of a rigorous research project which will measure their outcomes against the 185 youth not selected to be part of IOT. New research results for this program will be released in the summer of 2017.

IOT works with the youth and their caregivers using the High Fidelity Wraparound approach. This evidence-based approach engages youth by discovering their strengths and needs and helping them form teams of existing professional and natural supports of their choosing. The youth sets goals that they would like to achieve and with the help of their Wraparound facilitator the youth's teams works hard to ensure that these goals become reality. The Wraparound approach emphasizes client “voice and choice” and “nothing about us without us”. These principles ensure that client hopes and dreams are respected, celebrated, and worked towards in a truly collaborative way. All of the staff members with IOT are Certified Wraparound Facilitators. Each youth is surrounded by an IOT facilitator, clinician, and mentor. These three staff members ensure that the wraparound process is followed, that the youth's clinical goals are met, and that the youth have opportunities to build a solid relationship and participate in recreation.

It is estimated that each of these 15 youth cost the social service system in Manitoba at least one million dollars per year. The overall goal of the IOT program is to reduce this amount by reducing the amount of services these youth require over time. This goal, along with intensive relationship-building will ensure long-term success. IOT never gives up on youth. Once a youth agrees to be part of IOT the team works hard to ensure success by creatively engaging the youth and the people close to them. We believe this program is truly future-proofing youth mental health.
Complexity factors and implications for service development in enhanced primary care youth mental health settings

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 182

Dr. Sophie Adams (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Jeremy Cook (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Alison McRoberts (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Elizabeth Burgat (Orygen, The National Centre for Excellence in Youth Mental Health)

Introduction: Youth mental health in the enhanced primary care context is an emerging and vibrant opportunity to provide specialised services as early intervention. Although this field is early in development, in Melbourne at Orygen, The National Centre of Excellence in Youth Mental Health we have four well established centres across a regional area including one of the longer running headspace centres nationally and internationally. Over the last decade we have developed clinical pathways and resourcing to address the different needs of individual young people in a clinically informed way but without a large body of established research to guide implementation.

Approach: This study is a qualitative file audit looking at 100 young people presenting over the year 2015-2016 across 2 sites, headspace Sunshine and Glenroy looking at clinical pathways, clinical resources and complexity factors that are associated with differing service utilisation. The intention is to use this data to guide future service development.

Results: The key learnings from this data include the degree to which engagement of young people is related to whether they self referred rather than being referred by well intentioned others, the degree of psychosocial adversity present in young people seeking help and the degree to which the amount of complexity impacts on service provision resources. Our services have high rates of social disadvantage, abuse and neglect, CALD, LGBTIQA and other complexity factors that may impact on normal development. A greater range of complexity factors are associated with higher access and engagement contacts, longer episodes of care and greater numbers of multidisciplinary staff input. Staging data has been compared looking for complexity factors and correlates with the number of adverse life challenges present.

Conclusions: This study provides evidence for the value in utilising diagnostic, staging and complexity factors in predicting service utilisation and resourcing needs in service delivery, innovation and development in order to future proof such services.
‘Live it, Speak it’ - The role of young people in media & advocacy

Ms. Jacqui Faliszewski (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Kerryn Pennell (Orygen The National Centre of Excellence in Youth Mental Health), Ms. Kim Taylor (Orygen, The National Centre of Excellence in Youth Mental Health)

Introduction
Mental ill-health is the leading cause of disability and disability among Australians aged 15-24. Sharing personal stories is a powerful way to raise awareness, challenge stigma and empower others to seek help.

Objectives
The National ‘Live it, Speak it’ program is an exciting opportunity for young people aged 18 – 25 years with a lived experience of mental ill-health, who feel comfortable sharing their story to reduce stigma and advocate for the needs of youth mental health.
This program aims to:

- Raise awareness
- Educate the community
- Provide others with insight into the real world of those who have experienced mental ill-health
- Challenge misconceptions
- Reduce stigma
- Advocate for system change

Method or Approach
Young people from around Australia have the opportunity to partner with Orygen’s media and communications team to speak at identified opportunities such as public meetings, conferences, launches, radio, television and print media.
Young people participating in this program receive comprehensive training to help prepare for both proactive and reactive media engagement and public speaking opportunities across all mediums.

Results or Practice/Policy Implications
In line with Orygen’s broader Youth Participation & Engagement Strategy, this program recognises the diversity of young people’s experience and allows way of providing a voice to the youth mental health movement that doesn’t require a significant time commitment. It also provides opportunity for young people to have a voice on issues they are most interested, that builds confidence whilst offering stories of hope and recovery to the community.

Conclusion
This poster will highlight key processes for working in partnership with young people and the media in a safe and empowering way.
Early Intervention for the “At Risk Mental State”: The First One Hundred Referrals to the STEP service in Northern Ireland

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 202

Dr. Claire Potter (Northern Health and Social Care Trust), Dr. David Mongan (Northern Health and Social Care Trust), Dr. Adrian Boyd (Northern Health and Social Care Trust), Dr. Ciaran Shannon (Northern Health and Social Care Trust), Prof. Ciaran Mulholland (Northern Health and Social Care Trust)

BACKGROUND
Psychotic disorders such as schizophrenia are associated with enormous personal, social and economic costs. Emerging international evidence suggests that it is possible to identify those at risk of developing psychosis and to intervene effectively to prevent further progression of symptoms. The STEP (Service, Treatment, Education and Prevention) Team, based in the Northern Health and Social Care Trust, is the only psychosis prevention service in Northern Ireland and offers innovative, evidence-based interventions to young people (aged 14 to 35) with an “At Risk Mental State” (ARMS).

AIMS and HYPOTHESIS
The aims of the project include gaining aggregated demographic and clinical information on referred patients and data on clinical outcomes (primarily transition to psychotic illness) after a two year follow-up period.

METHODS
A data collection tool was designed to extract data from patients’ case notes on demographics of referral details; compliance with assessment procedures; clinical interventions utilised; and clinical outcomes.

RESULTS
Of referrals received, 38% were female and 62% male. The peak age of referral was between 16 and 18 years (49% of total sample). 43% had a past (22%) or current (21%) history of drug misuse. 19% had a first-degree family history of a psychotic disorder or bipolar affective disorder. The commonest psychiatric co-morbidity at referral was depression. Of completed assessments, 65% met criteria for ARMS. Of these received 50 % received individual or group CBT. There have been no recorded transitions to psychosis in the first two years of activity.

CONCLUSION
The STEP service appears to be accessing appropriate referrals (as 65% meet ARMS criteria). To date the rate of transition has been zero. As the service develops further, broadening its reach by seeking referrals from educational settings, the profile of referrals may change. The rate of transition can be expected to increase, given the experience of services internationally.
Implementing emotional resilience workshops for undergraduate medical students: a before and after intervention study at Queen’s University Belfast

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 203

Dr. Claire Potter (Queen's University, Belfast), Dr. Michael Doris (Queen's University, Belfast), Dr. Donncha Hanna (Queen's University, Belfast), Dr. Ciaran Shannon (Queen's University, Belfast), Prof. Ciaran Mulholland (Queen's University, Belfast)

BACKGROUND
Emotional resilience has been described as the capacity to bounce back from adversity. Previous studies have demonstrated that medical undergraduates' resilience levels decrease as they progress through their university training. The GMC have mandated that emotional resilience training should become an integral part of the undergraduate medical curriculum, but there is a lack of evidence base for methods to improve resilience. We developed a targeted workshop to first year medical students within 6 weeks of starting university to meet this need.

AIMS AND HYPOTHESIS
To assess the impact of a workshop designed to improve levels of resilience in first year medical undergraduates in Northern Ireland. Our primary measure was the Connor-Davidson Resilience Scale (CD-RISC), a subjective measure of personal resilience.

METHODS
Workshops were offered in tutorial groups for all first year medical students. Sessions were delivered by trainees who had attended prior training. Before each session students filled out the CD-RISC, Perceived Stress Scale (PSS), Budner's Tolerance of Ambiguity (TOA) and the Warwick-Edinburgh Well-Being scale (WEBWMS) to measure baseline levels before re-testing three months later.

RESULTS
237 students attended the workshop and completed both the before and after questionnaires. 95 were male and 142 female. 63.7% were born in Northern Ireland; 97.1% of the students were aged between 18 and 24; for 69.2% this was their first university degree. The mean score on the CD-RISC before the workshop was 75.13; the mean score three months later was 73.45. Mean scores on the PSS went up from 14.13 to 14.43 whilst WEBWMS mean scores improved from 53.97 to 54.76. Higher scores on the CD-RISC correlated with lower perceived stress and higher perceived mental well-being in both studies.

CONCLUSIONS
This study identifies that the resilience workshop delivered had minimal impact on the first year medical undergraduate group scores on the CD-RISC scale. Students reported increased perceived stress but also scored increased mental well-being. Possibilities for further discussion include that the workshop was not effective, resilience cannot be trained and is more dependent on external variables; or that the CD-RISC scale is not a useful measure in this context. Another factor may be that students were more aware of resilience issues by the time they filled in the questionnaires for a second time. Sessions may have had a more general positive effect on mental well-being, as students reported feeling better despite admitting to higher levels of stress.
The experiences of young people on the Youth Advisory Panel (YAP) of Jigsaw - the National Centre for Youth Mental Health.

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 215

Ms. Aoife Price (Trinity College Dublin), Dr. Michael Feely (Trinity College Dublin)

The United Nations Convention on the Rights of the Child (UNCRC) (1989) advocates youth participation as a right. Young people are increasingly becoming involved in issues that affect them. This poster presentation explores the experiences of young people on the Youth Advisory Panel (YAP) of Jigsaw - the National Centre for Youth Mental Health. Data was collected from ten members of the YAP through semi structured interviews and was analysed using thematic analysis underpinned by phenomenology. Qualitative design was chosen as it was considered that this method would facilitate a deeper understanding of youth participation in the mental health sector. From this research, staff and organisational culture emerged as an important factor in enabling youth participation. The important role played by the staff in Jigsaw in supporting the work of the YAP was viewed by the respondents in this research as an essential element to their effective participation. The young people benefited from training and acquiring new skills, friendships, increased knowledge around mental health, new opportunities and increased confidence. Making a difference was identified as an important element to participation. The members of the YAP involved in this study recognised the importance of the mental health issues that affect many young people in their communities throughout Ireland. They were all passionate about contributing to making a difference and improving the mental health status of all young people. Barriers to participation included time, lack of training, staffing issues, confusion as to how others perceived them and lack of diversity on the group. The amount of time involved and the guilt about not being able to give this time was a disadvantage. Other disadvantages identified were confusion about their role and stigma. This research sought to examine the lived experience of members of the YAP, and identify what sustained their involvement as well as looking at the factors that inhibited it. While the young people involved in this research identified barriers and disadvantages, overall they were very positive regarding their involvement in the YAP.
BACKGROUND Take Home Naloxone (THN) programs reduce mortality by training bystanders to respond to opioid overdoses. A public health emergency was declared in April 2016 in British Columbia due to a substantial increase in overdose deaths. Providence Health Care's Inner City Youth (ICY) Program is a wellness program for people aged 12-24, in the urban centre of Vancouver, Canada. When we began providing THN kits we noticed youth started to talk more openly about their drug use and youth who were often hard to connect with became more engaged. In order to understand this dynamic, we explored young people's experiences through a community-based participatory research study.

METHODS The study was undertaken at the Inner City Youth (ICY) Program. Two peer researchers with lived experience of THN were recruited from ICY and were involved in all phases of the study. The peer researchers and a graduate student facilitated two focus groups and five individual interviews with ICY program participants using a semi-structured interview guide. Audio recordings were transcribed verbatim. The Cut-Up-and-Put-in-Folders approach was used to identify emerging themes.

RESULTS Themes were situated within the Health Belief Model and include perceived threat, perceived benefits, perceived barriers, cues to action, and self efficacy. Participants viewed themselves as vulnerable to overdose and spoke of the importance of expanding access to THN training. Following training, participants reported an increase in internal locus of control, an improved sense of safety, improved self-esteem, and strengthened relationships with ICY staff. Overall, participants found THN training engaging, which appeared to enhance participation in other ICY programming. The authors partnered with a graphic design company and youth artists to produce a full-colour booklet, training video, and postcards featuring the art and writing of young people who've been involved in overdose situations.

CONCLUSION Young people perceived THN training as a positive experience that improved relationships with staff and facilitated participation in other programming. Participant recommendations for quality improvement were implemented within the provincial program.
The Effects of Stigmatisation on the Psychological and Physical Health of Acne Sufferers

Mr. Jamie Davern (University of Limerick), Dr. Aisling O Donnell (University of Limerick)

Introduction: Acne vulgaris has been described as a ‘non-disease’ and ‘cosmetic problem’ due to its widespread presence in society and non-life threatening nature. However, previous research has demonstrated that individuals with acne experience psychological consequences including decreased self-esteem, self-confidence and body image. Acne affects up to 80% of the population during adolescence and has been previously linked with suicide. To date, few studies have investigated the impact of stigma on the psychological and physical health of acne patients.

Objectives: This study aimed to determine if acne patients’ perceived stigma predicts their levels of psychological distress and physical health. Specifically, the study investigated how acne sufferers’ perceptions of stigmatisation predict their anxiety and depression levels and the occurrence of somatic symptoms. Moreover, the study examined whether the effect of stigma on physical health is carried by the impact of stigma on psychological distress. Given the negative effects that stigma has been shown to have on young people with obesity and mental disorders, it was deemed necessary to establish whether stigma has similar consequences for individuals with acne.

Methods: A convenience sample of 276 acne patients (mean age = 21.62 years) at the University of Limerick participated in this cross-sectional study (265 students, 11 staff members). The participants were required to have recently experienced acne and completed measures examining stigma, psychological distress, physical health and potential confounds (e.g., acne location) online. Simple linear regression and bootstrapping methods were utilised during data analysis.

Results: Perceived stigma was found to have a direct effect on the participants’ psychological distress and physical health, such that greater perceived stigma predicted higher levels of both. The direct effect of perceived stigma on physical health was rendered non-significant when psychological distress was taken into account.

Conclusion: The results indicate that the stigma perceived by acne sufferers leads to stress, and that this stress results in greater psychological distress. Furthermore, stress and psychological distress collectively impact physical health while the effects of perceived stigma on physical health are underlined by the occurrence of psychological distress. The findings address gaps in the literature, provide further insight into the consequences of acne and could assist future counselling of acne patients. The introduction of classes at secondary level teaching strategies on how to cope with stigmatisation could reduce the health consequences experienced by young acne sufferers. The practical implications of the findings and future suggestions will be discussed further.
Understanding the characteristics and help seeking behaviours of young people experiencing high levels of suicidal ideation that seek help online

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 236

Dr. Lorraine Ivancic (ReachOut Australia), Dr. Kerrie Buhagiar (ReachOut Australia), Dr. Kathryn Cairns (ReachOut Australia)

ReachOut is an online mental health and wellbeing service for young people that targets prevention and early intervention. In 2014/2015 ReachOut recruited 2,188 site users to participate in a cohort study. Study participants were asked to complete four surveys over a three month period. Recruitment was limited to young people aged 16 – 25 who were currently residing in Australia. The aim of the study was to improve our understanding of the young people who engage with ReachOut, identify why they came to ReachOut and examine their help seeking behaviours.

Preliminary investigation of the data revealed high levels of suicidal ideation amongst this group. Based on this finding, further analysis was undertaken to: 1) identify the characteristics of young people experiencing high levels of suicidal ideation, and 2) understand the help seeking behaviours of this group. This presentation will report the key findings from this analysis including:

- Demographic characteristics (e.g. age, gender, LGBTQI status, location (metro versus non-metropolitan area), socioeconomic status) that are associated with an increase in suicide risk, as measured by The Suicidal Ideation Questionnaire;
- Whether a young person's subjective assessment of their wellbeing is consistent with their scores on the Suicidal Ideation Questionnaire;
- Reasons provided by young people experiencing moderate and high suicidal ideation, about why they visited the ReachOut site, (i.e. do they come predominantly to look for information and/or help with suicidal thoughts/behaviours or for information on other life issues such as relationship issues, study issues etc.); and
- For those young people who said they were currently experiencing a personal or emotional problem that they would like help for, was the level of suicidal ideation negatively associated with help seeking intentions (i.e. as suicidal ideation increases, is a help negation effect evident).

These findings have implications for how services like ReachOut, which is oriented towards prevention and early intervention, can appropriately respond to suicidal young people that are accessing their service, particularly if they are not seeking help from any others sources.
Reimagining the ReachOut.com service model: Reflections on the value of a service design approach

Dr. Kathryn Cairns (ReachOut Australia), Ms. Mariesa Nicholas (ReachOut Australia), Ms. Jackie Mciver (ReachOut Australia), Ms. Janna DeVylder (Meld Studios)

Future-proofing youth mental health necessitates an agile approach to designing and delivering services to ensure they remain relevant, accessible and engaging to young people. ReachOut.com has been leading innovation in the sector since its establishment in 1998 as the world's first online mental health service for young people. The service offering has evolved considerably since this time, in response to the changing technological and service landscape.

However the last comprehensive service review was completed in early 2011. In the intervening period, young people's use of smartphones has more than tripled. Further, the way they seek out and digest information has changed. Young people now expect a much more personalised experience, with the ability to access information via a variety of media such as text, images, video and, apps, across multiple channels and platforms.

In response to this challenge, and in partnership with Meld Studios, ReachOut Australia recently undertook a project involving a strategic redesign of the service value proposition and delivery model for its flagship Youth Service, adopting a service design approach. This paper will share the lessons learned and reflect on the value of service design for those working in the youth mental health sector.

We undertook a participatory service design project to inclusively design the future state service model with the target audience. The process involved consolidating internal user research and evaluation insights, undertaking extensive consultation with key stakeholders, and facilitating four co-design workshops with young people in metro and regional Australia.

The majority of our content, tools, and features that are designed to impact on the mental health and wellbeing of young people are housed on the website. However this project confirmed what young people have been telling us for some time, which is that we need to expand the reach of our service outside of ReachOut.com, pushing information and tools out to them in the places and spaces they occupy. The new service model envisions the ReachOut Youth Service as an ecosystem comprising four parts: the ReachOut Youth platform (i.e., the website); Partner platforms (e.g., schools, primary care providers); Public digital platforms (e.g., Google, social media platforms); and the ReachOut engine room (i.e., the infrastructure and capabilities we need to enable the user experience). The service model is underpinned by the foundations of our business – our theory of change, our user experience goals, and our organisational values.

The service design process enabled us to: validate the problem we were solving; clarify our service strategy, target audience segments, and theory of change; consolidate our research and evaluation insights; and identify requirements for a product roadmap. To bring the vision that is articulated in this service model to life, we need to execute key shifts in our service ecosystem, experience design and internal operations. In this paper we will reflect on the lessons learned in implementing the project, and in translating and operationalising its outputs.
Norwegian Primary Prevention of Psychosis (POP) Study.

Ms. Kristin Hatløy (Stavanger University Hospital), Ms. Kjersti Nedreboe (Stavanger University Hospital), Mr. Inge Joa (Stavanger University Hospital), Mr. Robert Leon Jorgensen (Stavanger University Hospital), Mr. Jan Olav Johannessen (Stavanger University Hospital), Mr. Kolbjørn Bronnick (Stavanger University Hospital)

Kjersti Nedrebo¹, Kristin Hatløy¹, Robert Jorgensen¹, Inge Joa¹², Jan Olav Johannessen¹², Kolbjørn Brønnick¹ Stavanger University Hospital, ²University of Stavanger

Aim: Is primary prevention of psychosis possible?

Background: Since 1997 the Scandinavian TIPS- study has been implemented in our region with low threshold access to an Early Detection team (ED) and extensive information campaigns in order to achieve successful early intervention for first episode psychosis.

In March 2012 ED service began a study focusing on early detection of persons with prodromal/ultra-high risk symptoms. Persons in age between 13-65 years living in the area and meeting the UHR criteria’s in the SIPS (Structured Interview for Prodromal Symptoms) manual are offered inclusion in the POP study. The SCID-1 (Structured Clinical Interview for DSM-IV Axis I Disorders) interview is also conducted for further diagnostic assessment tool for all included in the study.

The Stavanger University Hospital catchment area for the study has a population 360 000 individuals.

Methods: The POP study offers included patients the following treatment; the first component is Cognitive Behavior Therapy (CBT) over 12 sessions, which aims at starting within two weeks after inclusion. The second component is Single-Family therapy treatment, which is offered weekly during the first six months of treatment. The third component is Omega-3 fatty acid. Symptoms are monitored every month the first six months, then every three month up to two year follow-up. We will present numbers of participants in the study, how many completed the program and number converted to psychosis or gone into remission.

Results: Data collection is under preparation and results will be presented in the poster.
Self-harm and emotional dysregulation: evidence from a community sample of young people in Birmingham, UK

Mr. Colin Palmer (University of Warwick), Dr. Charlotte Connor (University of Warwick), Mrs. Sunita Channa (University of Warwick), Dr. Anna Lavis (University of Birmingham), Dr. Newman Leung (Birmingham & Solihull Mental Health Foundation Trust), Dr. Nick Parsons (University of Warwick), Prof. Max Birchwood (University of Warwick)

Introduction: Self-harm in young people is a serious public health concern. It has been linked with difficulties in emotional regulation, however, comparatively little is known about the nature of the relationship between emotional regulation and risk of self-harm in adolescent communities. Studies which have explicitly assessed various dimensions of emotional regulation have suggested that risk of self-harm is primarily associated with a lack of emotional clarity and limited access to emotional regulation strategies self-harm operating as a maladaptive strategy in order to control and shape aversive emotions. Such theories are supported by recent findings that self-harm cessation is associated with acquisition of emotional regulation strategies.

Objective: This study explored the prevalence of self-harm behavior in a group of young adolescents in Birmingham, UK and its association with difficulties in emotional regulation.

Methods: 496 young people (14-15 year olds) from 6 schools across Birmingham, UK participated in an online survey measuring self-harming behaviour, difficulties with emotional regulation and depression and anxiety at two time points over a 12-month period. 318 participants completed measures at both time points and were subsequently assessed for transition to self-harm behavior during the study period.

Results: Around one third of young people reported at least one episode of deliberate self-harm. Females were more likely to engage in self-harm and reported more frequent self-harm. 13.2% participants transitioned to self-harm behaviour between Time 1 and Time 2. These prospective self-harmers reported greater difficulties in emotional regulation and higher anxiety and depression prior to their engagement with self-harm.

Conclusion: The association with difficulties with emotional regulation support functional models of self-harm which suggest it is a primitive means of coping with difficult emotions during adolescence. Greater understanding of the role of emotional dysregulation in the initiation of self-harm will assist in the development of early identification and prevention strategies community populations.
Peer Education in Schools – A Useful Tool for Youth Mental Health?

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 271

Dr. Aileen O Reilly (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)

Background: It is well established that peers play an instrumental role in a young person’s life. For this reason, peer education, defined as a process by which trained individuals lead educational and skills-building initiatives with their peers to improve and support their wellbeing, have proven popular. Despite this, there is a paucity of research regarding its effectiveness within the youth mental health domain. Jigsaw is an Irish organisation which provides supports to young people, aged 12-25 years, with mild to moderate mental health difficulties. As part of its education and training programme, Jigsaw trains post-primary school students aged 15-17 years to deliver a mental health workshop to their peers in school settings. This workshop focuses on increasing mental health knowledge and promoting help-seeking by encouraging young people to talk to a trusted adult when experiencing mental health difficulties.

Objective: The primary aim of this research was to contribute to the knowledge base about peer education by examining whether attending a schools-based mental health workshop, delivered by peer educators, leads to improvements in young people’s understanding of mental health and help-seeking intentions.

Method: Participants were 245 young people aged 12-16 years (M = 13.49 years; SD = .782 years) from eight post-primary schools in the greater Dublin area of Ireland. Participants were invited to complete a demographic questionnaire, 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 the peer-delivered workshop. The Time 1 data were collected two weeks before the young people attended the workshop. Time 2 data were collected from the same young people two to four weeks after they had attended the workshop. Data were analysed using SPSS version 22.

Results: A high baseline level of mental health knowledge and help-seeking intentions was observed among young people, which is encouraging. Despite this, Wilcoxon Signed Rank tests revealed significant improvements in young peoples’ mental health knowledge and help-seeking intentions. Mann-Whitney U tests did not reveal significant gender differences in either variable.

Conclusion: Findings indicate that participation in a schools-based peer-delivered mental health workshop has a positive influence on young peoples’ mental health knowledge and their intentions to seek help if they were to experience mental health difficulties. These results suggest that young people may benefit from this approach being utilised in schools in the future.
“I have been there too” - A Preliminary qualitative evaluation of a Peer to Peer Family member Early intervention in Psychosis support program

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 274

Mr. Peter Gallagher (DETECT Early Intervention Service, Avila House, Blackrock Business Park, Carysfort Avenue, Blackrock, Co. Dublin), Ms. Mary Kelleher (DETECT Early Intervention Service, Avila House, Blackrock Business Park, Carysfort Avenue, Blackrock, Co. Dublin), Mr. Patrick Egan (DETECT Early Intervention Service, Avila House, Blackrock Business Park, Carysfort Avenue, Blackrock, Co. Dublin), Ms. Felicity Fanning (DETECT Early Intervention Service, Avila House, Blackrock Business Park, Carysfort Avenue, Blackrock, Co. Dublin), Ms. Elizabeth Lawlor (DETECT Early Intervention Service, Avila House, Blackrock Business Park, Carysfort Avenue, Blackrock, Co. Dublin), Prof. Mary Clarke (DETECT Early Intervention Service, Avila House, Blackrock Business Park, Carysfort Avenue, Blackrock, Co. Dublin)

Introduction: The DETECT Information and Support Course (DISC) is a psycho-education intervention designed for family members of people experiencing first episode psychosis. It is recognised in the literature that involvement of family members in the recovery of patients experiencing psychosis leads to better outcomes, but that communication between family members and the patient can be difficult. Often families can be extremely distressed and can have been in a state of shock for some time. Families need support and education to alleviate some of the stress they feel. “Family carers are reassured by talking to other families who have experienced the same or similar situations” (Leggatt, 2007).
The importance of involving families in patient care is widely accepted and the utility of formal approaches to educating family members in coping and support strategies is well supported in the research literature (McFarlane, 1995; Fadden 1998; Pitschel-Walz, 2001; Rummel-Kluge, 2006).
The family peer support service aims to provide family members whose relative has been recently diagnosed with first episode psychosis to meet and talk with a trained volunteer (a peer supporter) who has had a similar experience in their family in the past. The peer supporter, because they have had relevant experience and training can offer a non-judgmental listening ear to give family members

The peer to peer support group draws on the lived experience of people whose relatives had been diagnosed with first episode psychosis. Family peer supporters are uniquely positioned to bring their own experience of caring for the person with psychosis to their interaction with other families. Although peer to peer support is well rehearsed between service users, it is not as commonly reported for informal carers.

Objectives: This project is evaluating the family carer peer to peer support program with a qualitative methodology to explore the effectiveness of the program and the experiences of participants.

Results: The preliminary data will help to inform delivery of support to attendee's and add to the body of knowledge on family carer peer support.
Preliminary results are very favourable. Peer supporters are happy to support new additional family members. The peer supporters felt they gained from the support experience and that the programme is well organised. The Flexibility of the support arrangement and the ability to talk to someone with a shared experience and who was not a healthcare professional was also valued.

Discussion: Overarching Themes and discussion will be available on the poster.
Predicting adolescent smoking

Rationale: Adolescents are at increased risk for developing impulse-control disorders including addiction, with nicotine addiction being the most common addiction in adolescents. Since smoking is one of the leading causes of preventable death, it is of high importance to establish predictors of smoking in adolescence, which may lead to the development of successful preventative measures.

Objective: In this study we used data from the IMAGEN project to examine the predictors of adolescent smoking.

Method: Data was collected from adolescents at age 14, and again at age 16. We identified 516 individuals who were non-smokers at baseline. 375 of these remained abstinent at follow-up, whereas 141 became regular smokers. Data collected at baseline included measures of substance use, personality, behavioural and decision impulsivity, psychiatric assessment, avoidance learning, and socio-economic status. 985 variables were included in the analysis. All data were residualized on age, pubertal development status, handedness, data collection site, sex, and IQ. A rigorous machine learning analysis framework including embedded feature thresholding, Elastic Net regularization (Zou & Hastie, 2005), nested cross-validation, and bootstrap aggregation was used. An empirical significance threshold was established using random permutation testing.

Results: We were able to significantly predict future smoking with an average prediction accuracy of 62% (sensitivity=60.99%, specificity=62.93%). 15 predictors were found to significantly contribute to the model. Five of these measured participants’ level of alcohol use at baseline. Two items related to novelty-seeking. Reporting difficulties saving money and positive feelings about the prospect of earning money were also predictive of future smoking, as were scores on the ‘extravagance’ subscale of the Temperament and Character Inventory (TCI-R; Cloninger, et al. 1999) and neuroticism scores on the NEO-PI-R (NEO; Costa & McCrae, 1992). A further predictor was the lifetime frequency of sexual and/or romantic events. This effect was driven by whether or not participants reported having lost their virginity. The strongest predictor was a summary item of the the Life-Events Questionnaire (LEQ; adapted from Newcomb et al., 1981) assessing how happy participants would feel if (1) their sibling moved out, (2) they met a teacher they liked a lot, and (3) they found religion.

Conclusion: Our results show that it is possible to make a reasonable estimate of future smoking risk in young adolescents based on simple and inexpensive self-report measures. Furthermore our results suggest that interventions focusing on adolescents sense of support in the school and family environment may prove effective.
Introduction: Adolescence is a crucial developmental period. A half of adults who develop any mental disorder begin during adolescence. Previous literature showed that mental health literacy (MHL) interventions impact in mental health knowledge, reduces the stigma associated, and promotes help-seeking in these ages being a powerful tool to reduce the incidence of mental disorders. However, the evidence for the effectiveness and cost-effectiveness of these programs remains inconclusive.

Objective of the research: To evaluate the effectiveness and cost-effectiveness of the school-based MHL EspaiJove.net intervention adapted to Spanish school setting to promote mental health and help-seeking behavior, to reduce the stigma associated for finally improving mental health well-being.

Methods: A school-based clustered randomized controlled trial (cRCT) design with 12 months of follow-up. A 800 secondary school students aged from 13 years-old will be recruited in Barcelona, Spain. A dose-response intervention will be delivered with four intervention arms: 1) Sensitization about mental health (1h); 2) MHL intervention (6h); 3) MHL plus first-person stigma reduction (7h) and 4) Control group will be waiting list condition.

Primary outcomes: 1) MHL: The EspaiJove.net MHL Questionnaire (EMHLQ); 2) Stigma: Reported and Intended Behaviour Scale (RIBS) and Community Attitudes toward the Mentally Ill (CAMI). Secondary outcomes: 1) Mental health symptoms and emotional well-being (SDQ); 2) Intention to change; 3) Bullying and cyber bullying; 4) Quality of life (EQ-5D); 5) Help-seeking and use of treatment; 6) Health benefits and 7) Acceptability and satisfaction with intervention.

Practice/Policy Implications: From our best knowledge, this is the first study to evaluate the long-term effectiveness of a MHL programme in Spain and using a dose-response relationship.

Conclusions: If the results show that intervention is effective, EspaiJove.net would be a useful tool to promote mental health, to reduce stigma and to facilitate help-seeking behaviors at school into Spanish setting.

The project received a research grant from the Carlos III Institute of Health, Ministry of Economy and Competitiveness (Spain), awarded on the 2015 call under the Health Strategy Action 2013-2016, within the National Research Program oriented to Societal Challenges, within the Technical, Scientific and Innovation Research National Plan 2013-2016, with reference PI15/01613, co-funded with European Union ERDF funds (European Regional Development Fund)"
Development and validation of a Mental Health Knowledge Questionnaire from the content of the school-based mental health literacy “ESPAIJOVE.NET” program.

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 288

Dr. Rocio Casanas (Asociación Centre Higiene Mental Les Corts), Dr. Pere Castellvi (Institut Hospital del Mar d'Investigacions Mèdiques (IMIM)), Ms. Victoria Mailen Arfuch (Institut Hospital del Mar d'Investigacions Mèdiques (IMIM)), Mr. juan jose gil moreno (Asociación Centre Higiene Mental Les Corts), Ms. Maria Torres (Fundació Centre Higiene Mental Les Corts), Mrs. Anges Pujol (Fundació Centre Higiene Mental Les Corts), Dr. Jordi Alonso (Institut Hospital del Mar d'Investigacions Mèdiques (IMIM)), Dr. LLUIS LALUCAT (Asociación Centre Higiene Mental Les Corts), Dr. Carlos Garcia-forero (Institut Hospital del Mar d'Investigacions Mèdiques (IMIM))

Introduction: While studies demonstrate the importance of applying mental health literacy (MHL) programs, there are substantial limitations in current ability to measure MHL. So, there is a need to develop robust measures that assess the relevant attributes of MHL.

The “EspaiJove.net: a space for mental health” is a MHL program for youths from 12 to 18 years old, which aims to increase mental health knowledge, to reduce the stigma associated and to facilitate help-seeking behavior of health services. This project is granted from the Carlos III Institute of Health, Ministry of Economy and Competitiveness (Spain) (PI15/01613).

Objective: To develop and validate a mental health knowledge questionnaire (MHKQ) based on the content of the “EspaiJove.net” intervention. The MHKQ will be used to assess the effectiveness of the program.

Methods: The development of the EspaiJove.net MHKQ was conducted with the following phases: a) Researchers of the “EspaiJove.net” developed an initially 44-item version (with 4 answer options) of the questionnaire with the content of the “EspaiJove.net” program; b) A qualitative analysis with mental health professionals was performed to obtain the 30-item version; c) Then the 30-item version was administered to secondary students to obtain item difficulty (% of correct answers), comprehensiveness and offensiveness, and to identify distracting, and wrong concepts and beliefs with open-questions. We obtained a more difficult MHKQ version according distracting obtained. Then, several refinements and deletions were made throughout several criteria: (1) Relevant questions regarding to clinical impact (according to qualitative analyses made by mental health professionals); 2) Enough difficult questions (correct answers <50%); 3) Enough correlation with total score (item-total correlation >0,20); 4) Well-formulated questions; 5) Understandable and non-offensiveness language; 5) Finally, we made another depuration and deletion analysis of those item obtaining a new 20-item MHKQ version according to its clinical impact, knowledge and psychometric. The validity of the 20-item MHKQ was done to administering: a) 40 students who had received the EspaiJove.net program and 40 who had not received the program (pre and post intervention); b) 50 mental health professionals; c) 50 professionals of primary care (general practitioner and nurses); and d) 50 teacher of secondary school, with the objective of assess internal consistency, reliability, measurement error, content validity, structural validity and hypotheses testing.

Results: Our preliminary results during the development of the MHKQ show this questionnaire as an appropriate from the content of the program, understandable, and non-offensive. Currently, we are involved in the validation phase of the MHKQ.

Conclusions: A good content validity, relevant and comprehensive and non-offensive mental-health literacy questionnaire has been obtained to begin its validity phase.
Developing and evaluating i-THRIVE decision aids for improving shared decision making in child and youth mental health

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 290

Dr. Emilios Lemoniatis (Tavistock and Portman NHS Foundation Trust), Mr. Dan Hayes (Anna Freud National Centre for Children and Families), Ms. Rosa Town (Anna Freud National Centre for Children and Families)

Background: THRIVE is a conceptual framework in child and youth mental health and was developed by a collaboration of authors from the Anna Freud National Centre for Children and Families (AFNCCF) and the Tavistock and Portman NHS Foundation Trust. It conceptualises need into five categories: Thriving, Getting Advice and Signposting, Getting Help, Getting More Help and Getting Risk Support. Central to THRIVE is the premise of SDM with young people. The aim of this study was to develop encounter decision aids for THRIVE to use in assessment clinics and examine if they influenced clinical outcomes.

Methods: Intervention: Working in collaboration with Dartmouth University, five encounter decision aids designed as comparison tables were developed. Encounter decision aids were derived from the Option Grid™ concept and were developed for three presenting problems: depression, self-harm, and ADHD. The decision aids were developed with a large amount of input from young people and carers to ensure the language and concepts used met their needs. Encounter decision aids were then implemented in two London assessment clinics in February 2017 using PDSA (Plan Do Study Act) cycles to make further improvements, and examine if encounter decision aids contributed to changes in patient outcomes.

Data collection: Data was collected on SDM, patient satisfaction, modality of care, clinical symptomology, type and delivery of treatment, and THRIVE grouping allocated. Young people, parents, and clinicians were interviewed about encounter decision aid usability and acceptability.

Results and conclusion: We will present results with the young people who helped us, on how the refinement of encounter decision aids process worked. We will also present results about how the introduction of decision aids in assessment clinics influenced outcomes, presenting qualitative and quantitative feedback on usability and acceptability from stakeholders.
Youth Work and Mental Health: Exploring the Impact Youth Work can make on young people’s aged 12-18 years Happiness and Wellbeing.

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 292

Mrs. Leighann Ryan Culleton (Glyndwr University)

Mental health is not only concerned with the absence of mental illness but with the promotion of positive emotional health and wellbeing. 50% of youth work activities are aimed at improving young people’s wellbeing. 43.3% of the total youth population aged between 10-24 voluntary participate in and benefit from the various activities and programmes provided by youth organisations throughout Ireland. Youth work, through its emphasis on wellbeing, contributes to a range of policy outcomes for young people, most notably in the areas of mental health, while recognising the distinctive functions of youth work, greater emphasis could be placed on identifying the contribution youth work can make to these broader policy areas.

Objectives: Scientific studies demonstrating the impact and outcomes of youth work in Ireland are limited. In light of the fact that over 50% of youth work activities are aimed at improving young people’s wellbeing, this study focuses on investigating the impact youth work practice has on young people’s happiness.

Aims: To contribute and build on the evidence of effectiveness of the youth work approach in Ireland. To provide further information to literature regarding protective factors for young people’s mental health. In addition identify the contribution youth work has on the promotion of mental health among young people in Ireland.

Methods: This study will use positive psychology’s scientific theory of happiness and wellbeing, the PERMA model. This provides the study with a construct of wellbeing, measuring positive emotions, engagement, relationships, meaning and accomplishments. Young people aged 12-18 engaging in youth work activities will complete a questionnaire pre and post engaging in youth work activity. A control group including young people who are not engaged in any activity will complete the questionnaire. Statistical analysis will be used to determine the impact of youth work activity on well-being.

Significance of Study: To date there is very little literature that can offer ‘high end’ evidence about impact from a non-USA perspective. There is also a lack of scientific evidence on the benefits of participation in youth work activities in the Irish/UK context. Being able to make ‘evidence statements’ of this kind, from studies conducted in Ireland, would help to establish what can be achieved with children and young people in the Irish context, for youth work provision, practice and policy.
Youth Involvement in Data and Evaluation

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 300

Ms. Stephanie Sikes (Kentucky Partnership For Families and Children), Mr. David Murphy (Centerstone), Ms. Chithra Adams (University of Kentucky), Ms. Janice Johnston (Division of Behavioral Health), Ms. Kate Tilton (KY Partnership for Families and Children), Ms. Anita Roper (Centerstone), Mr. David McKay (University of Kentucky)

When people have some influence on program implementation and can influence decision-making, the quality of program participation increases (Checkoway, 1998). Similarly, participation in evaluation increases when stakeholders have an input in the evaluation process. Youth can be involved in all aspects of evaluation, ranging from development of evaluation questions, information gathering, and using the findings. Youth involvement in evaluation not only helps make programs more youth friendly but also inspire youth staff to take action (Wang and Burris, 1997).

This poster will outline youth participation in the evaluation of a government funded program. As a part of the program, youth drop-in centers were opened in rural and urban areas in a state in the US. The concept of the youth drop-in centers were novel for the state. The program employed youth staff members at the local and state to increase behavioral health awareness, provide youth peer support, and increase access to mental health and related services. The program evaluators involved the youth staff from program evaluation design to data use. The poster will describe the process used to engage young people in evaluation and data use. The poster will show how youth staff were involved in evaluation design, data collection, reporting and use. Furthermore, the poster will highlight how youth feedback improved the data collection process. The poster will also describe youth experience – their feelings and reactions – as they got involved in the evaluation.

The poster will highlight how youth can be involved in program evaluations that have funder requirements and constraints. The poster will show how the youth staff members’ journey in program evaluation.
Cross-Sectoral Integration in a Youth-Serving Mental Health and Addictions Network: A Social Network Analysis

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 311

Dr. Lisa Hawke (Centre for Addiction and Mental Health), Ms. Rachel Mcgihon (University of Toronto), Dr. Joanna Henderson (Centre for Addiction and Mental Health)

Mental health concerns affect a large proportion of youth and young adults and frequently co-occur with substance use problems. Youth with comorbid mental disorders and substance use concerns, or concurrent disorders (CDs), may present to specialty mental health and addictions treatment centers, as well as child welfare, juvenile justice, education and primary care service sectors. Unfortunately, services across these sectors are insufficiently integrated to respond to the diverse and ever changing needs of youth.

Reducing fragmentation through the organization of integrated service networks is expected to improve the responsiveness and efficiency of youth mental health systems. The National Youth Screening Project (NYSP) aimed to improve the capacity of youth-serving agencies in Canada to identify and treat CDs in young persons aged 12 to 24 years. This aim was partially achieved through the formation of a large network of cross-sectoral youth-serving agencies.

The objective of the present study was to quantify the level of cross-sectoral integration in youth-serving mental health and addictions networks by conducting a social network analysis of that established through the NYSP. Social network analysis (SNA) is an analytic method that is used to describe patterns in the relationships between actors within a network. We employed traditional SNA methods to examine relationships between the eight youth-serving service sectors that were represented in the NYSP network: addictions, child welfare, education, physical health, housing, mental health, youth justice, and other social services.

Data were from service providers’ self-report of contact and referral relations with agencies from other service sectors during the previous 3 months. Valued tie variables capturing tie strength were created for each of the two types of relations; frequencies of contacts or referrals were categorized as low, moderate or high. For each network we calculated overall density, as well as measures of degree, closeness and betweenness centrality.

Networking data were available for service providers (N = 618) from twelve sites across Canada. Overall, measures of global density indicated a moderate level of cross-sectoral integration in the NYSP network. Density in the contact network (3.59 ±1.07) was slightly higher than that observed in the referral network (2.77 ±0.68), which suggests that contact between cross-sectoral agencies is more common than referrals.

Measures of degree centrality indicated that the mental health and education sectors most frequently initiate contact and send referrals to other sectors, whereas the housing, youth justice, and other service sectors most frequently receive contact and referrals. Considering the average distance between nodes, the most central actors in the NYSP network were the mental health, housing, and child welfare sectors.

Using an SNA approach, we found that service sectors in a youth-serving mental health and addictions network were moderately integrated when considering both their contact and referral relationships. Across multiple measures of centrality, the central actors in the network were the mental health, education, housing, and child welfare sectors. Ongoing efforts to strengthen the connections between agencies from different sectors, especially between those that currently occupy non-central positions, will help to increase network integration.
Background: Involvement of family members in the recovery of patients experiencing psychosis is recognised in the literature as of significant benefit, however engagement rates are low (Glynn et al., 2006). The DETECT Information and Support Course (DISC) is a psycho-education intervention designed for family members of people experiencing first episode psychosis and who are attending the DETECT Early Intervention in Psychosis Service. Our aim was to qualitatively evaluate a stepped model of the existing course, including a follow up module allowing the family plan for the further recovery journey.

Methods: We explored whether this specific enhancement was perceived as beneficial by the participants. Eight (N=8) face-to-face semi-structured interviews were conducted with family members (1 sibling, 2 spouses, 5 parents) to explore their experience of the standard DISC course and the enhanced module. Where families (n=6) had not availed of the enhanced module we explored their reasons for this choice. Data were analysed with Thematic Analysis (Braun & Clarke, 2006).

Results: All participants endorsed the standard course. The overarching themes are labelled as “Desire for on-going support” and “isolation of the carer”.

The overarching theme of “Desire for on-going support” is supported by sub themes of “follow on meeting”, and “Trying to make sense of the whirlwind”, “didn’t really know what was going on” and “Timing of the course”.

The overarching theme of “Isolation of the carer”, is supported by sub themes of “Sharing of the experience of caring” “Carer need for re-assurance” “Communication style pre and post”, “Responsibility but no authority”, “Family member desire for involvement in the recovery journey”. “Interactions with healthcare professionals”, and “Irish context of the information delivered by the course”. There are sections of these themes which overlap and this is characteristic of interviews when people are seeking to understand and interpret new situations.

Conclusion: Families were ambivalent about the enhanced module but expressed a wish for post-course support related to the family member’s own support needs. We sought to address this with a carer peer to peer support group. As family member support can have such a positive influence on the recovery journey this exploration of the experience of family support generates useful information in shaping future interventions.
Peer support for caregivers of youth with mental health and/or addictions concerns: Designing, implementing, and evaluating the Parent Advocate with Lived Experience role at the Family Navigation Project

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 317

Dr. Roula Markoulakis (Sunnybrook Health Sciences Centre), Ms. Samantha Chan (Sunnybrook Health Sciences Centre), Ms. Kendyl Dobbin (Sunnybrook Health Sciences Centre), Ms. Staci Weingust (Sunnybrook Health Sciences Centre), Ms. Tracey Addison (Sunnybrook Health Sciences Centre), Ms. Melissa Turner (Sunnybrook Health Sciences Centre), Mr. Michael Calis (Sunnybrook Health Sciences Centre), Ms. Jeanne Foot (Family Advisory Council - Family Navigation Project), Ms. Ingrid Lane (Family Advisory Council - Family Navigation Project), Ms. Karen Moffat (Family Advisory Council - Family Navigation Project), Ms. Calay van Groll (Family Advisory Council - Family Navigation Project), Dr. Anthony Levitt (Sunnybrook Health Sciences Centre)

Parents and caregivers of youth with mental health and/or addictions (MHA) concerns are often tasked with navigating the complex MHA system on behalf of their youth. They face numerous individual, social, and systemic barriers to finding needed care and experience strains to their own and their families’ lives. The Family Navigation Project (FNP) in Toronto, Canada (a non-profit, free-of-charge clinical service) helps families navigate the MHA care system for their youth. The Parent Advocate with Lived Experience (PAL) role was created to respond to peer support needs expressed by families, as well as to complement the support that families currently receive from the Navigators. FNP was co-designed by families and this principle endured by incorporating families’ experiences and perspectives into the development of this caregiver peer support.

This presentation will share information about the PAL service at FNP along with findings from two studies that explored the role of caregiver peer support at the FNP. Prior to implementing the PAL role at FNP, one-on-one interviews were conducted with current and former FNP clients to explore clients’ needs and perceptions of this peer support role. These qualitative findings informed the development of the PAL role at FNP and also informed the development of a quantitative follow-up survey measure. A follow-up survey was conducted approximately one year after the implementation of the PAL to determine whether the PAL service was meeting clients’ expectations in practice and the outcomes for clients following their experience with PAL service. Attendees will be invited to share their perspectives on providing or receiving peer support. Youth and caregivers in particular will be invited to share their thoughts on the possible impact of a caregiver peer support worker at the services with which they have interacted. Attendees will also be invited to reflect on and share how these findings might inform frontline service provision and broader policy considerations. This presentation will highlight study findings with respect to peer support and lessons learned in implementing this unique peer support role within an existing service. Developing an understanding and appreciation for the unique needs of caregivers of youth with MHA issues, as well as the implementation and outcomes of this peer support service, may help inform the development and evaluation of similar roles in other settings and for differing client needs. Supporting caregivers through peer support is an important care consideration for family-centered services for youth with MHA issues.
“Making Health a habit”- The design and initiation of a healthy activity programme for people encountering mental health difficulties

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 318

Mr. Peter Gallagher (DETECT Early Intervention Service), Ms. Aisling McClenaghan (DETECT Early Intervention Service, Avila House, Blackrock Business Park, Carysfort Avenue, Blackrock, Co. Dublin), Prof. Mary Clarke (DETECT Early Intervention Service, Avila House, Blackrock Business Park, Carysfort Avenue, Blackrock, Co. Dublin)

Rationale: The aim of the study “Making Health a Habit” is to evaluate the provision of a twelve week Healthy Activity Programme, a physical health and lifestyle intervention for people with mental health difficulties. The programme aims to foster skills to develop and adopt a healthier lifestyle. Specifically the programme uses elements of self-efficacy promotion, imitation and reinforcement, draws from the theory of reasoned action, and utilises a health action process approach to effect change in nutritional choices and physical activity levels. The programme is delivered through education, and experiential learning.

Methods: This is a mixed methods study design. Participants are patients who attend a community mental health service and had chronic mental health difficulties allied with an unhealthy lifestyle, which placed them in danger of metabolic syndrome. Activities consist of healthy eating education, education about information on pre prepared food labels, healthy cooking choices, social activities, physical activities such as walking, zumba dancing, yoga, combined with resource education such as walking to the library and finding out what resources were available. The primary outcome measure is the level of physical activity using the EPIC-Norfolk Physical Activity Questionnaire (epaq2) quality of life as measured by the EQ5D, levels of self-esteem as measured by the Rosenberg Self-Esteem Scale and levels of anxiety measured by the Hospital and Depression Scale (HADS). A qualitative interview is also offered to explore the participants experiences.

Preliminary findings: Preliminary findings demonstrate that the intervention is feasible and acceptable. The preliminary findings are encouraging. There is a statistically significant increase between mean pre-course physical activity levels and post course activity levels. There is a decrease in BMI when compared pre course and post course. The levels of mean scores in the Rosenberg Scale and the HADS are also showing improvement. The preliminary analysis of the qualitative section of the study indicated that attending the programme made participants feel less stigmatized, more confident, and more centred. They reported that they really enjoyed attending the programme, being educated around food and particularly about the food labels.

Conclusions: The social aspects are championed by the participants as being as important as the physical activities, and the usefulness of the mix of these activities to increase motivation in this cohort for whom this can be an impediment should not be underestimated. This suggests that the intervention is feasible and acceptable.
The health and wellbeing (including mental health) of young people in Australia, Canada, New Zealand, the United Kingdom and United States

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 332

Dr. Alyssa Milton (Brain and Mind Centre, University of Sydney), Ms. Tracey Davenport (Brain and Mind Centre, University of Sydney), Ms. Therese Fitzpatrick (The Movember Foundation), Ms. Anna Flego (The Movember Foundation), Prof. Jane Burns (The University of Sydney), Prof. Ian Hickie (Brain and Mind Centre, University of Sydney)

Introduction
Improving our understanding of the factors associated with health and wellbeing (including mental health) in young people can aid in the enhancement of health promotion practices and support systems.

Methods
The Global Health & Wellbeing Survey was a large-scale online pilot study, commissioned by The Movember Foundation and conducted by the Young and Well Cooperative Research Centre (2011-16) in partnership with The University of Sydney’s Brain and Mind Centre in the latter half of 2015. The Global Health & Wellbeing Survey explored the health beliefs, perceptions and behaviours including, for example, those relating to suicide, self-harm, stigma, social connectedness and help and information seeking of 10,765 people (40% males, 60% females) aged 16 years and older in five countries — Australia, Canada, New Zealand, the United Kingdom and United States.

Results
For this subsidiary presentation, the results of participants’ aged 16 to 24 years as compared to different generational groups will be discussed. This will include results from a series of logistic multiple regression analyses, which predicted health, wellbeing, mental health and suicidal ideation/acts in young people.

Conclusions
The results highlight the ongoing challenge faced by young people, especially in relation to experiencing poor mental health as compared to older generations. Additionally, the research demonstrates the importance of enhancing social connectedness and reducing social isolation and marginalisation for young people – with a particular focus on improving support for young people who identify as gay, lesbian, transsexual, queer, intersex or asexual and those who have recently experienced more than one major life event in the past year – such as finishing school, starting university, experiencing a relationship breakdown or suddenly or unexpectedly becoming unemployed.
Recognising and treating childhood trauma in youth mental health services: What do clinicians know and what do they need?

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 334

Childhood trauma, including sexual and physical abuse and bullying, leads to a variety of poor mental health and functional outcomes in young people. These include but are not limited to depression, anxiety, alcohol and other drug abuse and dependence, suicide, and psychosis. Trauma can lead to a variety of biological (e.g., stress responsivity), social (lack of interpersonal trust) and psychological (e.g., the development of early maladaptive schemas) outcomes that in turn lead to symptoms and functional difficulties. Multiple diagnoses are the norm rather than the exception in distressed young people who have experienced childhood trauma. Our traditional diagnostic systems have obscured the centrality of trauma to many young people presenting to mental health services by focusing on the presenting symptoms. The exception is post-traumatic stress disorder (PTSD) where evidence-based interventions do exist for youth. However, little is known of whether these interventions are effective for symptoms other than PTSD such as depression or anxiety. Another constellation of trauma-related symptoms, known as complex trauma, is thought to extend beyond PTSD and is often associated with chronic experiences of interpersonal trauma in childhood. Complex trauma symptoms present unique challenges to young people.

New youth mental health services that focus on distress and need for care rather than diagnosis, such as headspace in Australia, have the opportunity to address trauma no matter what the presenting problem. We surveyed headspace clinicians using a mixed-methods design with the aim to determine their: a) knowledge and practice of assessing and treating young people with childhood trauma and b) needs in improving treatment for young people who have experienced trauma. Results from 47 surveys showed that clinicians are engaging in a wide variety of interventions for the treatment of depression, anxiety, post-traumatic stress symptoms and substance abuse in the wake of trauma in young people. However, a majority of clinicians were not confident in delivering trauma interventions. Furthermore, considerable barriers towards providing intervention in this population were frequently reported including a lack of time to treat, and the need to engage young people before trauma treatment is offered. These results have implications for clinician training and services reform.
“Highways” – a mutual-help, recovery group for young people with dual diagnosis

**Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 338**

**Dr. Enrico Cementon (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Katherine Monson (Orygen The National Centre of Excellence in Youth Mental Health), Dr. Eddie Mullen (Orygen The National Centre of Excellence in Youth Mental Health)**

**Background**

Dual diagnosis (DD), or co-occurring mental health and substance use disorders, and its association with higher rates of disability, hospitalisation, reduced engagement and adverse outcomes in young people is well recognised. Current models of care for DD are non-integrated and complicate or delay best practice treatment. One integrated approach to dual diagnosis is the provision of mutual-help groups where people with dual diagnosis participate and provide support for each other to facilitate recovery from dual diagnosis problems such as addiction. Such mutual help groups exist for adults and often in addiction settings, however there is little or no experience in establishing such groups in youth mental health services.

We wanted to collaborate with young people who had experienced DD and recovery and harness their wonderful resources to form a mutual help group which would support other young people in their recovery from DD.

**Objectives**

To describe a novel, peer support worker-facilitated, high-quality model of mutual-help care for DD in Orygen Youth Health (OYH), a specialist youth mental health service that provides early intervention for mental illness.

**Methods**

The mutual help, group model “Highways” was developed as a collaboration between the Orygen young people's consumer group and clinical staff. Initial planning was informed by obtaining young consumers' views – interviewing the OYH youth participation program and a client satisfaction survey. A literature review was undertaken and we evaluated staff attitudes and competencies for DD clinical practice with interviews and a survey.

The 6-session program was implemented in the continuing care setting and facilitated by an OYH young person's peer support worker and a member of the OYH Psychosocial Recovery Program. An overview of the “Highways” group, its philosophy, aims and objectives, format, content and initial evaluation will be presented.

**Findings**

The collaboration with and participation of young people with the lived experience of problems of dual diagnosis and recovery, and previous treatment within OYH, proved to be an exciting and successful experience for all participants. “Highways” is a novel approach to DD in young people attending a mental health service.

There were some barriers in the development and implementation of the group program and these will also be described.

**Conclusions**

A youth mental health service needs a number of approaches and options for its clients with dual diagnosis. One such option is a mutual-help, recovery group developed and led by the collaborative efforts of peer support workers and clinical staff. The critical involvement of peer support workers, who have previously experienced DD and its recovery, harnesses key strengths and resources that can be shared with other young people thereby making the model sustainable and helping those who present to OYH in the future. Some of these young people may well become future members of the OYH peer support workforce.

This group program will now continue to develop and undergo further evaluation.
An iterative cycle of research and development to realise the Synergy Online System

Ms. Tracey Davenport (Brain and Mind Centre, University of Sydney), Ms. Lisa Whittle (The University of Sydney), Dr. Laura Ospina-Pinillos (Brain and Mind Centre, University of Sydney), Dr. Alyssa Milton (University of Sydney), Mr. Shane Cross (Brain and Mind Centre, University of Sydney), Prof. Jane Burns (The University of Sydney), Prof. Ian Hickie (Brain and Mind Centre, University of Sydney)

Background
Project Synergy (2014-16) was conducted by the Young and Well Cooperative Research Centre (2011-16) in collaboration with The University of Sydney’s Brain and Mind Centre along with other key partner organisations (including Mental Health Commission of NSW, ReachOut.com Australia, Spark Strategy, ConNetica, Central and Eastern Sydney Primary Healthcare Network, headspace) who were all essential to the successful design and development, implementation and evaluation of four trials that originally prototyped the Synergy Online System (SOS) as a new and innovative Internet-based resource of integrated and interoperable apps and etools designed to help end-users manage their health and wellbeing. These partner organisations had a shared agenda to co-create/ co-design/ co-develop, user (acceptance) test and evaluate SOS in order to fully understand how new and emerging technologies enhance health outcomes of end-users.

Methods
Three key principles underpin SOS co-creation/ co-design/ co-development methodology, including: (1) End-users (general population, consumers of mental health services, health professionals, supportive others) are active participants from study commencement to conclusion; (2) End-users are design partners and contribute in terms of idea generation, solution creation, and providing feedback on existing design concepts; and, (3) The process is iterative, so that the proposed technology solution is understood and continually evaluated by end-users in terms of its relevance, meaningfulness and engagingness. Across the first four trials of Project Synergy (2014-16) almost 800 end-users participated in the iterative R&D process that included: (1) participatory design workshops and rapid prototyping to alpha build through knowledge translation; (2) user experience testing and rapid prototyping to beta build; (3) user-acceptance testing, and (4) naturalistic trialling.

Results
Through an iterative R&D cycle, SOS now includes:

- **HAPPINESS CENTRAL** – end-users identify their current needs (eg. managing stress) and develop a personalised ‘wellbeing plan’ through the use of smart algorithms and interoperable apps and etools;
- **Mental Health eClinic** – a real-time primary care clinic that offers end-users immediate online assessment, as well as timely support and programs, via a video-visit with a health professional and ‘share plan’; and,
- **Towards Zero functionality** – a technology component that supports the “Towards Zero Suicide Strategy” by assessing, supporting and triaging users with suicide prevention needs.

Conclusions
Project Synergy’s (2014-16) iterative R&D cycle provides a sound method for implementation science to rapidly incorporate new and emerging technologies within online and offline mental health services. SOS offers a configurable, easily adaptable piece of technology that can meet the needs of end-users in many and varied settings and populations. By using a person-centred approach at all levels of its design, SOS is uniquely positioned to
deliver a practical and targeted, technology-based solution for mental health care reform in Australia and internationally.
Spanish translation and cultural adaptation of the Synergy Online System

Dr. Laura Ospina-Pinillos (Brain and Mind Centre, University of Sydney), Ms. Tracey Davenport (Brain and Mind Centre, University of Sydney), Prof. Jane Burns (The University of Sydney), Dr. Elizabeth Scott (Brain and Mind Centre, University of Sydney), Prof. Ian Hickie (Brain and Mind Centre, University of Sydney)

BACKGROUND
The aim of the Synergy Online System (SOS) is to deliver best practice and personalised clinical services to people experiencing mental health problems by jumping traditional barriers making healthcare more personalised, accessible, affordable and available. It is well known that in multicultural countries (like Australia) the lack of English proficiency is one of the most significant barriers when accessing health care services.

METHODS
Over the past 12 months, the English version of the SOS Clinical Questionnaire has been carefully translated into colloquial Spanish: a Spanish-bilingual health professional translated all items from English to colloquial Spanish (with the exception of standardised surveys already available in Spanish); two native-Spanish mental health clinicians reviewed the translations to ensure all items were linguistically appropriate by assessing the criterion validity of each item in the questionnaire (as well as assessing the readability and grammatical consistency of the entire questionnaire); items were then back-translated to English by one Australian adult who is fluent in colloquial Spanish; and, discrepancies between the original and back-translated versions were resolved between all translators.

Cultural adaptation is the process and time it takes to integrate into a culture and feel comfortable within it. The methodology of participatory design (PD) was used to begin the cultural adaptation of SOS to Spanish. To date, two PD workshops have been run in Australia with native Spanish-speaking populations (one with young people and supportive others, the other with health professionals), and two PD workshops have been run in Colombia (again, one with young people and supportive others, the other with health professionals).

THE COLOMBIAN EXAMPLE
Colombia is a country at the northern tip of South America and has an estimated population of 49 M inhabitants. In 2013, it was estimated there were just 1,250 psychiatrists practicing in Colombia, and that 80% of these psychiatrists were situated within major cities. Such service characteristics, together with Colombia's 50 years of civil war, have made evident a huge gap between current mental health need and available health professionals. Thanks to Colombia's now 100% Internet connectivity, SOS is a potential tool that can assist Colombia to deliver evidence-based and personalised mental health care to its population.

RESULTS
The Spanish version of SOS for migrant populations in Australia is ready, and a naturalistic evaluation trial will begin March 2017. Simultaneously, another round of PD workshops will be run in Colombia. The outcomes of these two processes will lead to a more stable Spanish version of SOS for the Colombian population. In early 2018, this version will be integrated into Colombian mental health services using a stepped-wedge design, initially through three University Wellbeing Centres (in Bogota, Medellin and Bucaramanga) and then the broader primary care system.

CONCLUSION
SOS has the potential to transform local Colombian mental health services and address the large unmet need in its population. In particular, SOS will be used to deliver personalised care to Colombia’s post-war society and more broadly, learnings from the study will (re)inform Australian and international mental health care reform.
Engaging a Youth Advisory Council to Transform the Everyday Realities of Canadian Mental Healthcare: How-to’s and Lessons Learned

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 344

Ms. Eugenia Canas (Western University), Ms. Rebecca Prince (Chatham-Kent Health Alliance), Ms. Rebecca Flanagan (Chatham-Kent Health Alliance)

As youth mental health system and research agendas invest heavily in the improvement of service delivery, the inclusion of youth perspectives has gained prominence. But we know little about the work of including youth perspectives within the everyday realities of a care-delivery organization. What impact do youth advisors have upon service design and delivery?

This presentation describes the process of engaging a Youth Advisory Council in a service organization in Ontario, Canada, as it undergoes organizational and service transformation under the ACCESS Open Minds project. Presenters will describe the impact of engaging a Youth Advisory Council (YAC) at the micro, mezzo and macro levels of mental healthcare. A key question explored in this presentation is how youth perspectives contribute to the definition, and delivery, of appropriate care. Other concrete activities described will include the continuous engagement of an expanded network of youth, as well as parallel and contrasting experiences of youth and family stakeholder engagement at the national level of the ACCESS Open Minds project.

Youth and adult/student presenters will collaborate in the creation of this paper and in the delivery of this presentation. Drawing from the experiences of adult professionals and youth advisors engaged at this service organization, presenters will share the everyday realities of youth stakeholder engagement — including what makes it effective, what gets in the way, and the various impacts it has on the culture of care. A synthesized toolkit of best practices appropriate to this service organization will be shared, for potential application in the attendees’ own context.

This is an interactive presentation, with opportunities for experiential learning of how to foster participation and participate in the kinds of meetings and decision-making processes that shape the design of mental healthcare. Attendees to this presentation will experience first-hand techniques that engage youth as equal creators of knowledge alongside adult administrators and service professionals.
Subjective Happiness, Life Satisfaction, Life Meaning and Personal Growth Initiatives in College Students of United Arab Emirates

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 346

Prof. Amber HAQUE (UAE University)

The UAE is an oil-rich and modern country in the Arabian Gulf with a growing young population of the locals. Despite all amenities of life and free education for locals, there are increasing social issues like unemployment, divorce, drug addiction, etc. There are many initiatives and programs by the Government trying to involve the youth to face the challenges of a highly changing society. However, what is the nature of such challenges and how they are affecting the local youth is unknown. No research is available on happiness, life satisfaction and how the young people view life in general and if self-esteem affects their personal growth initiatives. This study uses five different standardized scales to measure level of subjective happiness, life satisfaction, meaning of life and self-esteem in 200 University students and examines how these factors affect personal growth initiatives. Descriptive statistics and Chi-square are used to evaluate differences among variables and implications are discussed for a society where youth issues and wellbeing are considered a national priority.
Engaging CHAT Ambassadors in Improving Outreach Initiative - #MYSECRETBEDROOM

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 347

Ms. Hanisah Binte Abdul Jalil (Institute of Mental Health/Community Health Assessment Team), Ms. Nur Khairunisa Ngaiman (Institute of Mental Health/Community Health Assessment Team), Ms. Tan Raelin Meridyn (Institute of Mental Health/Early Psychosis Intervention Programme), Ms. Verity Er Hui Yin (Community Health Assessment Team), Ms. Nur Amirah Binte Ahmad Jamaludin (Community Health Assessment Team)

Introduction:
Community Health Assessment Team (CHAT), Singapore aims to raise awareness of youth mental health issues through outreach initiatives, training and facilitating access to mental health resources via our free mental health assessment.
As CHAT targets young people ages 16 to 30, we recognize the need to involve young people when planning service improvement initiatives. CHAT Ambassadors, comprising mainly students and young working adults, was thus formed in 2014.
One of CHAT's outreach strategy is to use display booths with information on common mental illnesses and an overview on CHAT service.
Post-event feedback gathered often revealed that young people hesitated to approach the booths due to strong stigma attached to mental health topics. We engaged CHAT Ambassadors to explore alternative ways in delivering messages on mental health.

Objective:
This project aimed to engage CHAT Ambassadors to review CHAT's outreach booth, and improve the effectiveness of the booths in raising awareness of mental health issues among young people.

Methods:
2 CHAT staffs facilitated brainstorming sessions with the CHAT Ambassadors on ways to redesign CHAT booths. CHAT Ambassadors proposed strong visuals and interactive elements to be a key factor in engaging young people.
A thematic experiential booth in the form of a bedroom called #MYSECRETBEDROOM (#MSB) was designed to showcase personal experiences with mental illnesses.
Interactive components of the booth included having audience walk around the set to unravel hidden secrets and learn symptoms of mental illnesses. A brochure, which included a quiz, a segment for writing encouraging help-seeking messages and a post-event questionnaire was given to participants.

Results:
There were 100 responses from the post-event survey, which involved Likert scale and open-ended questions to evaluate the effectiveness of this project.
72% of respondents said #MSB was effective or very effective in increasing awareness of mental disorders. 67% of respondents said #MSB was effective in addressing stigma associated with mental disorders, while 82% of respondents said that it was easy or very easy to understand the message that #MSB was putting across.
Below are responses on aspects of #MYSECRETBEDROOM which they found useful in understanding mental health issues:

1. Viewing bedroom (56%)
2. Reading profiles (35%)
3. Doing quiz (40%)
4. Staff presence (36%)
Open-ended questions were asked to gather their views on mental illness before and after visiting the booth. Pre-event: Feedback showed a certain stereotype towards mental illness. “Crazy”, “scary” were common labels used pertaining to mental health issues. Many thought mental illness was incurable. Post-event: Some realized there is mental health support, while others mentioned about becoming more sensitive to terms they had been using.

Conclusions:
Overall, engaging young people, i.e. CHAT Ambassadors, toward CHAT service improvement, has been proven beneficial. By supporting and championing CHAT Ambassadors' initiative in improving CHAT's outreach, #MYSECRETBEDROOM has resulted in positive outcomes via greater awareness on mental health issues and positive attitudinal change toward mental illness as seen from survey results. Future plans include maintaining interactive and experiential components in future outreach initiatives, as well as continuing to engage CHAT Ambassadors in CHAT service improvement and delivery.
Quality of life in young Adults with ADHD attending psychiatric outpatient clinics, in Sligo/Leitrim area.

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 350

Dr. Ana Paula Camargo (UCD), Dr. Naoimh Fox (Sligo Mental health Servises), Dr. Blanaid Gavin (UCD), Dr. Donagh O Neill (Sligo Mental health Servises), Dr. Sutha Murthy (Sligo Mental health Servises), Dr. Edmond O'Mahony (Sligo Mental health Servises), Dr. Owen Mulligan (Sligo Mental health Servises), Dr. Geraldine McCarth (Sligo Mental health Servises), Prof. Fiona McNicholas (University College Dublin), Dr. Dimitrios Adamis (Sligo Mental health Servises)

Introduction

Attention Deficit-Hyperactivity Disorder (ADHD) is a mental disorder characterised by either significant difficulties of inattention or hyperactivity and impulsiveness or a combination of the two. It is estimated that about 5 percent of adults in general population live with ADHD. Previous research has shown that ADHD in adults come out with higher rates of functional impairment in several areas of their daily lives. In addition, individuals with greater number of nuclear symptoms of ADHD have worse indicators of overall functioning. In this study we aim to estimate the quality of life and function of young adults newly diagnosed with ADHD who attended outpatient's psychiatric clinics.

Methods

All consecutive patients attending any of 5 Sligo / Leitrim Adult Mental Health Services (AMHS) and were agreed to participated were screened by using the Adult ADHD Self-Report Scale (ASRS) and the Wender Utah Rating Scale (WURS). Those who were scored positive in both scales were tested further with: a) Conners' Adult ADHD Diagnostic Interview for DSM-IV (CAADID) b) Mini International Neuropsychiatric Interview (MINI v.5) c) The World Health Organisation Quality of Life BREF (WHOQOL- BREF), and d) Global Assessment of Functioning (GAF) Scale

Results:

In this ongoing project 25 people between the ages of 18-38 have been identified with an ADHD diagnosis according to CAADID. The mean age of this group was 30.56 (SD: 5.45), 16 males (61.5%). The mean score of GAF was 62.95 (SD: 15.53) minimum 22 maximum 90. The mean score of Physical Health domain of WHOQOL- BREF was 53.71 (SD: 10.69) min. 38 max. 69. In Psychological health domain the mean score was 41.3 (SD: 6.13) min. 31 max. 50, in the Social relationships domain mean was equal to 53.57 (SD: 24.33) min. 19, max. 31 and in the Environment domain the mean score was 68.86 (SD: 19.2) min. 50, max. 94.

Conclusion

It seems that young adults with ADHD have a low quality of life and low function. However, this low function and low quality of life also have been influenced from the comorbid disorders that this group in the vast majority has. While the possibility of overlapping symptoms with other major psychiatric disorders in early adulthood need to be considered, the findings suggests that ADHD in young adults is a highly disabling disorder and detection and optimisation of management and treatment is a priority.
Transitions from Adolescent to Adult Mental Health Services in the Irish Setting

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 351

Dr. Anna Feeney (St Patrick's Mental Health Services & TCD), Dr. Laura Bond (St Patrick's Mental Health Services & TCD), Dr. Imran Khurshid (St Patrick's Mental Health Services & TCD), Dr. Aileen Murtagh (St Patrick's Mental Health Services & TCD), Dr. Susan Healy (St Patrick's Mental Health Services & TCD), Dr. Paddy Power (St Patrick's Mental Health Services & TCD)

Objectives:
To (a) examine the transfer of care from Child and Adolescent Services to Adult Mental Health Services (AMHS) in Ireland and (b) compare the transition outcomes between those transferred to primary care, General Adult, Young Adult and other specialist adult services such as Eating Disorders, when patients turn 18 years of age.

Background:
An initial audit was carried out in 2016 looking at transfers between an Adolescent and a Young Adult Mental Health (MH) service in Ireland in 2014-2015. Following this, it was decided to expand it into a larger study comparing transitions between the Adolescent Service and all adult services.

Methods:
This is a retrospective review of clinical records, looking at inpatients and outpatients discharged from the Adolescent MH Service between January 2014 and December 2016 inclusive. Records of all patients attending the Adolescent Service between 2014 and 2016 and reaching aged 17 years 6 months or older are included in data collection. Data collected includes: patient demographics, transfer of care timeframes, periods of shared care, therapeutic interventions pre/post transition, diagnoses pre/post transition, mental health service type, and engagement outcomes up to 12 months post transition. The study uses the recommended benchmarks outlined in the TRACK study for transitions between Adolescent Services and AMHS.

Results:
159 patients met inclusion criteria for the study. The average age at the time of discharge/transfer to adult services by the Adolescent Service is 18 years 3 months. Transition patterns varied depending on whether adolescent patients were transferred from the Adolescent Service to (a) primary care (b) general adult services or (c) specialised adult services such as the Young Adult and Eating Disorder Services. The study makes a number of recommendations about improving the transition process between these different services.

Conclusions:
The study reveals how complex and multifaceted the transition process between child and adolescent services and adult mental health services can be and where the areas of most concern are. Understanding these factors better should point to useful interventions that will improve the transition process.
Transitions from an Adolescent to a Young Adult Mental Health Service in Ireland

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 353

Dr. Anna Feeney (St Patrick's Mental Health Services & TCD), Dr. Laura Bond (St Patrick's Mental Health Services & TCD), Dr. Aileen Murtagh (St Patrick's Mental Health Services & TCD), Dr. Susan Healy (St Patrick's Mental Health Services & TCD), Dr. Paddy Power (St Patrick's Mental Health Services & TCD)

Objectives:
To examine the transfer of care of inpatients and community patients from a Tier 3 & 4 Adolescent Mental Health Service to a Young Adult Mental Health Service when they turn 18 years of age.

Background:
The transfer of care of patients from Child and Adolescent Mental Health Services to Adult Services can be a challenging time for young people. This transition process has been noted to be prone to poor communication, inadequate transfer of information and loss of engagement of young people. However, there are no studies yet looking to see whether transfers of adolescent patients to specialised young adult services are any better. With this in mind, an audit of transitions from an adolescent to a specialised young adult mental health service in Ireland was conducted in 2016, to assess if this process was in line with the TRACK study recommendations.

Methods:
The audit looked at patients transferred from an Irish Tier 3/4 adolescent service to a young adult mental health service in 2014 and 2015, using the TRACK study recommendations as the clinical audit standard. Transfers were assessed for evidence of five basic recommendations: a transition planning meeting, the organisation of a formal transfer date, specific information transfer being received by the Young Adult Service, a period of parallel care and service engagement at three months post transfer.

Results:
32 patients were transferred from the Adolescent Service to the Young Adult Service between January 2014 and December 2015. 90.6% (n=29) of these charts were reviewed. No case had a transition-planning meeting with both teams. All cases had a formal transfer date organised. In 96.6% of cases the Young Adult team received the recommended patient information. In 31% of cases there was a period of parallel care between the two teams. At three months post-transition, 79.3% of cases remained engaged with the Young Adult Service or had a planned discharge to general practice.

Conclusions:
This audit shows that in many cases the transition process between adolescent and young adult services can meet the recommended standards, as set out in the TRACK study. Areas in which the transfer process did not meet recommendations include joint transition planning meetings and periods of parallel care. This difficulty in overlap of care may reflect the logistical challenges involved in coordinating the schedules of two services and staff at three different locations. Locating these services on one site might reduce these difficulties.

1Transition from CAMHS to Adult Mental Health Services (TRACK): A Study of Service Organisation, Policies, Process and User and Carer, January 2010, Perspectives Report for the National Institute for Health Research Service Delivery and Organisation programme, Singh S.
Building a Supportive Village for Youth Mental Health Distress: CHAT’s Capacity Building Strategies

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 355

Ms. Selvarani Murugesan (Institute of Mental Health/Community Health Assessment Team), Ms. Yi Ping Lee (Institute of Mental Health/Community Health Assessment Team)

Introduction: Singapore’s Community Health Assessment Team (CHAT) is a national youth mental health outreach and assessment service for young people aged 16 to 30. CHAT’s objectives include raising awareness of youth mental health and provision of free and confidential mental health assessments to facilitate access to mental health resources.

Most distressed young people prefer to speak to friends for help. When distress starts to impact one’s functioning in school and other social aspects, school and social service personnel can become the next line of contact for distressed young people. Forging unity amongst different helping hands is important in supporting distressed young people through recovery.

Recognising this, CHAT has progressively engaged young people and relevant personnel from Institutes of Higher Learning (IHL) and social service agencies through different platforms since our inception in 2009. This abstract describes CHAT's capacity building strategies to enhance the many helping hands approach for youth mental health.

Approach: CHAT’s capacity building is through evidence-based and practice-informed youth mental health training talks, workshops and public forums. Participants include young people, caregivers, IHL educators, counsellors, youth workers, social workers, case managers and programme executives. CHAT’s training seeks to enhance participants’ knowledge, competence and confidence on topics relating to understanding youth mental health, early identification of youth mental health distress, peer helping, engagement skills with distressed young people to encourage help-seeking behaviour, care planning and management to support recovery for distressed young people.

CHAT also supports post-workshop learning through regular networking sessions with young people, IHLs and social service agencies. Challenges faced with distressed young people are discussed and addressed in a collaborative manner during the networking sessions.

Results: Between 2010 and Dec 2016, CHAT has conducted 73 training workshops and 208 talks with a total of 15763 participants (young people, caregivers, IHL educators, counsellors, healthcare and social service professionals). 1232 participants were engaged through 12 CHAT public forums. CHAT conducted 104 networking sessions with 1079 young people, IHLs and social service agencies. Feedback suggested an increased sense of preparedness and confidence among different stakeholders to engage and support distressed young people to seek early professional help. Outcome of this can be observed in the source of referrals for CHAT assessments. 2531 consecutive young people were referred for CHAT assessments. Majority of the referrals were made by self (61.1%; 1547/2531). Further clarifications revealed that these young people knew about CHAT through friends (24.2%; 374/1547), family (3.1%; 48/1547), IHL educators and counsellors (17.6%; 273/1547), social service agencies (5.9%; 91/1547), CHAT training talks (9.4%; 146/1547), and website (29.2%; 451/1547).

Conclusion: Engagement from various stakeholders has contributed to distressed young people taking initiative to seek help from CHAT. This is evident of the success of CHAT’s capacity building efforts. It is of utmost importance that CHAT continues efforts on capacity building with various stakeholders through training to upkeep the knowledge, competence and confidence to engage distressed young people for early help-seeking behaviour.
CSI: CHAT Supportive Interventions

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 359

Ms. Yi Ping Lee (Institute of Mental Health/Community Health Assessment Team)

The Community Health Assessment Team (CHAT) is a youth mental health outreach and assessment service established in April 2009 under the auspices of the Ministry of Health, as part of Singapore's Mental Health Blueprint. CHAT's lynchpin is the provision of free and confidential mental health assessments for distressed young people aged 16 to 30 at CHAT Hub, a centre located in the heart of city-centre, in a youth-friendly mall. CHAT assessments enable distressed young people to share their concerns, seek mental healthcare professionals' recovery suggestions and obtain subsidized referrals to relevant services. Despite good feedback received for CHAT assessments, barriers to young people's recovery journey exist. These include long wait time for subsequent referrals to tertiary care and limited services to support young people seeking only counselling for sub-clinical or high-clinical distress.

To better bridge CHAT assessed young people to receive early intervention for mental health distress, we piloted CHAT supportive interventions (CSI), which are delivered by two allied healthcare professionals who work in a brief (one to six sessions) solution focused way. CSI seeks to alleviate distress in CHAT assessed young people who (1) have long wait time for referrals to tertiary care (e.g. psychiatrist or psychologist), (2) do not require long term interventions due to sub-clinical distress or (3) seek only counselling for their high-clinical distress. The Outcome Rating Scale (ORS), designed and normed for adults and adolescents (age 13+), is used to track young people's well-being on a per session basis. Upon discharge, young people fill up the Client Satisfaction Questionnaire-8 (CSQ-8) to assess their satisfaction with the service.

From July 2015 to December 2016, 65 consecutive CHAT assessed young people (16 males and 49 females), with a median age of 22.5 years, accepted CSI engagement. At the time of CSI engagement, 38 were students, 22 were working adults and five was unemployed. Majority of them attended the full six CSI sessions. ORS Analysis for pre and post CSI revealed that 47.7% (31/65) of young people experienced more than 25% change in distress reduction while 23.1% (15/65) experienced a 6% to 25% change in distress reduction. 29.2% (19/65) of young people who experienced 5% or less change in distress reduction were supported by CHAT with referrals to relevant services. 42 responded to the CSQ-8: 40.5% (17/42) of respondents felt “Almost all my needs have been met,” 54.8% (23/42) felt “Most of my needs have been met,” and 4.8% (2/42) thought “Only a few of my needs have been met.” 50% (21/42) of respondents felt “very satisfied” with CSI, 45.2% (19/42) felt “mostly satisfied” and 4.8% (2/42) expressed “mildly satisfied.” 76.2% (32/42) of the respondents stated he/she would “definitely” recommend distressed friends to CHAT and 23.8% (10/42) responded he/she would “generally” recommend distressed friends to CHAT.

CSI is well-accepted by distressed young people. As a brief intervention option, CSI has benefited young people seeking mental health support through CHAT. Future research will look to further evaluate this service in improving clinical and functional outcomes for distressed young people.
Community Links

Ms. Madge O'Callaghan (St. Patrick's Mental Health Services), Mr. Aaron Galbraith (St. Patrick's Mental Health Services), Ms. Tessa McKenna (St. Patrick's Mental Health Services)

Young people who are admitted to hospital for their mental health issues often find it difficult to adjust once they leave hospital. They have their doctor's appointments and medications lined up, but little is done to support them to re-integrate into their community once they leave hospital. Community Links is an 8 week programme developed by young people for young people in Willow Grove Adolescent Unit. The programme was developed to support young people in hospital to identify helpful links that they can make in their own local communities once they are discharged from hospital. The programme is delivered by young people from the Youth Empowerment Service, a group of young people who have been trained to deliver peer support to young people in hospital.
**RECUPERATION AND SOCIAL INCLUSION OF YOUNG PEOPLE WITH SEVERE MENTAL DISORDERS: TOWARDS A COMMUNITY REHABILITATION PROGRAM FOR THE YOUNG IN CATALONIA.**

**Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 373**

*Mrs. Liana Vehil (Consorci Sanitari de Terrassa), Ms. Roser Massana (Consorci Sanitari de Terrassa), Mr. Xavier Castellano (Consorci Sanitari de Terrassa), Ms. Elena Martinez (Consorci Sanitari de Terrassa), Ms. Montse Latorre (Consorci Sanitari de Terrassa)*

**Introduction:** 1 out of 4 young people suffer from an episode of mental disorder. Mental disorders in the adulthood with onset before the age of 24 account for 75% of cases, even more in most severe and disabling disorders. Young people have difficulties accessing health and mental health services and show a low treatment adherence. Concern with providing specific, mental health services to youth, recuperation-oriented and designed according to their needs and interests, has recently increased.

**Program objectives:** To promote social inclusion and emotional well-being, as well as improving skills of young people (16 to 25) after the implementation of a comprehensive program in a specific, recuperation-focused, community centre.

**Context and presentation of the program:** Catalan Mental Health and Addictions Plan (Health Department; Catalan Government) provide for actions to improve care for the young population in early stages of severe mental disorders. The program we describe is carried out in an area of 176,000 inhabitants (Rubí, Castellbisbal and Sant Cugat, Catalonia -Spain-). This area share health and social services, which are vertically and horizontally integrated. The program provides for the participation of community agents. The youth assistance program is part of a recuperation-oriented, rehabilitation community mental health day centre. It offers specific places and scheduled activities and interventions. In this presentation, we describe the program and the results of its implementation from 2015 to 2017.

**Target population:** Young people between 16 and 25 diagnosed with a severe mental disorder, treated in the mental health facilities in our area.

**Results:** We report assessed incidence and prevalence, first psychosocial evaluation, care activities, adherence to the program, contacts with mental health services, level of users' satisfaction, social inclusion outcome and progression of users' psychosocial activity. We use indicators of accessibility, adherence, evolution and psychosocial outcomes.

**Conclusions:** Our results support the recommendation to maintain and extend our recuperation and social inclusion program for young people with severe mental disorders. We should include more and more accurate indicators to better evaluate our results, being that the program is innovative and we do not have comparative data.
Debris: Working with youth to identify the values of a commercial video game about psychosis

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 375

Dr. Manuela Ferrari (Douglas Mental Health University Institute (CIUSSS ODIM)), Dr. Suzanne Archie (McMaster University), Mr. Nick Bush (Moonray Studios), Mr. Dan Clark (Moonray Studios)

Rationale: Currently, commercial video games often do not truly represent the lived experiences of someone dealing with psychosis and, unfortunately, some video games perpetuate “madness” stereotypes. Objectives: This paper explores youth's engagement, including youth living with mental illness, in creating a commercial video game about psychosis: Debris. The game Debris, produced by Moonray Studios, is a first-person 3D video game aimed at helping youth recognize the symptoms of psychosis, and how it can impact different people in different ways. Debris is set to release in fall 2017. Approach: Five youths (2 female, 3 male; age 17-19), Moonray Studios founder and project manager, and academic researcher met for 8 months (seven meetings and two individual meetings). During the meetings, they discussed video game elements (game characters, story, narrative, interactivity, graphics, etc.), video game experiences, and messages around psychosis and mental illness. Each meeting was audio recorded and transcribed. Thematic analysis was used to identify and analyze patterns or themes within transcribed material. Debris weaves psychosis symptoms directly into the video game mechanics and youth helped to provide feedback on how psychosis symptoms can be metaphorically and sensorially depicted in the game through events and effects. Results: A video game Conceptual Model was created to capture Debris' game experience, mental health messages, and values. The Model is composed of the following elements: Gamer values (fun, fantasy, interactivity, experiencing, control, autonomy, connectedness); and, mental health video game values (empathy, dignity, and compassion); video game learning objectives; and game mechanisms. The discussion between youth, game developers, and researchers captured by the Model influenced and shaped both learning outcomes, and video game mechanisms of Debris. Conclusion: Movies, television, and often video games, disseminate misleading and unrealistic messages about psychosis. This presentation describes youth's engagement in the creation of a commercial video game about psychosis, with the ultimate objective of challenging stereotypes about mental illness and, to reduce mental health stigma.
Technology use, mental health and wellbeing: Findings from three Australian national surveys

Prof. Jane Burns (The University of Sydney), Ms. Tracey Davenport (Brain and Mind Centre, University of Sydney), Dr. Alyssa Milton (Brain and Mind Centre, University of Sydney), Dr. Louise Ellis (University of Sydney; Macquarie University), Dr. Melissa Weinberg (Young and Well CRC), Prof. Ian Hickie (Brain and Mind Centre, University of Sydney)

Background: This subsidiary study presents data from repeated cross-sectional national surveys exploring the mental health and wellbeing of young people and their use of technology. These national surveys were conducted in Australia in 2008 (headspace National Survey), 2012, and 2014 (First and Second Young and Well National Surveys). The main objectives were to explore the mental health of young Australians aged 16 to 25 years, as well as their use of technology, particularly in relation to mental health information seeking and support.

Methods: Data were collected from young people aged 16 to 25 years from across Australia in 2008 (n= 2000), 2012 (n= 1400), and 2014 (n= 1400), via computer assisted telephone interviews using random digit dialing. Main outcome measures for this subsidiary research included psychological distress, patterns of technology use including frequency, mental health and physical health information seeking, sources of information and levels of satisfaction with the information obtained.

Results: Chi-square and t-test analyses showed that the Internet is a place where young people are increasingly spending their time, connecting with others, and seeking help for their problems. As expected, young people with ‘moderate’ to ‘very high’ levels of psychological distress were significantly more likely than those with ‘low’ levels of psychological distress to use the Internet to find help for mental health, alcohol or other substance use problems; and, more unexpectedly were also significantly more likely to use the Internet for help with physical health problems. Conversely, it was the respondents with ‘low’ to ‘moderate’ levels of psychological distress who were significantly more likely to report that the Internet provided them with relevant and useful information and that it helped them deal with this problem.

Conclusions: These results provide us with information about the significant shift in the ways young Australians engage with technologies. The use of new and emerging technologies is one solution to supporting the mental health and wellbeing of young people now and in the future. Importantly, however, online information and support needs to be adapted to better support the needs of young people with greater psychological distress and also be enhanced to better integrate with other services (e.g. phone or face to face supports). New and emerging technologies that are working with both providers and young people to achieve such mental health reform in Australia, namely the Synergy Online System, will be discussed.
Innovation & Nurturing of a Specialist Eating Disorders Day Service

Ms. Emma Ball (CAMHS)

Innovation & Nurturing of a Specialist Eating Disorders Day Service
Innovations in Practice: Group Mindfulness for Adolescent Anxiety – Results of an Open Trial

Monday, 25th September - 13:00 - Poster Session 1 - Poster - Abstract ID: 656

Mr. Ian Power (American International College)

Innovations in Practice: Group Mindfulness for Adolescent Anxiety – Results of an Open Trial
Working out the future - Healthy active living to improve mental health outcomes


Prof. Philip Ward (UNSW Sydney)

There is clear evidence that mental health symptoms and functional outcomes are improved in people with mental health disorders when they are more physically active. Functional assessments are also linked to higher levels of cardiorespiratory fitness. Better diet quality is also linked to improved mental health outcomes. The challenge now lies in translating these research findings into real world settings so that help-seeking young people can benefit from these effective interventions. This presentation will outline the evidence base, and provide preliminary data on the feasibility and acceptability of integrating these lifestyle intervention elements in a comprehensive youth-focussed service – headspace Bondi Junction. The presentation will address a number of key questions: Are gym-based exercise interventions acceptable to help-seeking youth? What are the predictors of successfully completing structured interventions? How easy is for young people to integrate healthy living principles into their day-to-day lives? What is the role of families and friends in promoting healthy living choices?
Knowledge Mobilization and Mental Health Policy: Lessons from the Canadian Consensus Conference on the Mental Health of Emerging Adults


Dr. Gillian Mulvale (McMaster University), Ms. Christina Roussakis (McMaster University), Dr. Christopher Canning (Mental Health Commission of Canada), Ms. Francine Knoops (Mental Health Commission of Canada), Ms. Despina Papadopoulos (Mental Health Commission of Canada)

Introduction: In November 2015, the Mental Health Commission of Canada (MHCC) sponsored a consensus conference (the Conference), to address the needs of youth with mental disorders aged 16-25, referred to as ‘emerging adults’ (EAs), who too often fall through the cracks between child and adult mental health services. In Canada, and other contexts where a central agency attempts to influence local policy-making, consensus conferences have potential to facilitate uptake and spread of evidence into both policy and service delivery.

Objective: Our objective was to understand to what extent and in what ways consensus conferences can influence mental health policy and practice in decentralized health system governance contexts. We sought to explore delegates’ perspectives about how attending the Conference influenced their capacities to undertake evidence-informed practice and policy, the helpfulness of this approach in the Canadian context, and any influence of the Conference on their subsequent activities.

Methods: We adopted a qualitative case study approach, defining the MHCC EA Conference as a case of using consensus conferences for knowledge mobilization to influence policy in a decentralized governance context. We interviewed 14 Conference delegates that were purposively sampled to reflect diversity by participant type, sector, geography and culture. Participants were asked what they learned at the Conference, relevant activities undertaken since the event, and policy considerations. Coding followed a deductive approach, using a conceptual framework from the literature and was supplemented by emergent themes. Interview findings were triangulated with Conference-related documentary sources.

Results: Three main themes emerged: feedback on the Conference processes and features; ways in which participating strengthened capacities to improve the mental health of EAs; and how the event created a groundswell to keep people actively engaged. The MHCC was successful in enhancing delegates’ capacities for evidence-informed improvements to mental health policy and practice. Informants described feeling better able to integrate lessons from the Conference in their individual activities and reported early signs of influence at the organizational level. Limitations include the inability to attribute actions taken since the Conference to attendance at the event, the small sample size, and the short (9 month) follow up timeframe. Informants ascribed a surprising number of actions to their participation in the Conference. Many service providers and EAs discussed continuing to network with other participants; insistence that EAs be included at subsequent planning tables; and pushing organizations to raise the age limit for services from 18 to 24 years to ensure EAs were not transferred before they were ready.

Conclusion: The Consensus Conference is a promising vehicle to advance policy goals related to enhancing EA mental health, while engaging them directly. A number of suggestions were made to improve future events of this type. Many delegates gained a better understanding of complex policy processes that could assist them in their advocacy efforts, described being better able to set policy priorities, and more effective ways to frame policy ideas in problem definition and formulating solutions. Additional research will be needed to understand the longer-term influence on mental health policy and practice.
The Creation of Bean Bag Chat

Ms. Alicia Raimundo (ACCESS-Open Minds Youth Council), Ms. Jenny Carver (Stella's Place)

Introduction or Rationale: BeanBag Chat is a peer support and counselling app designed by and for young adults in Toronto, Canada. We will share the process of co-designing a mental health support app with young adults, professionals, technology developers and the community. As well, we will share preliminary outcomes and feedback from the users receiving support on the app and the peer supporters/clinicians supporting on the app.

Objectives (of project and or research): We wanted to build a peer support and clinical app that would serve young people online - as well as offer them resources that are relevant to them and their communities. We will present selected evidence from current online peer support practice, as well as our model and early evidence of impact.

Methods or Approach: At the beginning of the project, we reviewed the landscape of online services and supports for young adults and spoke to young people from a local college, several local high schools and community groups to see what they wanted Bean Bag Chat to be. From there we built BeanBag Chat with a group of 9 committed and diverse young people. In parallel, we worked with community organizations and professionals to make sure the app was secure and evidence based.

Results or Practice/Policy Implications: As a result, BeanBag Chat is benefiting from both young adult knowledge, professional and community knowledge and scan of existing platforms to be the best of both worlds - relevant to young people. We want to share our process so others can learn from it and even become part of BeanBag Chat. We will share outcome data as well as experiences from our online peer supporters and co-design team.
Motivations, expectations and experiences of peer workers in youth mental health settings: results of a longitudinal qualitative study

Dr. Magenta Simmons (Orygen), Ms. Kendall Allsop (The University of Melbourne)

Introduction

Peer workers represent one of the fastest growing professions in the mental health workforce. Government policies in many countries now support the expansion of the peer workforce, including within youth mental health settings. There is good evidence that peer work results in positive outcomes for the person receiving the support, their caregivers, the mental health service and system, and also for the peer workers themselves. Yet the barriers to implementing peer work are also well established and are largely consistent across the number of reviews that have been done in this area. Addressing these barriers is important to improving implementation of peer work roles and therefore outcomes for all stakeholders involved. To date, almost all of the evidence for peer work, both in terms of its effectiveness and barriers to implementation, has come from studies with adult peer workers and clients. With the rapid growth of early intervention services globally, it is essential to develop an evidence base for youth specific settings. As a starting point, qualitative research can provide an in-depth understanding of this very promising area.

Objectives

• To explore the motivations, expectations and experiences of youth peer workers providing peer support to young people aged 12-25 years.
• To measure changes in employability and empowerment over time.

Methods

A longitudinal qualitative design was used with semi-structured, in-depth interviews being conducted at baseline, 3-months, and 6-months later. Employability skills and empowerment were also measured at these time points using quantitative questionnaires.

Results

Youth peer workers are motivated by a desire to help other people who are going through similar experiences to those that they have overcome. In doing so, the opportunity exists to reframe distressing and challenging times for a constructive purpose. In line with studies conducted with adult peer workers, a number of barriers to the implementation of youth peer work were noted, including role confusion and the development of peer roles. This was particularly the case for roles that were newly established. Further, for some peer workers their age contributed to additional barriers or exacerbated previously reported barriers. These implementation challenges improved over time. During the 6-month data collection phase youth peer workers developed skills specific to peer work and also more general skills transferable to other settings.

Conclusion

Youth peer work is a rapidly growing field that required an understanding of youth specific experiences and challenges. This study can help to inform the development of resources to support youth peer workers, the refinement of youth peer work roles and can guide policy and practice in this area.
Triumphs and challenges: Sharing reflections and learning on the development of a UK Youth Mental Health Service

Dr. Timothy Clarke (Norfolk & Suffolk NHS Foundation Trust), Dr. Jon Wilson (Norfolk & Suffolk NHS Foundation Trust)

Introduction
It has been suggested that young people find traditional mental health service models of care difficult to access and outdated. There has been an overwhelming call in the UK to reform youth mental health services led by young people and policy recommendations. In 2012, the County of Norfolk (UK) responded to this challenge by redesigning child, family and young people services. A dedicated Youth Mental Health team for 14-25 year olds was established and has been sustained.

Objectives
To share our learning on the process of developing a dedicated youth mental health team and to discuss the barriers, implementers, challenges and triumphs in establishing a Youth Mental Health service. To use these reflections to advise and support the future proofing of Youth Mental Health.

Approach
The Norfolk Youth Service model is described as a service model case study. Reflections from young people, service users, clinicians and stakeholders are shared and discussed.

Practice Implications
Practice implications relating to participation, evaluation, access, commissioning, capacity, partnership working and culture changes will be discussed in the context of mental health policy and recommendations. Advice will be shared for those considering developing similar service models for young people.

Conclusion
Developing a dedicated Youth Mental Health service is rewarding and worthwhile. However, establishing such a service requires ongoing reflection of barriers, implementers and consideration of policy drivers. Participation from young people and whole system stakeholders is essential in providing solutions to service development challenges. Youth Mental Health services require ongoing evaluation and must be resilient and responsive to change.
Including young people in the ‘Recovery College Model’

Mr. Aaron Galbraith (Dublin North/North East Recovery College)

Rationale: The Dublin North, North East Recovery College was launched in October 2016, and takes an empowering community based approach to mental health, with a focus on health and wellness. Wanting to be inclusive of both adults and young people the Recovery College developed a pilot program, ‘Mental Health Champions’, for young people under the age of 18 years. The dialogue around mental health and mental ill health has improved greatly in Ireland in the past number of years. The need for improved mental health awareness, particularly for young people, has been reflected in the high suicide rates and reported increase in mental health difficulties (Cannon et al, 2013). The ‘Mental Health Champions’ course is concerned with the research findings that suggest adolescents are ‘gatekeepers’ in the pathway towards service access for other adolescents (Byrne, Swords and Nixon, 2015). Also fear of negative reactions from peers is a common reason given for not seeking help (Barney et al, 2006).

Objectives (of project and or research): The objective of the course is to facilitate young people to explore and improve their personal mental health literacy. In addition to mental health awareness, the course wishes to give young people practical tools and strategies to use the information they gain in a meaningful way. Overall the course hopes to give the young people participating, confidence to return to their communities and be Mental Health Champions.

Methods: In keeping with the Recovery College Model of co-production, young people with lived experience were included in the design, delivery and evaluation of the programme. Participatory action research approach allowed for a collaborative approach to the evaluation process which includes both qualitative and quantitative data collected in a number of different ways.

Results: Provisional analysis of the data show that young people gained a more indepth understanding of mental health and mental ill health. They felt more confident in knowing what to do if they had concerns for a friend, or where approached by a friend that had concerns. The young people felt they had strategies for seeking out information that was youth friendly and relevant to them.

Conclusion: It is hoped that the evaluation will support a national roll out of the Mental Health Champions programme. The evaluation will inform future work and research on how best the recovery college can engage and support young people in their recovery.
**Self-Stigma in First Episode Psychosis: A Novel Treatment Approach**

*Mr. Michael Best (Queen's University), Mr. Michael Grossman (Queen's University), Prof. Christopher Bowie (Queen's University)*

**Introduction:**
Societal stigma towards mental illness is one of the greatest barriers to functional recovery that people with psychotic disorders face. Internalization of this stigma (self-stigma) is associated with increased depressive symptoms, treatment non-adherence, and reduced quality of life. Self-stigma also has functional consequences, such as social avoidance and decreased help-seeking behaviour, which may intensify symptomatology and impede recovery. Despite a growing awareness of the negative outcomes associated with self-stigma, few interventions have been designed to specifically target internalized stigma in first episode psychosis.

**Objectives:**
The present study examined the feasibility and efficacy of a novel treatment for patients in a first-episode of psychosis: BOOST (Be Outspoken and Overcome Stigmatizing Thoughts).

**Methods:**
BOOST is a manualized, 8-session group therapy utilizing a cognitive behavioural framework to reduce self-stigma and improve assertive communication skills. Groups comprised 4-6 outpatients from the Heads Up! Early Intervention in Psychosis program in Kingston, Ontario, Canada. Eight 1-hour sessions, twice per week over four weeks, were led by a therapist and a peer support worker. The first half of sessions address myths about psychosis, the impact of self-fulfilling prophecies, normalization of experiences, and cognitive restructuring. The second half of sessions focus on behavioural training of assertive communication skills. Weekly “missions” (i.e., home practice activities) focus on consolidating group content and generalizing skills to everyday life. Participants completed the Internalized Stigma of Mental Illness Scale, the Satisfaction with Life Scale, the Cognitive Appraisals Questionnaire and a novel measure of internalized stigma for psychosis.

**Results:**
Preliminary results from a sample of group completers suggest substantial decreases in the subjective experience of stigma from pre- to post-intervention (Cohen’s $d = 1.32$). Data collection is ongoing and additional outcome measures, including self-esteem, life satisfaction, and service engagement, will be presented.

**Conclusion:**
Self-stigma is an important consideration in the treatment of early-onset psychiatric conditions as people struggle to accept the illness and contemplate implications for their future. Psychological interventions targeting internalized stigma have demonstrated efficacy at reducing internalized stigma and are an important consideration in treating people in the early stages of illness.
Mentalwave - A mental health promotion partnership led by young consumers

Mentalwave is a positive mental health promotion initiative designed by young consumers for 15-17 year olds attending school in regional Victoria, Australia. Mentalwave is the brainchild of a youth advisory group with enthusiastic, dynamic and passionate young consumers with a vision. Their vision was to educate their peers about wellbeing strategies, local support services and evidence based resources. Through hearing consumer's experiences in maintaining their mental health during key transition times in their education, led to an opportunity to provide a skills based interactive workshop. In partnership with staff from Ballarat Health Services Mental Health Service, an interactive and educational youth consumer, led mental health promotion event was created.

The objectives of the workshop was to ensure that the participants that attended left with the skills and knowledge to utilise strategies to maintain their wellbeing, identify when they may need to seek support and where to go to access the support. Over 400 people from various schools attended Mentalwave in 2016. Key information was delivered in multi-mediums including

- A skit team performed with dramatic humour, destigmatising mental health misconceptions
- Real life raw & inspiring stories from young people and their Carers
- A panel of mental health experts to answer any audience questions
- Interactive film on alcohol & the brain
- Demonstrated relaxation exercises including mindfulness

The analysis of the participant feedback identified 66% of respondents would now feel comfortable seeking help, 75% have a better understanding of local youth organisations, 76% now feel comfortable approaching a friend needing help and 87% would you recommend attending Mentalwave to others.

Based on the success of the event, positive feedback received, low financial burden and the high number of young people educated; the mental wave initiative will continue to be implemented in schools in regional and rural Victoria in 2017.

Hannah Moroney, Darlene Cole, Kate Thomson & Michelle Harper.
We report the results of a quasi-experimental study evaluating the effectiveness of a school-based positive psychology intervention with adolescents. The Soar programme aims to facilitate the development of subjective well-being and aligns positive psychology to theory. Transition Year students (age 15-17, N = 495) drawn from six schools previously registered for the Soar workshop and 6 control schools, matched on socio-economic status and gender completed pre-test, post-test and follow-up self-report measures on resilience, life satisfaction, peer relations, well-being and distress outcome variables. Focus groups were conducted to provide further information regarding the implementation of the intervention. Quantitatively, the intervention only had a minor positive effect on adolescents' well-being. Qualitative results highlight the psychological and social impact of the intervention and student suggestions for the workshop. Practical and methodological issues of intervention implementation and implications for the development of school-based interventions are discussed.
Adolescents’ experiences with outpatient mental health care: A qualitative study in treatment dropout

Introduction: The prevalence of mental disorders is high among adolescents and a growing public health concern worldwide. It is challenging to get adolescents to seek healthcare services, and simultaneously the dropout rate from outpatient therapy is higher in adolescents than for any other age group.

Aim: The aim of this study is to provide knowledge about factors influencing treatment dropout for adolescents in outpatient mental health care. The study examined adolescents’ experiences with treatment, focusing on what they found useful and motivated them to continue treatment. The study also examined views on the use of e-health within this context.

Method: A qualitative study with an exploratory design, using semi structured in-depth interviews with fourteen adolescents aged 16 to 19 years. Study participants were recruited from seven different outpatient clinics in urban and rural areas in the Western Health Region of Norway.

Results: Insecurity, perceptions of stigma and negative experiences with health and social services were issues that influenced the decision to continue treatment. The study participants emphasized the need for sufficient time to establish a trusting relationship with their therapist. Lack of trust lead to treatment being considered less useful, and it could lead to dropout. Opportunity to choose or change therapist contributed to feeling respected and continuing treatment. Although several participants said that they found the therapy session useful, it was a challenge that they were scheduled during school hours, thereby affecting school attendance and achievements. This seemed to be a common reason for not completing the treatment. The study participants emphasized the opportunity to participate in decisions regarding the course of their treatment, such as whether the clinic should be in contact with parents, session frequency and location. None of the interviewed participants had experienced use of e-health as part of therapy. The participants proposed using e-health for facilitating exchange of information and communication.

Conclusion and practice implications: The most important facilitators to treatment participation were whether the adolescents experienced respect from the therapist and the opportunity to participate in decisions. Moreover, whether they could influence the assignment of their own therapist and got the option to choose therapy sessions in the afternoon. Access to communicate directly with the therapist between therapy sessions was suggested to prevent dropout. Based on this study, implementing shared decision-making in mental health care for adolescents can be one possible approach to reduce dropout.
Peer Coaches Promoting Academic Success for College Students With Mental Health Conditions


Dr. Dori Hutchinson (Boston University), Ms. Amanda Costa (University of Massachusetts Medical School), Ms. Laura Golden (University of Massachusetts Medical School), Dr. Maryann Davis (University of Massachusetts), Ms. Kathryn Sabella (University of Massachusetts Medical School)

Background

Young adults with mental health conditions (MHC) continually struggle to achieve their academic goals. They are increasingly enrolling in post-secondary colleges but continue to have drop-out rates above the national average and have the highest drop-out rate of any disability group. Traditional academic supports on campus (i.e. disability services offices) are often under-resourced or ill-equipped to adequately support these students and require students to negotiate supports directly through staff or faculty. Given the increasing advantage that a college education provides in the current U.S. labor market, it is imperative that we provide innovative, appealing and age-appropriate academic supports for college students with MHC. Peer-to-peer support models for young adults with MHC and other disabilities show promise and could potentially improve outcomes for young adult college students.

Objective

This presentation will describe the development and implementation of a first-of-its-kind empirically supported peer coach intervention intended to help college students in the U.S. with MHC succeed academically.

Methods:

The Peer Academic Supports for Success (PASS) peer coaching intervention was developed in partnership with researchers at University of Massachusetts Medical School, Wright State University (WSU), Boston University (BU), and University of Massachusetts Boston. PASS is based on two pre-existing peer coaching interventions: (1) the RASE model, a peer-to-peer academic coaching model for students on the autism spectrum and (2) the College Coaching Model at BU, developed for working with students with MHC. Sixty semi-structured interviews with students, faculty and staff were also conducted as part of this project and have guided and informed the intervention design.

The PASS model provides a full academic year of individualized academic peer-to-peer coaching to incoming freshman or sophomore college students with MHC who are struggling to maintain academic success in a college setting. The approach is fully manualized and includes approximately 20 hours of training to peer academic coaches, ongoing weekly supervision, and concrete resources for crisis management. The manualized peer coach training will cover the following six topics; (1) Overview of mental health conditions/mental health on campus, (2) Typical challenges experienced by college students with MHC, (3) Best practices for working with college students with MHC, (4) Expectations of PASS Coaches and PASS Participants, (5) Detailed processes for coaching implementation, (6) Concrete campus-specific resources. Peer Coach Supervisors will receive ongoing training and guidance from implementation specialists on how to support Peer Coaches with a special focus on better understanding the main areas of academic challenge students with MHC face (i.e. time management, resource identification, etc). Additionally, manualized trainings on “recognizing and supporting students with MHC who are struggling academically” will be provided to campus staff and faculty to ensure campus communities are equipped to embrace peer coaches on campus.

Implications:

Many interventions delivered on campus to young adult college students with MHC focus on mental health treatment or outcomes without enough emphasis on improving their academic outcomes. This innovative model will deliver individualized academic supports to young adult students with MHC through a near-age
peer coach and has strong potential to improve their academic outcomes.
Family inclusion is accepted as a key element of an effective response to young people experiencing mental health difficulties. Family relationships are critical to a young person's health and wellbeing and most young people aged 12–25 years either live with, or maintain strong connections with their families. Families play a major role in the pathway to care with young people most likely to talk to family as the first step in help-seeking, while families also frequently encourage the young person to seek help or attempt to access help on their behalf. Family support during a young person's care can also improve their engagement in treatment and there is strong evidence that family based interventions can lead to improved outcomes for the young person and their family members. Despite the importance of families to a young person's well-being, there are significant barriers to their routine inclusion in youth mental health care, resulting in the full potential of family involvement not being realised. These barriers operate at the levels of the young person, their family, the practitioner and at organisational and policy level. This presentation provides an account of the initial pilot and subsequent roll-out of Single Session Family Consultation (SSFC), a model of family engagement, to 49 headspace youth mental health centres in Australia. The features of SSFC are described and the model identified within the context of headspace's wider framework for family inclusion. An account of the partnership between headspace and The Bouverie Centre, a specialist family mental health service, involved in the SSFC implementation is also provided. The experience of introducing SSFC serves to highlight some of the barriers to family inclusion but also points to what might be the ingredients of effective family inclusion in a youth mental health context. Using the frame of implementation science, this presentation explores the factors that might account for the relative success of implementing SSFC within headspace and the variability of uptake between centres. There is a focus on the ‘fit’ of SSFC as a practice model within the headspace context at the levels of young people, their families, practitioners and the organisation e.g. SSFC accommodates the needs of practitioners with more advanced skills in working with families but also practitioners who were anxious about the idea of including families in their work with young people. The wider implications for promoting family inclusion in youth mental health services are discussed.
eheadspace: High Quality Teleweb Support for Families


Ms. Micheline Gador-whyte (headspace National Office), Dr. Steven Leicester (he), Ms. Gretel O'Loughlin (head)

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. From the early days of the service eheadspace has also been contacted by, and has worked with families and other adult supports of young people. Both young people and families are offered a confidential, free and timely service with highly credentialed mental health clinicians.

The service also works in a connected way with a young person and their own family or adult supports where appropriate and where permission is given. We aim to ensure that our clinical approaches consider the complexities of key relationships as a central tenet for establishing sustainable change. Forums such as our family and friends reference group helps to ensure that family sensitive practise is included throughout our policies, advocacy and practise principles.

Approach

One of the eheadspace service goals has been to offer a multi-layered service, which for adults includes initial contact with mental health clinicians, in house referral to family therapy trained specialists and referral to outside services as appropriate. We also offer topic based open sessions in an online environment on various relevant topics which are free, open to anyone around the country and respond in real time to comments and questions via a live moderated forum with skilled staff.

eheadspace provides training to all our clinical staff around family sensitive practise and we have dedicated family therapy specialists embedded within our clinical program. All eheadspace clinicians are expected to develop and demonstrate a strong commitment to working with families. We recognise that by supporting families we are supporting young people, as well as providing a compassionate and collaborative approach to the adults' needs.

Delivery

This presentation will outline our approaches to embedding family sensitive practise and specialist family interventions within an online environment. This will include our extensive individual work, as well as our increased focus toward delivering group based online interventions such as our group chat services.

We have recently progressed with measuring the impact and outcomes of our family interventions, and results from our feedback mechanisms will be discussed. The evaluations include open comment, satisfaction and outcome ratings which has provided valuable insights into the families’ experience of our service, will directly translate to service refinements and has been a point of reflection for adult carers.
Technology has improved our lives in many ways. There are obvious advances in terms of the ease of access, convenience and mobilization. However, the technological evolution is also perhaps the greatest social experiment of our time of which we have very little insight into the potential outcomes, especially from a mental health perspective.

This paper is part of a Doctoral Research Study which explored the motivation, function and impact of online self-disclosure on Facebook. This study observed the status updating activity of young adults aged between 18-25 years and identified those who were engaged in online self-disclosure on Facebook. A selection of participants were then invited for interview where their digital and verbal stories were analysed from a narrative perspective. The findings of this study are thought provoking and provide new insights into why we share what we share on online social media platforms. The findings also suggest that online self-disclosure can have an impact on our mental wellbeing and point to new ways in which we may need to look at our relationship with technology.
The development and impact of a co-produced digital education programme on children's nurses’ knowledge, confidence and attitudes in providing care for children and young people who have self-harmed

Background: In the United Kingdom, children and young people have more hospital presentations for self-harm than any other age group, with 37,704 people under the age of 19 admitted to paediatric inpatient settings due to self-harm in 2015-2016. Previous qualitative research has identified that registered children's nurses feel they lacked essential skills to effectively communicate with children and young people with general mental health conditions, rendering them feeling powerless and unable to provide care in a confident and safe manner. It is therefore crucial that children's nurses have effective and appropriate training to equip them with the knowledge, skills and confidence necessary to provide the highest quality holistic care.

Aim: This presentation reports the development and impact of a co-produced digital education programme designed to improve children's nurses' knowledge, confidence and attitudes in providing care for children and young people who have self-harmed.

Method: The education programme was developed using established co-production methodology. The impact of the programme was explored through a prospective intervention study with pre and post-intervention measurement, conducted at a large acute National Health Service Trust in the United Kingdom. A total of 251 registered children's nurses were invited to participate in the study. Recruited participants had access to the digital education programme (which could be accessed via electronic tablet, laptop or desktop computer) for four weeks. The following outcomes were measured at pre and post-intervention via an online questionnaire: Attitudes; knowledge; confidence; self-efficacy and clinical behavioural intentions. Comparisons of pre and post-intervention scores on each measure was undertaken as follows: Differences in continuous data were analysed using t-tests or Wilcoxon Signed Rank tests as appropriate; Analysis of frequency data was conducted using the McNemar's Test and odds ratios calculated. Statistical significance was assessed at the 5% (two-sided) level. Cohen's d effect sizes (parametric) and Rosenthal's effect sizes (non-parametric) were calculated for statistically significant results.

Results: In total, 98 registered children's nurses were recruited into the study. Statistically significant improvements were observed in children's nurses' knowledge, confidence, attitudes and clinical behavioural intentions towards children and young people who have self-harmed.

Conclusions: The effect of the education programme is promising and demonstrates the potential it has in improving registered children's nurse's knowledge, confidence,
Under the radar: The mental health of Australian university students.

Introduction or Rationale: There appears to be a growing concern about the mental health and wellbeing of university students in Australia, yet there is limited information available to provide a picture of the true extent and nature of this issue, and the most effective way to respond.

Objectives (of project and or research): Orygen, The National Centre of Excellence in Youth Mental Health has developed a report on the mental health of Australian university students which sought to describe:

- A snapshot on what is known about the mental health of young people in Australian higher education.
- The determinants of mental health unique to university students and the impacts of mental ill-health on students, education providers and government.
- Current policy, system and university services responses.
- The evidence for a range of interventions delivered in university settings to better support students mental health and wellbeing.

Methods or Approach: The development of this paper involved consultation with a number of universities, university counselling services, staff and students. The findings from these discussions were brought this together with an analysis of the current policy responses and university responses, as well as a review of the available evidence on effective and acceptable interventions for this group.

Results or Practice/Policy Implications: This presentation will identify a number of opportunities (highlighted in the report) where the response to students experiencing mental ill-health could be improved, both within higher education and mental health policy and programs. These include a need to:

- Create the impetus through the higher education policy agenda for universities to respond to student mental health and extend delivery of government funded mental health programs beyond secondary schools and into universities.
- Develop national good practice guidance for universities on how to develop a whole-of-institution response to student mental health on campus.
- Improve data collection, starting with the development of a baseline dataset on university student mental health so as to understand and monitor the prevalence and characteristics of university student mental health.
- Build stronger partnerships: nationally, through ongoing mechanisms for inter-departmental responses, particularly between mental health and higher education portfolios, and regionally, by including universities within the service planning and coordination activities of the Primary Health Networks (including as research and evaluation partners).

Conclusion: While Australia provides world class higher education and has been an international leader in the response to youth mental health, responding to the mental health needs of university students (and tertiary students more broadly) has largely been absent at a policy level, impacting on:

- Our ability to understand the extent of the issue.
• The capacity of the university sector and the mental health sector to respond.

The development of national leadership, guidance and resources to support both the university and mental health sector to identify and respond to the needs of this group are urgently required.
The Family Navigation Project: An Innovation in Supporting Youth with Mental Health and/or Addictions Concerns and their Families


Dr. Roula Markoulakis (Sunnybrook Health Sciences Centre), Ms. Kendyl Dobbin (Sunnybrook Health Sciences Centre), Ms. Staci Weingust (Sunnybrook Health Sciences Centre), Ms. Kathryn Bowles (Queen’s University), Ms. Jennifer Mullen (McMaster University), Dr. Anthony Levitt (Sunnybrook Health Sciences Centre)

Although an estimated 20% of children and youth in Canada experience mental health and/or addictions (MHA) issues, over 70% of those in need of care do not receive appropriate services. Youth MHA care systems are often fragmented, with barriers that result in complex unclear pathways for youth experiencing these concerns. The presence of youth MHA issues can also cause strain for the whole family, as caregivers may be increasingly involved in accessing services for the youth and can experience negative impacts to health, social, and occupational functioning. Although families are often intimately involved in the care of the youth, their needs are frequently overlooked or unsupported within the existing mechanisms of youth MHA care. Thus, it is essential for access to care to include support for the youth and the whole family.

This presentation will share findings from the development and implementation of the Family Navigation Project (FNP) at the Sunnybrook Health Sciences Centre in Toronto, Canada. FNP is a non-profit, free-of-charge service. FNP was developed in response to the difficulties experienced by families of youth with MHA issues and was spearheaded by families who continue to lend the voice of lived experience to FNP through participation on a Family Advisory Council. Clinically-trained Navigators engage with families to help them find their way through the complex youth MHA system by providing resource options specific to the needs and goals of the youth and family. The Navigators have developed a repertoire of over 800 resources at over 500 community organizations in both publicly and privately funded areas, and understand the nuances of various resources and services so that they can generate individualized service options and support families throughout the care pathway. Since beginning in 2013, FNP has worked with over 1600 clients and currently takes in an average of 50 new families per month.

In addition to discussing the FNP model and programming, client satisfaction, and work with families to date, findings will be shared from research and practice which continue to inform the work of FNP. We will discuss the ways the FNP navigation model aligns with, and also builds on, navigation models reviewed in academic literature. We will also highlight the potential of Navigation to improve outcomes for youth, families, and service providers, as well as the potential role of FNP in identifying gaps and inefficiencies in youth MHA care to support transformation and innovation across the system.
space for headspace: are we talking about the same thing?

Monday, 25th September - 15:40 - Lightening Presentations - Meeting room 6 - Lightning Presentation -
Abstract ID: 443

Dr. Rianne Klaassen (De Bascule), Mrs. Sophie Leijesdorff (University of Maastricht), Dr. Stefanie Rosema (De Bascule), Dr. D H Nieman (Academical Medical Centre Amsterdam), Prof. Arne Popma (VU University Medical Center), Prof. Therese Van Amelsvoort (Maastricht University)

RMC Klaassen, SMJ Leijdesdorff, S Rosema, DH Nieman, A Kuijer, A Popma, TAMJ van Amelsvoort

Introduction
Vision on youth mental health care, including young people with knowledge concerning the early detection and intervention of emerging psychiatry in adolescents has been the issue of congresses, research as well as policymakers.

The youth integrated care models such as headspace Australia, headspace Denmark, Jigsaw (Ireland), all deal with the same issues. However, the primary process seems to be different per centre: how does it work practically, from an adolescent perspective from the moment you walk in, ask for help and further, this is rarely a topic of conversation, whereas it is crucial for the set up, and moreover for the continuation of a youth mental health centre.

Objectives
To compare focus of different youth mental health services in starting process of Headspace in the Netherlands

Methods
In order to start Headspace in the Netherlands in Maastricht and Amsterdam we thoroughly have searched and collected information regarding the primary process of the different centers such as headspace Australia, Canada, Denmark, Ireland.

Results
Where the Australian model is one of enhanced primary care for 12–25-year-olds, with general practitioners, as is the Jigsaw model of Ireland, the UK service is designed for 0–25-year-olds. The Danish headspace is mainly carried out by volunteers, whereas the Canadians have a focus on research in different areas, after which they will decide what will be their focus. The Dutch model is in development phase.

Conclusion
Choices as based on local circumstances, opportunities (funding, support), but all have advantages and disadvantages which will be visualized and discussed from an adolescent perspective.
Getting a job is good for your mental health: supporting young people into employment

Monday, 25th September - 15:40 - Oral Presentations - Turning points and service transitions in young people’s lives - Pembroke Room - Oral - Abstract ID: 34

Mr. Chris Harris (National Mental Health Advisor, The Prince’s Trust UK)

In a world full of uncertainties, young people are facing extraordinary pressure and many feel they are not in control of their lives. The Prince’s Trust Macquarie Youth Index 2017 identified a ‘crisis of confidence’ with more than a quarter of young people not feeling in control of their lives, and half of the young people who identified mental health concerns did not talk to anyone about their situation.

While The Prince’s Trust is not a specialist mental health charity, we believe that mental health should not be a barrier to young people having the chance to succeed. The Trust promotes positive mental health and wellbeing through our proven education, personal development and employment programmes. As such, The Trust has taken a leading approach to mental health that gives our staff, volunteers and delivery partners the confidence, willingness and ability to respond to young people’s mental health needs to ensure they fulfil their potential. I firmly believe that one of the most significant things we can do to help a young person improve their mental health is to support them into a job. That’s what The Trust can – and does – achieve on a daily basis.

This interactive presentation will detail the initiatives The Trust has undertaken to reduce the impact mental health issues have on young people gaining employment, education, or training. Findings on the positive influence of Mental Health Literacy training for non-mental health community members are presented. A 10 minute dance performance by 2 young people will demonstrate the effectiveness of reducing stigma and increasing help seeking through expressive mediums.
Exploring the experiences of young people and health-care professionals involved in transitions from forensic adolescent mental health services: A national qualitative study

Introduction: Previous research has shown that transitions from child and adolescent mental health services to adult mental health services are quite troublesome for young people in the UK. Long waiting lists and rigid referral criteria hamper dramatically transitions across services. Little knowledge exists about transitions from forensic adolescent mental health services to adult services and community settings. This study aimed to bridge the current gap and to examine the complexities of transitions across forensic services.

Objectives: To interview young offenders in transition of care from forensic child and adolescent mental health services in England.

Methods: This study adopted a prospective design to map out young offenders referred to adult services in a consecutive manner over a six-month period including all national forensic adolescent mental health services across England. We used semi-structured interviews to explore the views and experiences of young people pre-transition and post-transition and to interview health-care professionals from forensic child and adult services.

Results: A recurrent theme that emerged was transition delays across services. The most common cause of delays was shortage of beds in secure adult services and poor liaison between child and adult services. Reintegration into community settings was difficult due to lack of adequate services, especially, for young people with learning disabilities, and hesitancy to accommodate high-risk cases.

Conclusions: Transition delays can impact young people negatively. Their mental health often exacerbates whilst waiting to be transferred to adult services. The uncertainty that poor transition planning brings traumatizes young people repeatedly. Moving to adult mental health services can be significantly abrupt in a young person’s life. Transitions could be improved by providing services tailored to 18 to 25 years olds’ needs to prevent adverse experiences.

Key words: transition, forensic child and adolescent services, mental health problems
Improving transitions in Europe for young people who need to move from child to adult mental health services – the MILESTONE project


*Dr. Helena Tuomainen* (University of Warwick), *Prof. Swaran Singh* (University of Warwick), *Dr. Giovanni De Girolamo* (Saint John of God Clinical Research Center), *Dr. Paramala Santosh* (King’s College London), *Dr. Athanasios Maras* (Yulius Academy), *Prof. Frank Verhulst* (Erasmus MC), *Dr. Gwen Dieleman* (Erasmus MC), *Dr. Jane Warwick* (University of Warwick), *Prof. Dieter Wolke* (University of Warwick), *Dr. cathy Street* (University of Warwick), *Dr. Moli Paul* (Coventry and Warwickshire Partnership NHS Trust), *Dr. Jason Madan* (University of Warwick), *Prof. Fiona McNicholas* (University College Dublin), *Dr. Ulrike Schulze* (University of Ulm), *Dr. Tomislav Franić* (Clinical Hospital Center Split), *Prof. Diane Purper-Ouakil* (Centre Hospitalier Universitaire de Montpellier), *Prof. Sabine Tremmery* (University of Leuven)

**Introduction:** Adolescence is a high-risk period for psychological morbidity, and transition to adulthood is the period of onset of most of the serious mental disorders that disable or kill in adult life. The current service configuration of distinct Child and Adolescent Mental Health (CAMHS) and Adult Mental Health Services (AMHS) is considered the weakest link where the care pathway should be most robust. Transition-related discontinuity of care is a major health, socioeconomic and societal challenge for the EU.

**Objectives:** The overall aim of the MILESTONE project (2014-19) is to improve transitions from CAMHS to AMHS in diverse healthcare settings in Europe. The more specific objectives are to gather detailed information about CAMHS characteristics and interface with AMHS at national and regional levels across Europe; develop and validate transition-specific outcomes measures; conduct a longitudinal cohort study of transition process and outcomes across eight EU countries; test a model of managed transition in a cluster randomised controlled trial (cRCT) in improving health and social outcomes; explore the ethical challenges of providing appropriate care to young people as they move to adulthood; and to develop training modules for clinicians and policy guidelines.

**Methods:** Data will be collected via systematic reviews; bespoke surveys to CAMHS professionals, experts and other stakeholders; focus groups with service providers and users, and members of youth and mental health advocacy groups; and a longitudinal cohort study with a nested cRCT in eight EU countries involving over 1000 CAMHS service users, their parents/carers, and clinicians. The project has active and intensive participation of young project advisors, and involves carers, advocacy groups, key stakeholders, and two SMEs.

**Practice/Policy implications:** The project will provide robust evidence for the most cost-effective way to meet the as-yet-unmet need of young people who fall through the CAMHS-AMHS divide; facilitate the development of integrated models of care and function; improve health care outcomes and system efficiencies; and ensure take-up of best practice.

**Conclusion:** Findings from the project will transform mental health care in the EU for young people. Our results will assist policy makers in making informed and evidence-based decisions for improving health systems, enhancing patient outcomes, quality of life, service satisfaction, and improving health status at individual and population levels.
Individual Placement and Support is a highly successful, evidence-based vocational support approach traditionally used in tertiary mental health settings to support people experiencing severe mental illness into work. In tertiary youth mental health services, young people can access intensive case management support for a period of up to two years. In comparison, the primary health care model used in Australia is predominantly funded through the Medicare Benefits Scheme Better Access Initiative. This program provides funding for members of the community to access mental health professionals for up to ten sessions of evidence-based treatment per calendar year.

In 2016, Orygen gained funding to embed an IPS program into two of the Orygen managed primary health care headspace centres in Victoria, Australia. Unemployment rates for young people presenting at those headspace centres was approx. 30%, over twice that of the standard youth unemployment rate in Australia. The IPS program is funded by the Victorian state government and forms part of the Jobs Victoria Employment Network (JVEN). JVEN funding has provided a unique opportunity to implement and evaluate the IPS model in primary health care for the first time in Australia.

IPS has eight core practice principles that include:

1. It aims to assist people into competitive employment
2. It is open to all those who want to work
3. Jobs found are consistent with people's preferences
4. It used a rapid job search approach
5. Employment specialists are co-located with clinical teams
6. Employment specialists develop relationships with employers based upon a person's work preferences
7. It provides time unlimited, individualised support for the person and their employer
8. Benefits counselling is included.

Some of the challenges of introducing IPS in headspace include:

- Maintaining effective communication with mental health care professionals working in a sessional employment model
- Managing funding body eligibility vs IPS principles of no exclusion criteria
- Using a model primarily focussed on employment with a group that also requires intensive assistance with education and training
- Sourcing a specialised workforce that can deliver IPS effectively

Embedding the IPS approach in a youth primary health care model has presented many challenges for services, funding bodies and staff. This presentation outlines experiences of introducing IPS in headspace and the subsequent opportunities to enhance the model for broader groups.
Fissures in transition: mental health policy and its relationship to the delivery of services for 16-25 year olds in the UK and Australia.

Monday, 25th September - 17:00 - Oral Presentations - Turning points and service transitions in young people’s lives - Pembroke Room - Oral - Abstract ID: 632

Dr. Sarah-Jane Fenton (University of Warwick)

Introduction or Rationale: Youth mental health issues and the debate about service provision have received increasing public interest and policy attention, yet little substantive comparative empirical research has focused on examining the impact of the policy landscape in relation to framing the structure of services for the ‘transition’ age group of 16-25 year olds.

Objectives (of project and or research): This presentation explores PhD research conducted at the University of Birmingham and University of Melbourne, looking at mental health policy and service delivery for 16-25 year olds in the UK and Australia. Due to its comparative nature, the study offers unique insight into the different strengths and challenges posed within each system.

Methods or Approach: The research took place in six case sites (three in the UK, and three in Australia) during 2013-2014. The design adopted privileged ontology, and identified laminated strata (based on the work of Bhaskar and Danermark, 2006). Using the identified laminated levels, qualitative research was conducted at each strata in order to explore the generative mechanisms operating within the six case sites. As it was designed, the model allowed for comparison not just between cases (as with classic case study research), but also enabled comparison within cases at laminate level. The research conducted included analysis of policy documents relevant to each of the case sites, and thematic analysis of 219 interviews undertaken with policy makers, managers, front-line staff as well as young people, who were accessing services from across the six case sites.

Results or Practice/Policy Implications and Conclusion: Results from the thematic analysis will be presented to illustrate how the design worked in a live research context. Themes such as risk escalation in adolescence as a way of managing delays to treatment will be explored. This presentation represents the first time the substantive findings synthesising the evidence from the policy analysis and interviews with policy makers, staff, and young people will be presented together at a conference as a completed piece of work. The presentation seeks to encourage debate about how qualitative research may be used to answer complex research questions, as well as to explore the findings relating to youth specific service provision within different service models.
Client and caregiver perspectives of engagement at entry to a first-episode psychosis service: preliminary results of a longitudinal qualitative study


Mrs. Rachel Tindall (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Kelly Allott (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Magenta Simmons (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Bridget Hamilton (The University of Melbourne)

Introduction
Early intervention services play a crucial role in providing treatment for young people experiencing a first episode psychosis. However, treatment can only be effective if the young person willingly participates in it. On average, forty-six percent of young people disengage from services, which may result in untreated symptoms, difficulty returning to school or work, and relationship breakdowns. Understanding and then addressing issues relating to engagement early in treatment may reduce later disengagement from services.

Objectives
To describe how young people and their primary caregivers experience initial contact with an early intervention service, including meeting their case-manager, expectations, and beliefs about useful supports that promote client engagement.

Methods
The data presented are based on participant responses at the beginning of a longitudinal two-year qualitative study which follows young people and their primary caregivers through periods of engagement and disengagement with an early intervention service in Melbourne, Australia. Data were analysed using thematic analysis and qualitative trajectory analyses.

Results
Preliminary results show that within the first eight weeks of treatment, young people and their caregivers experience an overwhelming sense of confusion whilst trying to understand and seek help for symptoms of psychosis.

For young people, psychosis is a bewildering phenomenon, leading to emotions of anxiety, sadness and frustration. Initial recovery is experienced as slow, confusing, and at times, boring. Key areas that case-managers can use to facilitate engagement are offering practical support to address areas of perceived loss, such as support with school or work, and connecting with the young person on an emotional level by collaboratively building an understanding of psychosis and recovery.

Caregivers described lengthy attempts to seek help for the young person whilst feeling confused themselves about what the problem was. They described the personal toll this took on their health, work and relationships. Meeting the allocated case-manager provided relief and opportunities for trust and hope to build. More specific traits of case-managers were appreciated, for example attentiveness and flexibility. Caregivers valued information being provided about diagnosis early in the episode of care.

Conclusion
Supporting young people and their caregivers to engage with early intervention services is pivotal to them receiving effective treatment and support in their recovery from a first episode of psychosis. Specific areas can be targeted in initial engagement to help foster trust, rapport and attendance. The results of this study can be used to inform clinical practice, service provision and local and international policies.
Autism traits in individuals experiencing a first episode of psychosis: Associations with current psychotic symptoms, quality of life and functioning

Monday, 25th September - 16:00 - Oral Presentations - Psychosis: risk factors, correlates & systems of care - Herbert Room - Oral - Abstract ID: 103

Dr. Katharine Chisholm (The University of Birmingham), Dr. Ashleigh Lin (Telethon Kids Institute, The University of Western Australia), Ms. Mirabel Pelton (The University of Birmingham), Ms. Katherine Kidd (The University of Birmingham), Ms. Nikita Duncan (The University of Birmingham), Dr. Klaas Wardenaar (University of Groningen), Dr. Rachel Upthegrove (The University of Birmingham), Dr. Matthew Broome (The University of Oxford), Prof. Stephen Wood (The University of Melbourne)

Psychosis and autism are both considered to exist on extended phenotypic continua, meaning co-occurrence and overlap at the trait level as well as at the diagnostic level may be important. Autistic traits are reported at elevated rates in individuals with psychotic disorders, however little is known regarding the clinical impact of high levels of autistic traits may have in these individuals.

Young people presenting with a first episode of psychosis to Early Intervention Services in Birmingham, UK, were invited to take part in the research. The positive and negative symptom scale (PANSS) was used to measure current symptoms of psychosis. The Autism Quotient (AQ) was used to measure traits of ASC. The authors of the AQ suggest that scores of above 32 may indicate that a diagnosis of ASC is appropriate. The Quality of Life scale assessed social and vocational quality of life as well as engagement in life. Functioning was assessed by the Personal and Social Performance Scale.

99 individuals with a first episode of psychosis were recruited. Traits of autism were found at elevated rates in the sample and 4 participants had an existing ASC diagnosis. Higher levels of autistic traits were associated with lower quality of life ($R^2=0.34$, $F=11.08$, $p<0.0001$), lower functioning ($R^2=0.27$, $F=8.00$, $p<0.0001$), and higher levels of current psychotic symptoms ($R^2=0.38$, $F=9.75$, $p<0.0001$). AQ subscales attention switching and imagination appeared particularly important in driving the association with quality of life and functioning, and AQ subscales communication and imagination appeared particularly important in driving the association with current symptoms.

A ROC analysis suggested that total AQ score was predictive of quality of life (AUC=0.80, 95%CI=0.70 – 0.90, $p<0.001$), functioning (AUC=0.72, 95%CI=0.61 – 0.84, $p=0.001$), and current psychotic symptoms (AUC=0.81, 95%CI=0.71 – 0.90, $p<0.001$). Additionally the ROC analysis indicated that optimal AQ cut-off for each variable were below the suggested cut offs for ASC diagnoses. This suggests that even when autistic trait levels fall below what could be considered diagnostic, they may still have a significant impact on clinically relevant factors in psychosis populations.

It is important that psychosis services have systems to adequately address the needs of individuals with higher autistic traits. In particular, it is important that clinical teams support autistic traits and treat psychotic symptoms, rather than attempting to ‘cure’ traits of autism or attributing psychotic symptoms to autism.
“What is the point of life?”: An interpretative phenomenological analysis of suicide in young men with first-episode psychosis


Dr. Ruchika Gajwani (University of Glasgow), Dr. Michael Larkin (The University of Birmingham), Dr. Chris Jackson (Early Intervention Service, Forward Thinking Birmingham)

Objectives: Life time risk of suicide in first-episode psychosis far exceeds the general population, with the risk of suicide persisting long after first presentation. There is strong evidence to suggest that women more frequently attempt suicide, while men are at a greater risk of completing suicide. First-hand experiential evidence is needed in order to better understand men's motives for, and struggles with, suicidality in early psychosis.

Methods: Semi-structured interviews were conducted with seven young men. The interviews explored each respondent's account of their suicide attempt within the broader context of their life, in relation to their past, present and future. In line with the exploratory, inductive nature of the study, an Interpretative Phenomenological Analysis (IPA) was used to explore the meaning of suicide attempts in these accounts.

Results: Three super-ordinate themes emerged: Self-as-vulnerable (intra- and inter-personal relationships), appraisal of cumulative life events as unbearable. and meaning of recovery marked by shared sense of hope and imagery for the future.

Conclusions: Young men in the early stages of their treatment are seeking to find meaning for frightening, intrusive experiences with origins which often precede psychosis. These experiences permeate personal identity, relationships and recovery. Suicide was perceived as an escape from this conundrum, and was pursued angrily and impulsively. By contrast, the attainment of hope was marked by sharing one's burden and finding a sense of belonging. Specialised assertive outreach programmes may be beneficial in improving the social inclusion of young men who may be particularly marginalised.
Staging models and stepped care in youth mental health: Do clinical high-risk symptoms matter during a first episode of psychosis?


Dr. Jai Shah (McGill University, ACCESS Open Minds), Dr. Sally Mustafa (Douglas Mental Health University Institute (CIUSSS ODIM)), Ms. Rachel Rosengard (Douglas Mental Health University Institute (CIUSSS ODIM)), Dr. Martin Lepage (McGill University), Dr. Anne Crawford (McGill University), Dr. Srividya Iyer (McGill University), Prof. Ridha Joober (McGill University, ACCESS Open Minds), Prof. Ashok Malla (McGill University)

**Rationale:** Two key features of contemporary staging models in youth mental health are the developmental trajectories of illness and the transition from one phase to another, such as the onset of a severe mental illness (SMI) following sub-threshold or mild/nonspecific stages. Until recently, however, little evidence has been collected regarding staging in mental health. It is thus unknown whether the symptoms experienced by youth with mild or sub-threshold symptoms have relevance for early identification or treatment during the first episode of a SMI.

Using data from a longitudinal study of first episode psychosis (FEP), we sought to determine whether youth who experienced early sub-threshold psychotic symptoms had different trajectories of help-seeking, pathways to care, and long-term symptoms and functioning than those who experienced early mild/nonspecific symptoms prior to their FEP.

**Objectives:** This presentation will (1) describe similarities and differences between those who experienced mild/nonspecific versus sub-threshold psychotic symptoms prior to their FEP. Furthermore, it will outline whether the type of early symptoms (mild/nonspecific versus sub-threshold) can (2) influence help-seeking and pathways to care prior to entry in a FEP program; or (3) predict long-term differences in outcomes following treatment for FEP.

**Approach:** Detailed chart reviews and retrospective interviews captured early changes, help-seeking behavior, and baseline sociodemographic variables in 351 clients presenting to a comprehensive early intervention program for FEP in Montréal, Canada. We also assessed various outcomes at the point of initial treatment, then 1 year and 2 years later.

**Results:** Most clients (between 50-68%) recalled experiencing at least one early sub-threshold psychotic symptom prior to their FEP. At baseline (entry to FEP services), there were no differences in social, demographic, cognitive, clinical or functional variables between those who had experienced mild/nonspecific versus sub-threshold symptoms. However, these sub-groups differed in their help-seeking and pathways to care prior to a FEP, with divergence in their symptomatic and functional outcomes over 2 years of FEP treatment.

**Conclusion:** Early-stage mild/nonspecific or sub-threshold symptoms influence help-seeking and pathways to care for a FEP, and later symptomatic and functional outcomes – but not at the point of entry (baseline) to FEP treatment. The implications of these findings for early case identification, prevention and intervention efforts will be discussed, especially in the context of clinical staging models and what they might mean for stepped care approaches in youth mental health.
**Keeping it real? Making a better early psychosis service system for young people through fidelity monitoring**

**Prof. Eoin Killackey (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Kristi Van Der El (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Heather Stavely (Orygen The National Centre of Excellence in Youth Mental Health), Ms. Kerryn Pennell (Ory)**

**Background:** In the 2010 Australian Federal Budget funding was committed to establish an early psychosis service system based on the EPPIC model of early intervention for psychosis that was developed in Melbourne, Australia. This system was established by 2016. As part of the development of the system a fidelity scale was developed to measure the adherence to the model of the sites delivering the early psychosis services.

**Method:** The EPPIC Model Integrity Tool (EMIT) was developed as part of the national reforms around early psychosis. The EMIT is an 80 item assessment tool that maps onto the 16 core components of the EPPIC model. The tool is used by attending the sites and speaking with staff and young people as well as accessing documents, policies and high level data around client flow through the service.

**Results:** Results will be presented about the first two rounds of fidelity testing due to be conducted in April/May and July/August of 2017. These data will give an initial snapshot of the adherence of the sites to the EPPIC model. Also presented will be the means by which reporting back from the assessments to the sites will facilitate closer adherence to the model.

**Conclusions:** Model fidelity is an increasingly recognised way to ensure that programs based on evidence continue to deliver high quality outcomes, and avoid drifting away from the model. This presentation will demonstrate the outcomes from the first two rounds of application of the EMIT and ways in which fidelity testing can help services to improve their support of young people with early psychosis.
Development and validation of MyLifeTracker: A routine mental health outcome measure for young people aged 12 to 25 years


Mr. Benjamin Kwan (University of Canberra), Prof. Debra Rickwood (University of Canberra), Mr. Nic Telford (headspace National)

Introduction: Routine Outcome Measurement (ROM) is now widely used within mental health settings around the world, with calls for greater quality assurance and demonstration of service effectiveness. Specifically, there has been an increase in the use of session by session ROM, whereby clients complete outcome measures at each session, targeting areas of cognition and emotion, functioning, and quality of life. A recent systematic review did not identify any outcome measures designed for young people that covered all the ages of 12 to 25 years and subsequently MyLifeTracker was created. MyLifeTracker is a brief mental health outcome measure designed for young people aged 12 to 25 years. Its items measure current self-reported quality of life in five different areas of importance to young people: general wellbeing, day-to-day activities, relationships with friends, relationships with family, and general coping. This presentation will discuss the development of MyLifeTracker and demonstrate the application of MyLifeTracker in practice.

Objectives: The current study examines the psychometric properties of MyLifeTracker to determine its reliability, validity, sensitivity to change, and whether it is appropriate across the entire age range from 12 to 25 years and for both males and females.

Method: MyLifeTracker was tested with young people attending headspace centres across Australia for mental health-related issues.

Results: Analyses supported a robust unidimensional factor structure. MyLifeTracker was shown to have good internal consistency and test-retest reliability. MyLifeTracker was shown to have concurrent validity against well-validated measures of psychological distress, wellbeing, and life satisfaction. The measure was further demonstrated to be highly sensitive to change. MyLifeTracker was further examined as a function of a young person's age-group and gender.

Conclusion: MyLifeTracker is a routine outcome measure that has now been psychometrically tested for use with among adolescents and young adults. It is a brief and practical measure that can be used in routine outcome monitoring for clinicians and clients. Information is quickly and easily obtained from young people and able to be displayed graphically for clinicians to track treatment progress. MyLifeTracker provides a clinically useful and meaningful tool for clinicians and clients to enhance the therapeutic process.
Predicting outcome in youth mental health with machine learning

Monday, 25th September - 16:00 - Oral Presentations - Innovative methods in mental health research - Ulster Suite - Oral - Abstract ID: 250

Prof. Stephen Wood (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. John Gillam (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Rosie Purcell (Orygen, The National Centre of Excellence in Youth Mental Health)

“It's tough to make predictions, especially about the future” - Yogi Berra

A hugely important clinical question for mental health is how to provide more accurate prognoses for those with mental health problems. This is particularly critical for young people, who often present with non-specific symptoms, distress and significant psychosocial and role impairment, but may not yet meet specific criteria for any established disorder. A better understanding of the constellation of symptoms, demographic features and other measures that best predict those with the poorest outcome would be a great advance.

One approach is to use machine learning techniques (such as support vector machines) to identify the pattern of measures that best predicts subsequent outcome. Such approaches have a theoretically and empirically founded ability to learn generalisable discriminative rules in high-dimensional data spaces, and have previously been used to predict outcomes such as transition to psychosis in individuals at-risk.

In this presentation, I will discuss ongoing results of machine learning analyses from the Transitions Study, a longitudinal study of 802 young people aged between 12 and 25 (66% female) seen at headspace clinics in Melbourne and Sydney between January 2011 and August 2012. All were assessed with a comprehensive clinical interview that covered symptoms, functioning, and quality of life, along with measures of demographic characteristics, personality, and adverse life events. Follow-up data were collected for 509 young people after 12 months.

The primary analysis strategy is to use support vector machines to look for a discriminative pattern of clinical, demographic, and psychosocial risk factors that predict poor symptomatic (defined as a K-10 of 25 or more, indicating moderately severe disorder) or functional outcome (defined as SOFAS of 60 or less). We will conduct both leave-one-out and leave-one-centre-out cross-validations to test the stability of these discriminative patterns and report their sensitivity, specificity, and accuracy.

Improved techniques for predicting who will experience persistent symptomatic or functional disability can provide important benefits for the design of services and targeting of interventions. The results from this study will indicate the extent to which this is possible with this approach.
Knowledge and self-perceived confidence of clinicians in an Irish CAMHS service in working with transgender youth, and what they think will assist them in this work.

Background: In October 2016, the Health Service Executive (HSE) Quality Improvement Division released a report advocating that all transgender youth should be receiving support in the Irish Child and Adolescent Mental Health Services (CAMHS) as standard. However, it is unknown if clinicians are or feel fully equipped to support these young people.

Aim: This study aims to evaluate the knowledge and perceived confidence levels of clinical staff working in CAMHS in supporting transgender youth and to assess what would assist them in their work.

Method: This mixed methods study will evaluate the knowledge and perceived confidence levels of clinical staff working in CAMHS in supporting young people and their families through the gender recognition process. A validated scale ‘Counselor Knowledge about Transgender Issues Scale’ and a survey will be distributed, using an online platform, to all clinicians in an Irish-based CAMHS services (N=78). Six clinicians from a variety of disciplines will be interviewed focusing on how much knowledge and confidence CAMHS clinicians consider they possess when supporting transgender youth in CAMHS. Quantitative, content and thematic analysis will be performed.

Outcome: It is hoped that this research will further the understanding into clinician knowledge and confidence in working with transgender youth. Ideally clinicians will be additionally supported by this research being able to provide recommendations on further competency development for supporting transgender youth accessing CAMHS.
Identifying symptom interactions in real world data – a pragmatic networks approach to psychopathology using Transitions


Dr. Tim Spelman (Orygen Youth Health Research Centre, Centre for Youth Mental Health, University of Melbourne), Dr. Hanneke Wigman (University of Groningen, University Medical Center Groningen, University Center for Psychiatry), Dr. Rosie Purcell (Orygen, The National Centre of Excellence in Youth Mental Health), Prof. Patrick McGorry (Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne, Australia; Centre for Youth Mental Health, The University of Melbourne, Australia)

Background: Networks analysis had become an increasingly popular tool for studying clustering and interactions between mental health symptoms. To date, networks methods have largely been limited to theoretical studies and little is known how these techniques perform in ‘real world’ clinical data. The objective of this study was to explore the utility of networks analysis in a longitudinal study of predictors of illness progression in young people seeking help for mental ill-health at headspace services in Australia.

Methods: Data was sourced from the Transitions study, which assessed a range of mental health and psychosocial factors among young people attending one of four headspace centres in Melbourne (n=2) and Sydney (n=2), Australia. Consenting participants were aged 12–25, English-speaking and were not acutely suicidal when approached for study inclusions. Anxiety, depression, mania, psychosis, distress, self-harm, somatization, rumination and eating symptom domains assessed at interview were converted to binary variables and these were used as the ‘nodes’ within the network graph. If a respondent answered in the affirmative for two particular symptoms, these symptoms were connected by a line or “edge”, thus forming the network. All analysis was undertaken using R (R Foundation for Statistical Computing, Vienna, Austria).

Results: A total of 801 participants consented to participation and were included in the analysis. Of these, 511 recorded a follow-up assessment at 12 months’ follow-up. Mean (SD) age at baseline was 18.3 years (3.2) and 528 participants (65.9%) were female. The baseline network was dominated by frequent and strong interactions between various general psychological distress symptoms (K-10), depressive (QIDS), somatisation (SPHERE-12) and a subset of anxiety (GAD-7) symptomatology. By contrast, less densely connected symptoms on the periphery of the network included many of mania (YRMS) and rumination symptoms – when these symptoms were reported they tended to be reported in isolation from other symptoms. A similar pattern of symptom co-reporting was observed at 12 month follow-up with, K10 symptoms again tending to be reported concurrently with QIDS and SPHERE-12 symptoms.

Conclusions: Our observation of a clear, persistent and predictable pattern of the co-reporting of symptoms across psychopathology domains supports suggestions that mental ill-health may manifest from an interaction of symptoms within a wider network of symptoms. This may have implications for both the diagnosis and treatment of mental health disorders.
Marking research work for young adults: The Participatory Action Research Initiative

Monday, 25th September - 17:00 - Oral Presentations - Innovative methods in mental health research - Ulster Suite - Oral - Abstract ID: 213

Dr. Kathleen Biebel (University of Massachusetts Medical School), Ms. Amanda Costa (UMass Medical School)

Introduction or Rationale. Participatory Action Research is the process in which research participants are actively involved in the research process from start to finish, from defining the problem to disseminating the results. Since 2009, the US-based Transitions Research and Training Center has embraced Participatory Action Research principles and created a work environment where young adults with serious mental health conditions are actively and meaningfully involved in conducting all phases of research, knowledge translation and dissemination, and technical assistance. Recently, Transitions began the Participatory Action Research Initiative, a purposeful effort to infuse the voice of lived mental health experience into all research activities. Transitions is committed to a Participatory Action Research framework, as it strengthens our research by infusing the voice of young adults with lived mental health experience. By incorporating this critical voice, we can explore, develop and test interventions that are tailored to meet the identified needs and wants of young adults, which can lead to increased service use and the promotion of young adult mental health.

Objectives. This presentation has three main objectives. First is to describe a successful and effective Participatory Action Research framework used to measure and promote young adult engagement in research. Second is to identify and discuss barriers and facilitators over time to effectively implementing Participatory Action Research principles. Third is to provide concrete tools and strategies to successfully implement the principles of Participatory Action Research in the conduct of young adult mental health research, knowledge translation and dissemination, and technical assistance.

Method or Approach. We will provide an overview of our Participatory Action Research framework of young adult engagement and leadership in research. Developed by young adults, the framework identifies four levels of meaningful youth involvement, ranging from “Youth Led” (the highest level of youth involvement) to “Youth Informed” (the lowest appropriate form of youth involvement). We will review the organizational perspective of embracing youth voice into research and organizational leadership in a meaningful and effective way. Challenges faced and best practices for supporting young adult researchers (e.g., training/consultation on job expectations/tasks, reasonable accommodations, and strategies for managing mental health conditions in the workplace) will be addressed. Finally, we will share tools and strategies developed by our research teams to facilitate and document the use of Participatory Action Research strategies. This discussion will be led by the co-directors of the Participatory Action Research Initiative.

Results or Practice/Policy Implications and Conclusions. Participants will learn about the framework and foundation needed to support young adult engagement and leadership in research, which we believe can be readily translated to other workplace settings. The longitudinal perspective offered ensures that content will be relevant to a wide range of participants interested in incorporating more youth voice in their work, as it will highlight multiple entry points and strategies for engagement of young adults. Tools and strategies presented have great potential to be adapted in other workplace or treatment settings, to better facilitate the voice and leadership potential of young adults with lived mental health experience.
Does a Brief Intervention Model Work? Evidence from Jigsaw: The National Centre for Youth Mental Health


Dr. Aileen O Reilly (Jigsaw: The National Centre for Youth Mental Health), Ms. Alanna Donnelly (Jigsaw: The National Centre for Youth Mental Health), Dr. Lynsey O Keeffe (Jigsaw: The National Centre for Youth Mental Health)

Background: Mental health practitioners are increasingly being encouraged to adopt evidence-based practices, and the collection of outcome data has been highlighted as a priority for mental health services. As a consequence, routine outcome measurement is a core component of the Jigsaw model of service delivery. Jigsaw is an Irish organisation which provides supports to young people, aged 12-25 years, with mild to moderate mental health difficulties. Jigsaw services are currently located in 13 communities across Ireland.

Objective: The primary aim of this research was to investigate the effectiveness of Jigsaw's brief intervention model in reducing psychological distress, strengthening psychological wellbeing and improving progress towards identified goals. This research also sought to examine whether the measures employed in Jigsaw are acceptable for use in clinical practice. Furthermore, the research aimed to assess the psychometric properties of the questionnaires, where relevant.

Method: Participants were young people between the ages of 12 and 25 years who completed a brief intervention in Jigsaw between September 2013 and March 2017. These young people were asked to complete measures of psychological distress, psychological wellbeing and goals pre- and post-intervention. Psychological distress was measured using the CORE-10 (Barkham et al., 2013) for 17-25 year olds and the YP-CORE (Twigg et al., 2009) for 12-16 year olds. Psychological wellbeing was measured using the Mental Health Continuum – Short Form (MHC-SF; Keyes, 2005). Finally, goal setting was measured using a personalised ideographic measure, the Goal Based Outcome tool (GBO; Law & Jacob, 2015).

Results: This presentation will focus on key findings relating to the effectiveness of Jigsaw's brief intervention model. Results relating to the strengths and limitations of each measure for use in primary care youth mental health services will also be shared.

Conclusion: The findings from this research will provide useful information on the effectiveness of Jigsaw services and have important implications for future delivery of these services. The findings will also contribute to our understanding of primary care youth mental health service delivery.
Evaluation of a new 0-25 youth mental health service

Monday, 25th September - 16:00 - Oral Presentations - Lessons from Service Evaluations - Meeting rooms 1 & 2
- Oral - Abstract ID: 325

Dr. Andrew Thompson (University of Warwick), Dr. Rachel Uptegrove (University of Birmingham), Dr. Cathy Street (University of Warwick), Dr. Giovanni Radaelli (University of Warwick), Dr. Claire Lamb (North Wales Adolescent Service), Dr. Paul Patterson (Forward Thinking Birmingham), Prof. Swaran Singh (University of Warwick), Prof. Max Birchwood (University of Warwick)

Introduction

New models of service provision have developed in response to perceived problems in treatment of mental health of young people. This includes the problem of transition between traditional Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health Services (AMHS). The city of Birmingham have recently commissioned a novel redesigned service to deliver mental health care to all 0-25 year olds in a partnership formed of 3 key providers. We aimed to evaluate the acceptability, partnership working and the impact of this new service.

Methods

Key evaluation questions were predefined. An evaluation of the service partnerships was to be conducted using qualitative methods. Semi structured interviews are planned to be conducted with 47 staff including commissioners, clinical speciality leads from across all areas of the service and from key partner organizations. We will also run two Focus groups, one with local professional stakeholder groups and one with children, young people, parents and carers, at two or more time points. Quantitative data is planned to be collected on all cases accessing the service with monthly data examined over 3 epochs in the delivery of the new service: 0-6 months; 6-12 months; and 12-18 months on key service outcome indicators including time to assessment, time to treatment, attendance rates, use of crisis team, hospitalisation and rehospitalisation rates. The evaluation is due to run from April 2016 to October 2017.

Results

We will present the results of the qualitative interviews and the preliminary quantitative data. The have been some expected difficulties with such a major service change which will be discussed in context with the data.

Discussion

Recommendations for further longer term evaluation will be made along with reflections on the effectiveness of the new service structure.
The Young Adult Service: An evaluation of a comprehensive youth mental health service in Ireland

- Oral - Abstract ID: 356

Dr. Paddy Power (St Patrick's Mental Health Services & Trinity College Dublin), Ms. Jennifer Corr (St Patrick's Mental Health Services), Ms. Emma McWilliams (St Patrick's Mental Health Services), Ms. Lisa Kiernan (St Patrick's Mental Health Services), Mr. Alan Ryan (St Patrick's Mental Health Services), Ms. Aine Sweeney McCabe (St Patrick's Mental Health Services), Dr. Patrick McCrossan (Trinity College Dublin)

Introduction
The Young Adult Service is Ireland’s only Tier 3 & 4 young adult mental health service. It is a nationwide service operating for the last 5 years as part of St Patrick’s Mental Health Services (SPMHS). It provides a comprehensive range of interventions especially designed to meet the needs of young people aged 18 – 25 with a particular focus on early intervention. The Young Adult Service consists of a specialist inpatient team, weekday group program, and community clinic. Since it started operation in 2011, just over 1,000 young adults (aged 18 – 25) have been assessed and treated.

Method
Data were collected on all patients assessed by the Young Adult Service during Year 3 to 5 of its operation. The descriptive analysis includes patient characteristics, diagnoses and pathways through the service. Clinical outcomes include comparisons of HoNOS and GAF scores before and after interventions.

Results
A total of 605 young people were referred and assessed by the Young Adult Service between the 1st January 2014 and 31st December, 2016. Sixty-two patients (15%) were transferred directly from CAMHS at age 18. The mean age at entry was 20.4 years old (sd=2.4, range 17-26 years old) and half were students either in secondary or third level education. Forty-three percent were male. Over 80% were still living with their parents. The most common diagnoses were depressive disorder and anxiety disorders. Bipolar Disorder and Schizophrenia accounted for 10% of patients. Less than 10% had ASD or ADHD. Rates of co-morbidity were high particularly for those hospitalised (either addictions, Emotionally Unstable Personality Disorder or Eating Disorders NOS).

Of these 605 young adults, 249 (41%) initially came through hospital (under the care of the Young Adult Team) with an average length of stay of 36 days (range 0 – 273). Virtually all attended the weekday Young Adult (Group) Programme (YAP) while in hospital. The rest, 356 young adults (59%), were managed initially in the community by the Young Adult Clinic with nearly one fifth referred to day-programs during their follow-up. YAP also catered for young adults attending other generic adult teams in SPMHS resulting in a total of 506 patients attending YAP for an average duration of 5 weeks (sd. 3.8, range 0-16).

The majority (80%) of young adults assessed by the Young Adult Service were followed up by the Young Adult Clinic. Clinical outcomes were very favourable with readmission rates of 25% and no fatalities despite the high levels of suicidality at initial presentation. For inpatients, outcomes (HoNOS & GAF) improved following attendance at YAP with improvement correlating to number of sessions attended. Inpatients managed from the Young Adult Team experienced significantly better improvements on these scores than young adult patients managed by other inpatient general adult teams.

Conclusions
It is possible to safely establish within 2 years a comprehensive young adult service for 18 –25 year olds within a larger generic adult mental health service. Clinical outcomes with its services are very favourable and, for inpatients, better than those attending generic adult inpatient services.
Achieving functional recovery through highly accessible, youth-friendly, integrated mental health services.

Oral - Abstract ID: 444

Prof. Debra Rickwood (headspace National Office), Mr. Nic Telford (headspace National Office), Dr. Kelly Mazzer (headspace National Office)

Introduction:
headspace centres are highly accessible, youth-friendly and integrated service hubs that provide holistic and evidence-based interventions for young people aged 12-25 years across the core streams of mental health, alcohol and other drugs, general health, and vocational support.

While previous research has demonstrated the effectiveness of headspace in increasing help seeking, improving access to mental health care, and achieving positive mental health and well-being outcomes, the economic and social impacts are yet to be explored.

As the protective effects of employment and education and the negative impacts of unemployment or disengagement from work or study are well established, it is vital that mental health services are effectively supporting young people in their social and economic participation.

Objectives:
The aim of this study is to examine social and functional outcomes for young people presenting to headspace, including participation in employment and education, and the number of days unable to perform one's usual activities. Factors that may impact on improvements in functional roles, including clinical presentation and outcomes; number and type of sessions; and demographic factors will also be explored.

Method:
Clinician and self-reported demographic, functioning and clinical characteristics for over 110,000 young people who had received a headspace service between 2013 and 2016 were analysed. Key measures collected included level of engagement in education and employment, and the number of days in the previous two weeks in which clients were unable to carry out their usual activities.

Results:
Functional role impairment was reported by 65% of young people at presentation, ranging from one to most or all days out of role. At service completion, 35% had recorded improvements in role functioning, and 17% had achieved full functioning.

For 18-25 year olds, 23% were not engaged in education or employment at presentation, with considerable variation between young males (31%), and females (18%). Of those who were actively seeking employment, 18% reported being employed at service completion.

Conclusion:
These high rates of role impairment and disengagement from education and employment is concerning as adolescence and emerging adulthood are critical periods for vocational and social development. However, these early findings indicate that positive and considerable outcomes are achievable for holistic and integrated services that focus on all aspects of a young person's life from their mental health to their social and occupational functioning. While further study is required into the sustainability of these findings in young people, these early data can highlight the economic and social value to society being delivered through the headspace model. Learnings that can be replicated by other mental health services.
What happens after one session? Following up young people who access services but don’t engage.

Monday, 25th September - 17:00 - Oral Presentations - Lessons from Service Evaluations - Meeting rooms 1 & 2
- Oral - Abstract ID: 445

__Mr. Nic Telford (headspace National Youth Mental Health Foundation), Dr. Kelly Mazzer (headspace National Office), Prof. Debra Rickwood (headspace National Office)___

Aims. headspace centres are designed as highly accessible, youth-friendly, integrated service hubs that provide evidence-based early interventions for young people aged 12-25 years. Evidence suggests that the initiative is mostly achieving its aims, however, many young people who access headspace centres only come once. This study is one of the first to explore why young people may access a community based mental health service only once, whether this is cause for concern, and how services could be improved to better engage young people in the future.

Method. 8,416 consenting young people who accessed one of 82 headspace centres for a single visit were invited to complete an online survey investigating their experience of headspace, reasons for discontinuing care, and how youth mental health services could be improved to aid future engagement. Over 1000 young people responded.

Results. Despite these young people not returning after their initial session, their experience with the service was generally positive. Most young people agreed that staff at headspace were friendly and accepting, they felt welcome, they would come back again if needed, and would refer their friends. The most common reasons for not continuing to access headspace services were that they got what they needed or were referred to another service. Importantly, 80% of those referred elsewhere reported following through to access other help. A lesser number of young people did not further engage due to believing that headspace couldn't help them or that they should be able to help themselves. Reducing wait times was the most common recommendation to improve the service.

Conclusion. Understanding why some young people do not continue with care will help to inform services' approach and ensure young people are comfortable engaging for as long as is desired. Despite the common view that young people are disengaging from services prematurely, these findings indicate that many felt they got what they needed or were assisted in an appropriate pathway to care. Rich qualitative data exploring the expectations and barriers to service engagement across the wider youth service system will also be presented.
Development of a new 15-25 young people's mental health service in Mayo, Ireland

Monday, 25th September - 15:40 - Table Top 2 - Service innovation - Lansdowne Room - Table Top - Abstract ID: 98

Mr. Peadar Gardiner (Mindspace Mayo)

Rationale: In 2009 the Mayo Youth Mental Health Initiative (MYMHI) was established, to promote person-centred supports which foster the positive mental health and wellbeing of young people in County Mayo. MYMHI commissioned a study in 2011 to explore the mental health needs of young people in Mayo and to look at the feasibility of establishing a youth mental health support service. This study set out to ascertain the best model of engagement that supported the mental health and well being of young people in the county, their families and communities. On the basis of this research, Mindspace Mayo was established in early 2015.

Objectives: Mindspace Mayo delivers a one-stop integrated health service for young people, setting a best standard for engaging and supporting young people around their mental health needs. Mindspace offers a support service to young people presenting with anything from common concerns to young people with emerging mental health difficulties such as mild depression and anxiety. The Mindspace model of mental health support is brief and goal focused with a strong emphasis on self-help.

Approach: Mindspace was established to provide a seamless service with the aim of improving early intervention at the onset of mental health problems in young people. The integrated approach of Mindspace enables young people (15-25 years) to easily access integrated care, at no cost, in one convenient, youth friendly site. The environment in which we deliver services plays a crucial role in defining how we value and respect young people and the Mindspace building sets a positive welcoming environment for any young person to attend. Central to the development of the service has been the establishment of a youth panel, who act as a representative voice for young people throughout Mayo. As well as assisting with the decision making processes within the service the youth panel play an active role in representing Mindspace at a community level.

Practice: Mental health care may include short term assessment, risk monitoring, goal focused support. To reach young people who are unable to or do not wish to visit the hub located in Castlebar, outreach centres were established in Erris and Ballina.

Conclusion: Overall referrals to Mindspace from 2015 to 2017 included 500 referrals. Psychological distress was measured using the CORE-10 for 17 to 25 year olds and the YP-CORE for 15-16 year olds. At their first session, 86% of 17-25 year olds fell within the ‘clinical range’ of distress and this reduced to just 22% on completion of the intervention. A reliable reduction in psychological distress was observed in 80% of 17-25 year olds (CORE-10) and in 69% of 15-16 year olds (YP-CORE) from pre-to-post intervention.
Next-generation approaches for young men’s mental health: Policy leadership from an Australian perspective

Mr. David Baker (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Simon Rice (Orygen, The National Centre of Excellence in Youth Mental Health; Centre for Youth Mental Health, The University of Melbourne, Australia), Mr. Zac Seidler (School of Psychology, The University of Sydney, Australia), Dr. Dianne Currier (Melbourne School of Population and Global Health, The University of Melbourne, Australia), Dr. Andrea Fogarty (Black Dog Institute, UNSW, Sydney, Australia), Dr. Ryan Kaplan (Brain and Psychological Sciences Research Centre, Swinburne University, Melbourne, Australia), Prof. Patrick McGorry (Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne, Australia; Centre for Youth Mental Health, The University of Melbourne, Australia)

Introduction: A range of key indicators of mental health outcomes among adolescent and young adult males are particularly poor. Global statistics show that for males 15-19 years, depressive and conduct disorders are the third and fourth top causes for years lost due to disability. For 20-24 year olds, depressive disorders, other mental disorders, and drug use disorders are among the top five causes.

There is growing evidence that mental ill-health manifests differently in young men. Young men are more likely to externalise their feelings; anger, risk taking and alcohol and other drug use which were once dismissed as “bad behaviour” or worse, accepted as “boys being boys” are now being recognised as symptoms of poor or deteriorating mental health. The pressures and influence of masculine social norms can affect a young man’s mental health and willingness to seek help.

Objectives: This presentation focuses on the opportunities for policy changes in the Australian context based on the latest, emerging research on the experiences of young men and masculinities. The project objective was to provide a springboard for the resourcing of trials of novel interventions and expanded data collection to support the rapid development of services designed for, and acceptable to young men.

Approach: A combined clinical research and policy analysis team sought to translate emerging knowledge, available evidence, and gaps in current government strategies and existing programs into new policy opportunities to improve engagement and service delivery for young men.

Policy implications: If the mental health of young men is to be successfully treated, then services have to be shaped by an understanding of the potential negative influence of traditional masculine norms on the emotional expressions and behaviours of young men.

The potential strength some young men will take from identifying with such norms contrasts with the potential personal obfuscation of their experience of mental ill-health, avoidant behaviours and resistance to help-seeking. New tools for assessing young men (i.e. the Male Depression Risk Scale) and novel treatments incorporating discussion about masculinity and the different forms this can take have been trialled. There is no one-size-fits-all solution, but treatment that fits the needs of young men needs further attention and development.

Conclusion: Opportunities exist at a strategic level, in service design, workforce development and data collection and research. A range of policies and supporting evidence for developing relevant treatment and care for young men experiencing mental ill-health will be presented.
**Shout Out For Youth Mental Health – Knowledge exchange events as catalysts for young people’s service transformation in the West Midlands, UK**

Monday, 25th September - 15:40 - Table Top 2 - Service innovation - Lansdowne Room - Table Top - Abstract ID: 266

*Dr. Charlotte Connor (Unive), Prof. Max Birchwood (University of Warwick), Mr. Colin Palmer (University of Warwick), Mrs. Sunita Channa (University of Warwick)*

**Introduction:** The Collaboration for Leadership in Applied Health Research & Care (CLAHRC) are programmes of work funded by the National Institute of Health Research. There are 13 (CLAHRCs) nationally, funded by the National Institute for Health Research in UK, undertaking high-quality applied health research focused on the needs of patients and the translation of research evidence into practice in the NHS. CLAHRCs are collaborative partnerships between universities and surrounding NHS organisations with the primary aim of improving patient outcomes through the conduct and application of applied health research.

The theme of CLAHRC West Midlands, led by Prof. Max Birchwood, University of Warwick, is Youth Mental Health, with a focus on early intervention. The research groups early work explored the care pathways of young people with first-episode psychosis in Birmingham, UK and revealed excessive delays for young people in accessing specialist services. Duration of untreated psychosis, or DUP, (the time spent between onset of psychosis and treatment) has been found to have a significant impact on outcome, particularly in terms of treatment response; reducing such delays therefore, has become an important focus for healthcare professionals, but interventions to do so have had mixed results. We trialled a new direct referral service for young people with psychosis, in a designated area of Birmingham, UK alongside a public health campaign and successfully reduced DUP from a median 71 days (mean 285) to 39 days (mean 104) following the intervention, with no change in the control area.

This work played a key role in the overall re-structuring of youth mental health services in the city which now offers a 0-25 service, ‘Forward Thinking Birmingham’ (FTB), which was launched in April 2016.

**Objective:** The primary objective of CLAHRCs is the application of research into practice, dissemination and knowledge mobilisation. The CLAHRC-WM team were keen to mark this particular success with a celebratory event, purposely designed to bring together a wide range of interested parties, to disseminate findings and mobilise knowledge.

**Method:** The ‘Shout Out for Youth Mental Health’ (SOYMH) dissemination event was conceived by the CLAHRC-WM youth mental health theme, ably supported by young people from the West Midlands. Our aim was to design and develop an inclusive and diverse event bringing together an eclectic mix of young people, academics, researchers, commissioners and healthcare workers to celebrate and reflect on this innovative service change.

**Results:** Following the event the research team are now in consultation with 2 NHS commissioning bodies who plan to launch their own 0-25 service. As part of this consultation they are supporting and advising them in the design and development of their own SOYMH dissemination event.

**Conclusion:** We cannot underestimate the importance of dissemination events as a catalyst for service change. SOYMH was not only an opportunity to reflect on, and share, the work of commissioners, researchers and healthcare providers but it gave a platform to young people to discuss, inspire and be at the heart of decision making with regard to youth mental health services.
**The mobilization of research-based evidence into radical service redesign: the case of 0-25 Service in Birmingham (UK)**

Monday, 25th September - 15:40 - Table Top 2 - Service innovation - Lansdowne Room - Table Top - Abstract ID: 269

*Dr. Giovanni Radaelli (Warwick Business School), Prof. Graeme Currie (war), Prof. Max Birchwood (University of Warwick)*

**Introduction:** Healthcare researchers and practitioners must pay attention to the mobilization of research-based evidence into practice. The NIHR funded Collaborations for Leadership in Applied Health Research and Care (CLAHRCs) to focus on conducting high-quality health research; implementing findings; and increasing the absorptive capacity of NHS actors. CLAHRC-based research on youth mental health was translated by CCGs in Birmingham (UK) into a radical service redesign, i.e. a seamless mental health service for children and young adults aged 0-25. Previously, young patients transitioned into adult service at different ages, depending on their conditions. Most transitions occurred at age 16-18. CLAHRC-based evidence highlighted problems with established arrangements, e.g. high disengagement rate of young patients; presentation at a later age of entrenched mental health problems; gaps in service provision after leaving CAMHS; lack of seamless provision for 16–18 patients. CCGs recommissioned service provision through competitive tender. The competitive proposals from three consortia led to a new seamless 0-25 mental health system operated by a novel network of providers.

**Objective:** What tactics and factors affected the mobilization of critical research-based evidence into a radical service change?

**Method:** We employed a longitudinal study to explain how CCGs mobilized research-based evidence. Data collection involved: 28 interviews with CCG personnel and representatives of bidding consortia; 5 participant observations of implementation meetings; 3 non-participant observations of public events; extensive archival data. Inductive approach and thematic analysis was used to generate theory on knowledge mobilization.

**Results:** Six themes emerged from the analysis:

- The role of differentiated understanding of case for change across commissioners and providers
- The role of CCG leadership in pushing radical change, legitimizing decisions through research-based evidence, policy directives, and public and patient involvement (PPI)
- The role of competitive tendering in influencing the actor network
- The role of a preliminary “big vision” set by CCGs without imposing ‘nitty gritty’ details; so the interpretation/translation of evidence was left to providers’ discretion
- The role of PPI in generating awareness of a need for radical change, and provide inputs to service redesign
- The lack of external benchmarks to emulate, so that the mobilization of knowledge overlapped with the generation of new evidence on the new service design.

**Conclusion:** These findings highlight how the mobilization of knowledge from research to practice was mediated by CCGs, which managed malleable interpretations from practitioners and different aspirations regarding the radical or incremental uses of new evidence.
Creating Systems for Early Intervention and Prevention - Young People’s Substance Misuse Service on Guernsey

Monday, 25th September - 15:40 - Table Top 2 - Service innovation - Lansdowne Room - Table Top - Abstract ID: 352

Dr. Deborah Judge (Youthinc CIC), Ms. Lisa Mellen (Youthinc CIC), Ms. Kareena Hodgson (Action for Children)

Rationale: Throughout the British Isles, the last 5 years has seen a ‘perfect storm’ of economic adversity, social inequality and changes in education and health systems. A storm of:

- Economic recessions - impacting generally on socio-economic adversity
- Availability of drugs and alcohol and changing patterns of use
- Changes in commissioning and service provision with limited access to Child and Adolescent Mental Health services for young people with complex needs.

The combination of these factors has had a major impact on young people's mental health services and for young people experiencing difficulty in gaining access to specialist mental health services, particularly if they also have substance misuse problems. Mental health services have been overwhelmed and many have raised thresholds and imposed more stringent criteria for accepting referrals. So, the inspiration to demonstrate solutions through new services approaches, has come from our working relationship with the Action for Children service on Guernsey. With them, we have been inspired to create a service providing both early intervention and prevention support, and a range of substance misuse interventions, through an open-access, community service for young people aged 12-25.

Objectives of the project: Youthinc CIC, in collaboration with Action for Children, formed a pilot project through 2015 to provide a multi-systemic, community-based approach for young people with complex mental health and substance misuse problems. Our aims were to demonstrate the possibility of creating a new service approach, increasing access for young people to early intervention and prevention in mental health, and create new ways of working, and multi-agency collaboration.

Approach: Youthinc has developed a training framework to ‘up-skill’ a community team, who were originally commissioned to provide a Youth Housing Support service. Youthinc provides monthly case supervision for the Guernsey team, via SKYPE and quarterly training days to raise awareness of Mental Health problems and build skills in substance misuse screening and early intervention in mental health.

Practice/policy implications: This approach demonstrates solutions for young people’s service provision through systemic approaches, which achieve:

- increased social stability and community networks of support
- coordinated interventions for complex mental health and substance misuse problems
- continuity across child-adult transition
- early intervention and inspiring work with young parents
- professional partnerships working across agency barriers

We conclude, that to demonstrate solutions may become a call for action! We create change through what we do. We create more change through working together, collaboratively. We are creating systems change through increasing collaboration and shifting boundaries between agencies and between professionals in community networks, so that services may become more flexible and accessible to young people.
Youth in Transition: A Responsive Service Design in Hamilton, Ontario

Monday, 25th September - 15:40 - Table Top 2 - Service innovation - Lansdowne Room - Table Top - Abstract ID: 620

Dr. Juliana Tobon (St. Joseph's Healthcare Hamilton), Ms. Lisa Jeffs (St. Joseph's Healthcare Hamilton)

St. Joseph's Healthcare Hamilton opened the Youth Wellness Centre (YWC) in March 2015. The YWC focuses on youth ages 17-25 experiencing emerging psychiatric disorders, or who may be at risk of being lost to the transition to adult mental health and addictions services. Our goal is to be an accessible (e.g., through online self-referral), youth-friendly, efficient (e.g., treatment intensity matched to need), cost-effective, community-based service focused on rapid assessment, treatment, and recovery. The YWC aims to reach marginalized youth with unmet needs, who would otherwise “fall through the cracks.”

The goal of this paper is to present the program model and preliminary clinical and demographic data to describe who is accessing our services.

Program Design and Development
Youth with lived experience have been involved in the design and development of the YWC from the planning stages. The first group planning workshop held in 2013 included 12 mental health and addictions experts from within the hospital and the community, and 7 youth with lived experience, representing several youth-led or youth-focused agencies/projects in Hamilton. These youth formed a core group who helped choose the building the YWC is located in, and participated in the first hiring of staff, and wrote terms of reference for a permanent Youth Council for the YWC. The Youth Council, formed in June of 2015, is facilitated by the YWC’s three Youth Mentors (staff on the team who are youth with lived experience) and is supported by an adult ally. The Youth Council sends representatives to monthly leadership group meetings with YWC and leadership and staff. This leadership group makes decisions together and provides the Youth Council with regular opportunities to participate in decision-making and to communicate with program leadership.

Clinical and Functional Outcome Measures
Youth are seen in less than a week from referral for an orientation with a Youth Mentor, and family members are invited to meet with the Family Educator for a similar but separate orientation session. Here, youth complete screening measures for mental health, substance use, psychological distress, and functioning. This comprises the minimal dataset. After orientation, all youth attend an intake appointment within 2-3 weeks.

Results
Between March 2015 - February 2017, 1142 youth were referred. Overall, 38% of clients were male, and 3% were transgender (compared to 1/200 in the general population). One in three youth presenting to the YWC identified as LGBTQ, which is higher than the one in five in Australia’s headspace. A higher proportion were from visible minorities (26%), compared to the general population in Hamilton (16%); 2% identified as Aboriginal, compared with <1% of the population in Hamilton. Although most YWC clients had stable housing (91%); 18% reported that they had been homeless in the past, and 3% were homeless in the past month. Further results will be presented comparing mental health presentation between groups. The higher proportion of clients from various marginalized groups, compared with the overall population, indicates that the YWC has successfully reached out to youth who traditionally experience barriers to accessing services.
Commissioning Youth Mental Health Services: The way of the Future?

Introduction
The Commissioning of mental health services is becoming a more common practice in many developed countries around the world. Does this process represent the ‘best buy’ for tailoring services to meet the mental health needs of young people? This paper will focus on the Australian experience of commissioning services for young people with complex mental health issues in a primary care environment. Will this process ‘future proof’ services for young people into the future?

Discussion
Primary care is increasingly being identified as a unique setting to provide and reach out to young people who require mental health care. Recent Australian Government policy has seen a focus on the commissioning of services via Primary Health Networks (PHNs). This policy initiative is aimed at reaching that gap in care for those young people who have serious mental health issues, often complex in nature, who do not meet criteria for mild to moderate services such as headspace yet usually cannot access tertiary care.

This changing Australian landscape raises many challenges and opportunities concerning systemic and service-wide implementation issues, as well as best evidence based models of care that can cater to the geographic and socio-demographic diversity of this population. Orygen, The National Centre of Excellence in Youth Mental Health has a role in supporting and advising Primary Health Networks through the commissioning cycle and lead agencies in program implementation. In addition they have responsibility for supporting the renewed scaling up of the Youth Early Psychosis Programs (YEPPs) within six designated headspace sites nationally.

Method
While every effort is made to utilise the best available evidence to support specific models of service delivery for this particular client cohort, one of the challenges is promoting ‘what works’. Given the difficulty in providing services to young people in rural and remote regions of the country, this is further exacerbated by knowledge and practice with our indigenous population. The ideal scenario is to build upon the headspace platform which exists in many communities around the country, however there are gaps in service knowledge and clinical service provision which add to the challenge of the commissioning process.

Findings
This paper will focus on the understandings, opportunities and learnings created by the commissioning process. It will also seek to address the challenges identified with a limited evidence-base and what this means for commissioning bodies, service leads, as well as the operational and workforce issues involved. It will conclude with recommendations for the commissioning cycle and how this can be further developed to ‘future proof’ youth mental health services and those delivering them.
A holistic approach to integrated collaborative care for youth with intersecting needs

Monday, 25th September - 15:40 - Table Top 2 - Service innovation - Lansdowne Room - Table Top - Abstract ID: 298

Dr. Joanna Henderson (Centre for Addiction and Mental Health), Ms. Gloria Chaim (Centre for Addiction and Mental Health), Dr. Amy Cheung (Centre for Addiction and Mental Health), Dr. Kristin Cleverley (Centre for Addiction and Mental Health), Dr. Lisa Hawke (Centre for Addiction and Mental Health), Dr. Cara Settipani (Centre for Addiction and Mental Health), Dr. Peter Szatmari (Centre for Addiction and Mental Health)

This tabletop presentation features the holistic YouthCan IMPACT model of community-based, integrated, collaborative care for youth with mental health and addictions needs. First, we will review the research, including our own work, showing that youth presenting for mental health and addiction services have a wide variety of intersecting needs. For example, youth who are not engaged in education, employment or training and youth who have precarious housing situations present for services across clinical and non-clinical sectors and present with a variety of issues with regard to mental health, addiction, vocational development, and other social determinants of health. They therefore require integrated, coordinated, cross-sectoral care teams that are able to address their wide variety of needs. The proposed solution to this is a systems-change initiative that provides developmentally appropriate care to young people, YouthCan IMPACT.

YouthCan IMPACT is a community implementation initiative that creates integrated collaborative care teams (ICCTs) in the community. This is an innovative patient-oriented partnership between three community agencies, four adolescent psychiatry hospital departments, and two primary care teams. The youth voice has been engaged throughout the program development and implementation processes. Core components of the model include rapid access to integrated, cross-sectoral, evidence-informed services; access via walk-in; and a stepped-care approach that matches youth to the services they need. In conjunction with the implementation initiative, a pragmatic randomized-controlled trial is being conducted comparing ICCTs to treatment as usual at area hospitals.

This presentation will describe the ICCT model’s development, focusing on the rationale for developing the ICCTs, the youth and family engagement process, the research evaluation, and the organization and delivery of evidence-informed interventions that reflect the youth’s level of need.

The development of holistic models of community-based integrated mental health and addiction care is of growing interest among the international youth mental health community. This tabletop presentation will provide the opportunity to discuss the model interactively in small forums of stakeholders, while obtaining broad reach for the discussions through multiple presentations over the course of the conference. This will foster open international dialog and collaboration regarding new, holistic service models for youth.
Integrated Care for Dual Diagnosis: improving practice at a youth mental health service

Monday, 25th September - 15:40 - Table Top 2 - Service innovation - Lansdowne Room - Table Top - Abstract ID: 339

Dr. Eddie Mullen (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Enrico Cementon (Orygen, The National Centre of Excellence in Youth Mental Health)

Background
In Australia, co-occurring substance use and mental health disorders continue to be a major challenge for services working with young people due to high rates of co morbidity, negative effects on health and barriers to accessing good integrated care. Illicit drug use and non-medical use of pharmaceutical drugs remain high and have come under increasing scrutiny due to media attention, increased service use and targeted government campaigns. Recent findings from Orygen Youth Health have shown even higher use in the clinical population for all diagnoses.

An integrated approach to treatment is recognised as gold standard but services have struggled to offer this to young people due to barriers in screening, assessment and delivery of specific interventions in the clinical setting.

Brief Interventions (BI) for substance use provide an individualised framework to provide feedback and advise in order to increase motivation to change and can be used by mental health services as part of standard clinical care regardless of previous experience or training.

Objectives
To describe the development and delivery of BI training to clinicians and medical staff within a youth mental health setting as well as evaluating the impact on staff.

We will also discuss what steps we have taken to make this intervention sustainable and integrated into the core business of providing high-quality care for young people.

Methods
The treatment model was developed based on extensive feedback from staff and young people as well as building on existing best practice guidelines and literature.

Training was delivered as an hour long session across outpatient and inpatient settings and staff responses were gathered using a modified version of a validated rating scale to capture change in staff knowledge, skills and attitudes. This training was followed up within clinics and the inpatient unit.

Capacity building in the service was also coupled with an organisational response to support change in culture and practice.

Findings
The BI training was well received by clinicians and medical staff as well as being seen as acceptable to young people. The model has been incorporated into regular clinical care and adapted depending on setting of treatment and stage of recovery from mental illness.

Staff attitudes and confidence in the BI model requires further improvement. There are ongoing individual and systemic barriers to address in order to improve adherence to the treatment model.

Conclusions
Substance use is a major area of concern for young people. It is a risk factor for the development of mental health disorders and an impediment to recovery that impacts adversely on future wellbeing.

Integrated care for young people with co-occurring mental health and substance use disorders is recognised as best practice, however there are significant barriers. We developed a practical BI model for implementation in mental health settings to address young people's dual diagnosis needs without the delay
when referring to specialist AOD services or the need for lengthy, costly training.

This intervention can become part of standard care but requires systemic change and continued clinical leadership to ensure its longevity.”
Future Proofing in Indigenous communities: A Unique look at Implementation of ACCESS Open Minds in Eskasoni First Nation

Monday, 25th September - 15:40 - Table Top 2 - Service innovation - Lansdowne Room - Table Top - Abstract ID: 417

Ms. Daphne Hutt-MacLeod (Eskasoni Mental Health Services), Dr. Heather Rudderham (Eskasoni Mental Health Services), Ms. Jenny Reich (Eskasoni Mental Health Services), Dr. Ashok Malla (McGill University), Dr. Srividya Iyer (McGill University, ACCESS Open Minds)

Rationale:
‘Future Proofing’ any group must be closely tied to its history, culture, needs, and economics. At Eskasoni First Nation, appropriate care has multiple meanings – taking cultural ways of healing into account, united with the use of western medicine and psychology. This principle termed ‘two-eyed seeing’ by Bartlett, Marshall and Marshall (2012), refers to an approach of inclusion in which each eye attends to the strengths of Indigenous and Western knowledge and ways of knowing, respectively – providing a gift of multiple perspectives for the healing of all.

Objective:
Our objective is to demonstrate how this ‘two-eyed seeing’ has been honoured and translated through ACCESS Open Minds (ACCESS OM), seeking youth and community engagement, traditional means of healing, and utilizing evidence-based measures and strategies of care that bring improved health and well-being to the youth and families within this indigenous community.

Method:
We use a ‘ladder of care’ model engaging service providers at all levels. This preventive model is aimed at reducing the need for more acute services by providing appropriate care as early as possible. Our ‘ladder of care’ model supports the ACCESS OM mandates of early identification and rapid access by making every door the right door to receive services. For this to be effective, we need to ensure continuity of care for those seeking services. Eskasoni Mental Health Services works with community members from ‘womb to tomb’, increasing effectiveness of care without the stress of unnecessary transfers. The siloed approach of the past has been transformed into an integrated team approach to youth mental health services. Among our service providers, every member is trained to administer the ACCESS OM's youth self-report measures, selected to identify those needing services and connect them to the right level of care. First Nations tradition believes it takes a village to raise our youth, and ACCESS OM supports this belief with a deep commitment to youth and family engagement and participation. All stakeholders are involved at every step of the way through the decision-making process for services and spaces, implementation and delivery, and assessing effectiveness and outcomes.

Conclusions:
‘Future-Proofing’ for Eskasoni means continued dedication to our mission of providing high quality, culturally appropriate, community-based mental health services across the lifespan. Through this mandate, and in conjunction with ACCESS OM's foundational 5 pillars of service transformation, we hope to bring improved health and wellbeing to the youth in our community for generations to come.

The Development of a Brave Space for Canadian First Nations Youth Mental Health: The ACCESS Open Minds Sturgeon Lake First Nation Experience

Monday, 25th September - 15:40 - Table Top 2 - Service innovation - Lansdowne Room - Table Top - Abstract ID: 473

Ms. Carolyn Gaspar (University of Saskatchewan), Mr. Clifford Ballantyne (Sturgeon Lake Health Centre), Ms. Shirley Bighead (Sturgeon Lake Health Centre), Dr. Caroline Tait (University of Saskatchewan)

Introduction: When future-proofing youth mental health services, healthcare professionals and communities must create “brave spaces” for youth to become active consumers of their mental healthcare. Through authentic engagement, our community-university research team created a brave space for Canadian First Nations youth to talk about their mental health.

Objectives: This presentation presents an Indigenous community-based interventions that engages First Nation youth. Our team facilitated pathways for youth to claim ownership in designing and creating a “brave space” including youth identifying the purpose the space was to be used for and the programming that would be delivered in it. Our presentation will illustrate how youth engagement and youth spaces are critical ingredients in positively transforming youth well-being and mental health, particularly in Indigenous communities.

Approach: We defined authentic engagement as actively listening and responding to the needs of the youth. As part of the transformation of the Canadian youth mental health system, the ACCESS Open Minds Sturgeon Lake First Nation (Saskatchewan) site retrofitted a youth space, for youth by youth. Youth are central to our project and have been actively engaged in designing their space, and identifying the programs it will offer. A survey designed by youth was distributed to youth (aged 11 to 25) at the Sturgeon Lake Central School to identify programming to be offered from the youth space.

Results: The active engagement of youth in designing the space has led to youth investment in, interest in, and ownership of the ACCESS Open Minds Sturgeon Lake First Nation project. The youth space was designed to act as a brave space for youth to talk about difficult or challenging experiences and to know that they will be acknowledged and supported by their peers. This brave space acts as a soft entry point for youth needing support, and should be seen as a proactive, rather than a reactive, measure. This space was designed to be a place for youth to be youth. Most services provided for mental health can be offered when needed by youth using the brave space. Youth also identified programing for their mental wellness as a key aspect of this youth space. Top answers provided by youth regarding what should be offered at the youth space were programs to regain their cultural identity through cultural activities, and opportunities to engage in recreational activities.

Conclusion: A physical space can become the focal point of the transformation of youth mental healthcare and facilitate a community’s ownership of such a transformation, when youth are meaningfully engaged in its conception and design.
A Non-Diagnostic Approach to Youth Mental Health: the Fear Trap

Introduction / Rationale
Future-Proofing Youth Mental Health and creating resilience in the population is arguably at odds with a diagnostic model that invites dependence on professional help and the relinquishing of self-efficacy to unknown biological cause.

Objectives
Many models of youth mental health include working with diagnostic uncertainty (REF) but the aim here is to go one step further and abandon the concept of diagnosis altogether.

Approach
The approach relies on four pillars of understanding, what emotions are, what emotions are for, a understanding of the brain, and an understanding of adolescent and young adult development. These four concepts can provide an understanding of emotional distress without recourse to diagnosis and represent a coherent and powerful alternative.

Practice
In practice, these four pillars of understanding can be outlined succinctly to young people and their families, in a way that supports understanding, avoids the problems of stigma, and helps them to feel empowered to bring about change in their lives.

An example of how this approach is used in clinical practice is provided in the fear trap, a simple psychological formulation of fear-based problems for which a whole variety of diagnostic models is more usually applied. Young people are positive about understanding their experience in a coherent fashion, and appreciate how this understanding leads to practical suggestions to bring about change. The language and imagery used to explain the concepts also brings the material alive.

Conclusion
The approach outlined here represents an alternative to the diagnostic approach, providing a model of understanding based on emotional development. It is a powerful model that avoids issues such as stigma and reduced self-efficacy and provides a way in which young people and their families can understand themselves and bring about change for themselves in this context.
CREW - Creativity for Recovery and Enabling Wellbeing

Dr. Nick Barnes (University College London), Mr. Jon Hall (Outsider Gallery)

**Introduction** - CREW is an innovative project that seeks to utilize creativity and performance to promote peer support, reinforce recovery and enhance wellbeing. CREW works alongside people who have experienced mental health difficulties through media - music, art and film - to help develop self-confidence and self-belief and then utilises this creative outlet further through performance and presentation that will enables peer support, recognition and appreciation.

**Aims and Objectives** - Through creativity and peer support, CREW seeks to;

- Develop self confidence
- Build people's sense of connectedness, addressing social isolation and loneliness
- Sustain recovery and positive wellbeing
- Enable professionals to observe and engage with their clients through a different lens

**Background** – Within Mental Health Services there is currently genuine interest in approaches informed by peer support and how these approaches can be utilised to sustain recovery and/or relapse prevention. Results have been favourable for many different programmes, with a consistent finding that focus on developing a trusting relationship with a peer, can be one of the key components that promotes sustainable change. However, for some people, the prospect of peer support with another individual can feel potentially overwhelming, and possibly a little intimidating.

The CREW project therefore looks to circumvent these anxieties by starting in a place that feels more accessible and meaningful to the individual – and for some, this place might be art and/or music. Through the opportunity to initiate a dialogue through creativity, CREW enables the participant to begin to work one to one, and gradually start to engage more and more with others, so that there is natural gravitation towards more collective, collaborative and peer supported environment.

**Outline of Intervention** - The CREW project runs over 12 weeks, offering weekly sessions of either a 1:1 and/or group based creative space (art or music based) for up to 10 people (from either adult based mental health services or young people's services) who gradually work towards a final event – be this a performance or presentation of their creative endeavours. This event, a public showing, is co-developed and co-designed with the participants, providing the central focus of the collaboration and peer-based support. But wider appreciation from public and professionals enables the participant's work and involvement to be witnessed from a potentially contrasting perspective – using the lens of creativity to allow a move away from a more deficit based perspective of the mental health difficulties, to a more asset based awareness. With the potential for 3 cohorts we shall work towards a bigger participatory event which will seek to engage the wider community, looking to raise awareness about mental health and challenge the barriers of mental health stigma.

**Results to date** – The first cohort have completed their programme with outcomes showing a noticeable impact on self-esteem and self-belief – as well as feeling valued and appreciated by their peers through performance. Likewise, professionals have been profoundly moved by the capacity for expression unlocked through this creative venture, offering a genuine shift in perspective of the client.
The MindWise Project - helping teachers support and educate about mental health

Monday, 25th September - 15:40 - Table Top 2 - Service innovation - Lansdowne Room - Table Top - Abstract ID: 330

Mr. Lucas Shelemy (University of Reading), Dr. Polly Waite (University of Reading), Dr. Kate Harvey (University of Reading)

Despite the high prevalence and seriousness of mental health disorders in young people, relatively few of those in need access timely, evidence-based treatment within specialist child and adolescent mental health services (CAMHS) (Merikangas et al., 2011; Green et al., 2005). Increasingly, there is a recognition that support around young people's mental health must be broader than CAMHS and encompass schools alongside other services (Future in Mind report, Education Policy Institute report). As a result, large numbers of children and young people now receive support around mental health within school settings (Burns et al, 1995; Leaf et al, 1996; Gwendolyn et al, 1997).

Teachers are often the first point of contact for parents who are worried about their child's emotional well-being (Ford et al., 2008; Sax & Kautz, 2003; Sayal et al., 2010). The amount of time teachers spend in contact with students makes them well placed to notice pupils with problems that may not have been previously treated or identified as a mental health disorder (Chatterji et al., 2004, Ginsburg and Drake 2002). Many teachers acknowledge their role to spot mental health problems in the classroom (Rothi et al., 2008). Teacher training helps teachers feel more confident in their knowledge and recognition ability of depression (Moor et al., 2007).

In the response to the growing need of teacher training about mental health, researchers are designing sustainable and easily implementable resources. This presentation describes the development of an online resource, The MindWise Project, intended to provide free quality assured mental health training and resources for teachers. The main aim of this project is to help teachers educate and support mental health in the classroom. To improve the usefulness and effectiveness of a resource, it is critical that teachers have an input in the design and development. I will describe the findings from two qualitative studies conducted with secondary school teachers about their experiences of mental health in the classroom, and their wants, needs and opinions about a resource. The practical implications of these results on the development of the online resource will be discussed. Finally, the protocol for a pilot test of the resource to be used in schools will be presented.
Description of a multi-component education program for youth mental health services.

Introduction
Orygen, the National Centre of Excellence in Youth Mental Health undertakes a range of service and workforce development activities and initiatives for Australia’s youth mental health workforce, with an emphasis on accessible expertise and innovation. Orygen provides leadership, national and international collaboration and professional development to organisations, individuals and health services as well as major mental health workforce development programs.

Objective
In partnership with a state-wide health care network in Australia, Orygen implemented a large scale workforce development initiative which used a variety of educational and knowledge building modalities. This included online learning using a learning management system (LMS), face to face workshops and change management strategies. The project involved upskilling 120 mental health clinicians working in a variety of metropolitan, regional and rural settings. The services were also varied, from generic mental health services to specific youth mental health teams, with each service being at a very different stage of development in terms of youth focus. The overall outcome was to upskill the clinicians in the development of youth focussed interventions and services.

The training initiative was based on a self-directed andragogical learning opportunity. The initiative took place over one year, with 180 hours of a variety of reading and interactive online materials offered as well as 80 hours of face to face training workshops. This included 2 seminars that involved bringing clinicians from the state together to share experiences and and reflect on their progression as a service or individually. There was also the opportunity to share experiences, homework activities and complete activities on the online forum.

Results
Data was collected via a self-assessment questionnaire which was sent out prior to commencement and after completing of the program, this data was compared. The participants were not able to access the LMS until they had initially completed the questionnaire. The results were positive showing an improvement in knowledge, skills and confidence across all areas.

Conclusions
This self-directed and reflective multi-component program was a good way of engaging with busy clinicians, especially for those in remote and rural areas. Recommendations for future education and training approaches based on data collected are also discussed.
A meaningful conversation: explaining youth mental health to intelligent machines so that they can explain it back (better) to us.

Introduction
Machines are getting smarter and perform a growing number of tasks better than humans. This disruption means increasing numbers of workers will have to adapt their roles and skills - challenges that apply to the youth mental health workforce. How these challenges are met may determine the extent to which intelligent machines play an influential and positive role in enhancing our understanding of young people's mental health and improving the equity and efficiency of our service responses to the mental health needs of young people.

Objectives
This paper aims to describe some technical perspectives on recent research to identify emerging themes about how best to integrate intelligent machines into youth mental health research and analysis.

Approach
Recent experience from the physics and economics disciplines are examined to help identify potential issues relating to two broad topics in youth mental health research:

- the potential barriers to and enablers of meaningful machine based insights into mental illness in young people and machine based personalised medicine tools; and
- the application of computer simulation models to help understand and optimise the complex health systems environments in which young people seek help for their mental health needs.

Practice Implications
Five key themes were identified:

- Over the next decade there may be an expanded role in youth mental health research and analysis for computer scientists, economists, mathematicians and physicists. The contribution that these workers can make to the youth mental health field goes beyond applying discipline-specific expertise to discrete tasks. The collective impact of this group may be to strengthen the interface between the current youth mental health workforce and intelligent machines.
- For artificial intelligence and machine learning applications to function optimally, they need to be presented with data that has been recorded in a format that enables it to be accurately parsed by automated algorithms. Similarly, the potential growing involvement of youth mental health researchers from non-traditional disciplines will place greater emphasis on data that is self-describing for non-clinician humans. How some types of data commonly collected in youth mental health research is recorded in databases may need to change.
- Increased involvement of intelligent machines in youth mental health may lead to a growth in the use of Bayesian statistical techniques. Youth mental health researchers and analysts should adopt a flexible and pragmatic approach to decision-making about when to deploy Frequentist or Bayesian statistical methods.
- Theories that provide a detailed synthesis of what we know about key topics in youth mental health will have to be written mathematically as well as verbally – so that machines can understand and refine them.
• Intelligent machines developed as part of youth mental health research and innovation projects need to be maintained and updated. Budgets should reflect this.

**Conclusion.**
Youth mental health researchers and analysts should begin to incorporate into their short term plans expectations about the future role of intelligent machines in youth mental health.
Introduction:
Over the last decade there has been a substantial increase in the numbers of people employed in the health sector. In Australia, the youth mental health sector continues to grow with 95 headspace centres operating around the country. In the last year approximately 71,000 young people attended headspace sites as compared to 45,195 young people in the 2013/14 financial year. The increase in workforce demand has corresponded to increased numbers of postgraduate degrees for allied health professions and consequently an increased demand for clinical placements. Clinical placements are critical for the development of competence across a range of domains and provide a unique opportunity for services to contribute to the training of the next wave of youth mental health clinicians. While very little research exists about effective placement models, The National Centre for Excellence in Youth Mental Health, through its 4 headspace sites in Melbourne Australia, has refined a model for providing postgraduate placements over the past 5 years.

Objectives:
The aim of the postgraduate student placement program is to upskill developing allied health providers in the areas youth engagement, assessment and treatment. By educating trainees in values considered core in youth mental health, such as youth participation, empowerment, flexibility and family informed practice, the program also ensures students are trained specifically for recruitment into our centres, and also possess transferable skills for other roles in the sector more broadly.

Methods or Approach:
The placement model has a number of components including student selection, induction and orientation, graduated learning of psychosocial assessment through observation and being observed, managing the Brief Interventions Clinic, individual and group treatment, community engagement, and individual and group supervision. A dedicated clinical supervisor oversees student placements and supervise and supports clinical staff.

Results or Practice/Policy Implications:
Postgraduate student placements have benefitted the organisation by increasing service provision to clients and families, enabling increased flexibility in responding to young people, and increasing treatment options. This increased service provision has also reduced waiting times for young people accessing the service. The dedicated supervisor role also has a number of benefits for the organisation as supervisors contribute to staff supervision, professional development and a strong culture of evidence based practice within youth mental health.
The placement program offers an opportunity to test for a “good fit” between the trainee, the role and the organisational culture, which has already resulted in many instances of recruitment.

Conclusion:
The student placement model offers many benefits for students and the organisation. Dedicated supervisor roles facilitate the development and management of the model alongside responsibility of staff supervision. Feedback from trainees and universities indicates the placement model ably prepares students for work as an allied health provider largely due to the graduated learning approach which allows trainees to function with an appropriate amount of clinical autonomy. Further research may assist in the development of objective measures of placement models and the benefits of placements for organisations and students.
Helping young people with mental ill health find sustainable and meaningful employment: Evaluating a combined individual placement support and intentional peer support program

Monday, 25th September - 15:40 - Table Top 2 - Service innovation - Lansdowne Room - Table Top - Abstract ID: 459

Dr. Magenta Simmons (Orygen, The National Centre of Excellence in Youth Mental Health; Centre for Youth Mental Health, The University of Melbourne, Australia), Ms. Gina Chinnery (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Bridget O Bree (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Rose Randall (Orygen, The National Centre for Excellence in Youth Mental Health), Mr. Matthew Hamilton (Orygen The National Centre of Excellence in Youth Mental Health), Ms. Jacqui Faliszewski (Orygen, The National Centre for Excellence in Youth Mental Health), Ms. Elizabeth Burgat (Orygen, The National Centre for Excellence in Youth Mental Health), Prof. Eoin Killackey (Orygen, The National Centre for Excellence in Youth Mental Health)

Introduction

Obtaining sustainable employment is a key priority for young people who experience mental ill health. Yet disruption to education, unemployment and underemployment are serious issues. Minimising this can help meet the needs and wants of the young person, and result in positive outcomes across several domains for the individual, their community and society at large. These outcomes include improved mental health, physical health and economic benefits. Finding innovative ways to help young people to find and remain in work that they enjoy and find meaningful is imperative to achieving these outcomes. Individual Placement and Support is an evidence-based approach that involves the co-location of vocational support with mental health services. Although it has been tested in tertiary youth mental health settings, it is yet to be tested in more generalist youth mental health settings. The Victorian State Government in Australia put out a call to fund highly innovative approaches to helping vulnerable people back into work. To see if the Individual Placement and Support model could be adapted for headspace Centres in Australia, we combined this approach of having specialized vocational workers with the inclusion of youth vocational peer workers who provided Intentional Peer Support.

Objectives

1) To compare employment, health and economic outcomes for young people before and after accessing a combined Individual Placement and Support and peer support program designed to help young people obtain and remain in employment.
2) To find out whether the program meets the needs of the young people accessing it.

Methods

Quantitative data were collected, including information about employment, health and economic factors. Qualitative interviews were held with a subset of participants to explore the degree to which the program met the needs of the young people accessing it.

Results

Implementing a combined Individual Placement and Support and youth vocational peer support program was feasible. Employment outcomes for young people accessing the service demonstrate that this approach is capable of helping them find and remain in meaningful work. In doing so, health and economic outcomes are improved. The inclusion of vocational specific peer work added additional support for young people, who reported this gave them increased motivation to obtain and stay in work.

Conclusion

Individual Placement and Support and vocational youth peer workers show great promise for improving employment and related outcomes for young people with mental ill health. This study demonstrated the critical
role that these types of interventions can play in a variety of mental health settings.
The Next Step: Preparing Youth for Life’s Next Challenge

Ms. Nisha Kumar (HEALTH PROMOTION BOARD)

In the current fast-paced education and employment climate in Singapore, change is the only constant and transition periods are considered a high stress point for young people. The efforts to prepare and equip young people for transitions would also have to evolve with this ever-changing climate. Whilst young people have to keep pace with the quantifiable hard skills and skills set required of them to survive and succeed, the less quantifiable soft skills such as being adaptable and flexible will always remain relevant and serve them well in an unpredictable climate. This presentation aims to examine the relevance and role of mental and emotional resilience concepts in enabling and equipping young people to be future-ready be it in mandated military service for the males, furthering education or joining the workforce. Through sharing on a pilot workshop for a graduating students from a local tertiary institution, we discuss the core resilience-based strategies that was derived in the development of the content, including the moderated use of technology as a means to encourage introspection. The objective of this initiative is to impact a mindset shift amongst young people to accepting of failure alongside being driven by success and to perceive challenges as opportunities for development rather than threats.
Ms. Lisa Lachance (CYCC Network, Dalhousie University)

Since 2011, the Children and Youth in Challenging Contexts (CYCC) Network - based in Canada - has been working to increase the use of evidence and evaluation in the child and youth mental health sector in order to improve mental health and wellbeing of the most vulnerable young people. Funded as a knowledge mobilization network by the Canadian government's Networks of Centres of Excellence, the CYCC Network has over 250 members from all Canadian provinces and territories and 20 countries that span numerous disciplines and all parts of the sector – researchers, health care professionals, youth, educators, and community service providers (who make up the majority of the members).

The CYCC Network promotes the use of research, best and promising practices, and local knowledge in mental health programming for children and youth in challenging contexts. In 2015, the Network adopted a new structure with regional Hubs in collaboration with other KMb organizations in Montreal, Ottawa and Iqaluit and built a national, bilingual, open access KMb and evaluation toolkit, created regional communities of practice to maintain momentum and ensure learning opportunities, and we also launched a mentoring program providing up to 100 hours of KMb support to organizations. This lightening presentation will introduce participants to the CYCC Network model of hubs and tools and highlight lessons learned from working with community based organizations, and will provide participants with the opportunity to consider their own projects and work with community based service providers.
The use and impact of e-Learning trainings in mental health education

Monday, 25th September - 15:40 - Table Top 2 - Service innovation - Lansdowne Room - Table Top - Abstract ID: 480

*Dr. Manuela Ferrari (Douglas Mental Health University Institute), Ms. Megan Pope (D), Ms. Jill Boruff (McGill University), Dr. Shalini Lal (University of Montreal, Centre hospitalier de l’Université de Montréal), Dr. Srividya Iyer (McGill University, ACCESS Open Minds)*

**Introduction:** Mental health educational initiatives are frequently used to share knowledge; and offer continuing education to professionals and psychoeducation to service users. The aims are to improve professional practice in mental health settings and, thereby, service users’ recoveries. Mental health educational initiatives include conferences, workshops, lectures, seminars, and most recently, eLearning courses. E-learning refers to the use of Internet technologies to deliver educational content in an interactive format to enhance knowledge, skills, and practices. MOOCs (Massive, Open, Online, Courses) are now developed and established. Many MOOCs provide traditional course materials like filmed lectures, readings, and problem sets. Also, some interactive user forums are offered for students and professors to interact and discuss. In the past decade, E-learning courses aimed at disseminating medical content have gained popularity and reviews have shown their ability to improve the efficiency and effectiveness of content delivery and professional learning. However, less is known on the overall impact of e-Learning courses to disseminate mental health knowledge in general and education focused on early intervention in particular. **Objectives:** We implemented two review activities to identify eLearning mental health trainings currently available to different users (e.g., clinicians, service users/clients, family members and friends); and to assess their content, evaluations, methods/outcomes and delivery methods. **Approach:** Working with a librarian, we implemented a scoping review to identify published studies that described the use of web-based courses to deliver mental health content and the impact of these trainings. Simultaneously, we performed Google searches and reached out to mental health experts to identify eLearning mental health trainings currently used by members of our network. **Results:** All identified e-Learning trainings were reviewed, looking at: Balance between content gain and flexibility in learning; interactivity: the ability of the e-training to engage learners; frequency: monitoring the time of course access; personalization: ability of the course to meet learners’ interests and needs; content, tools, instructor quality; and evaluation methods. Review results will be shared using an infographic format, a visual representation of information, to facilitate knowledge sharing and group discussion. **Conclusion:** In this presentation, we review the current state of e-Learning in mental health education. During this presentation, we will engage participants in an open discussion on how e-Learning programs can best fill gaps in the knowledge and skills of service providers, service users, and their families.
More than Mentors - Building Emotional Resilience Across the Capital

Tuesday, 26th September - 10:45 - Oral Presentations - Peer support in action - Pembroke Room - Oral - Abstract
ID: 45

Dr. Nick Barnes (Community Links)

Introduction
More than Mentors is innovative model of peer mentoring, co-designed and co-delivered as a pilot study in east London and now providing an opportunity to be rolled out across London, UK. The programme draws on the best evidence from across the field, exploring Peer Mentoring as a way of preventing significant mental health needs in young people. Looking to involve up to 1500 young people over the next 2 years, this is one of the most ambitious projects aimed specifically at addressing mental health through peer mentoring.

Peer mentoring, whereby older adolescents support their younger vulnerable peers, has, in research studies, been shown to prevent the development of mental health problems. However, frequently in practice, little attention is paid to the evidence around recruitment, training and support of these volunteer mentors. The project team, led by Community Links, will work with adolescent volunteers to further co-develop, test, evaluate and subsequently disseminate an approach which sustainably delivers an effective voluntary mentoring workforce across London.

Aims and Objectives
1. Increased emotional resilience of mentors and mentees which will lead to improved self-management and reduced demand on specialist CAMHS services.
2. Improved attainment and attendance for young people within school
3. A reduction in depression and anxiety symptoms in mentors and mentees
5. Volunteer mentors expressing a perceived benefit from volunteering in the programme
6. A lower prevalence of NEET status for involved young people.

Project delivery / Methodology
This programme is training young people (aged 15 – 17yrs) in schools and community settings (e.g. Youth clubs) to become peer mentors through a 2 day, NOCN-accredited programme of learning. These mentors provide a 10 week programme of support for mentees (aged 12 – 14yrs) – a programme that offers both 1:1 support and group based positive activities. The mentors and mentees are supported throughout by experienced youth workers and the More Than Mentors team clinical psychologist, whilst all the mentors receive ongoing supervision, which is embedded into the programme.

The delivery partnership includes Community Links, clinical psychology input from East London Foundation Hospital, Strategic Leadership from young person’s psychiatrist Dr Nick Barnes and evaluation by the Anna Freud Centre.
Results / Evaluation tools

Building on positive results from the original pilot (2016), outcomes will be measured through Student Resilience Surveys, Strengths and Difficulties Questionnaires, Wellbeing scales (Short WEMHWBS) and Self-esteem scales, as well as records of school attendance and attainment.

Learning objectives of this presentation

This presentation will demonstrate the broad scope of this project, show initial findings of the impact of the work on building emotional resilience to date and highlight some of the strengths and weaknesses associated with delivering this type of intervention, both within schools and in wider community settings.
Best Practices of Youth Engagement: An International Collaborative Approach

Tuesday, 26th September - 11:05 - Oral Presentations - Peer support in action - Pembroke Room - Oral - Abstract
ID: 249

Ms. Stephanie Vasiliou (Batyr Australia Limited), Mr. Sam Refshauge (Batyr Australia Limited), Ms. Sarah Mughal (Jack.org),
Mr. Eric Windeler (Jack.org)

Introduction
Empowering young people to play a direct role in future-proofing youth mental health is central to two leading national organisations - Jack.org in Canada, and batyr in Australia. Both charities have been successful in their own contexts, reaching over 170 000 youth through more than 1300 trained peer leaders across both countries. In this presentation, best practices learned by both organisations will be shared on supporting youth engagement, the continued expansion of safe and engaging programs, and successfully working towards youth wellbeing on two national scales.

Objectives
Both organisations' joint objective is to build youth capacity to effectively drive youth-led mental health promotion and prevention efforts in communities across Canada and Australia.

Approach
Jack.org works to build youth capacity for community-specific mental health promotion and advocacy work across all of Canada's provinces and Northern territories. Through three distinct peer-to-peer programs, Jack.org's youth work to strengthen peer leadership, conduct grassroots mental health promotion initiatives, and lead mental health education presentations in hundreds of schools.
batyr runs structured preventative education mental health programs at schools and universities to engage, educate and empower young Australians to have positive conversations on mental health and to reach out for support if needed. batyr's programs involve hearing from young trained speakers who share their lived experiences in a safe and effective way, focussing on resilience and hope for the future.
Through evidence based, peer-to-peer promotion, prevention and educational approaches, all of batyr and Jack.org's programs are delivered with the aim of eliminating stigma, increasing mental health literacy, and reducing barriers to help-seeking for young people.

Practice Implications
Whether in Toronto, or Sydney, empowering young people to lead the future of youth mental health has a powerful impact on driving positive change. Both organisations have learned successful approaches to youth engagement on a national scale that are safe and grounded in evidence. By collaborating and growing together while respecting each others' different contexts, these two organisations are aiding in the development of sound international best practices, offering valuable insights and implications for international practice.

Conclusions
These shared learnings highlight both the need and methods for large-scale youth engagement. While slightly different in organisational approaches, the long-term goals and drive to put young people at the centre of the youth mental health field are shared. Learning from each other and sharing strategies is essential to future-proofing youth mental health.
Building from Within: The Jack Chapter Approach to Nation-Wide Youth Engagement

Tuesday, 26th September - 11:25 - Oral Presentations - Peer support in action - Pembroke Room - Oral - Abstract

ID: 384

Ms. Sarah Mughal (Jack.org), Mr. Ocean Avriel (Jack.org)

Introduction
Youth are often left out of decision-making processes that directly impact their lives. The mental health space is no exception. Traditional youth engagement efforts often fail to seek meaningful, ongoing, or diverse youth input in mental health programming. At Jack.org, this is not okay.

Through the Jack Chapters program, Jack.org has developed an engagement model that continually balances youth co-design with professional expertise and training. This ensures health promotion work remains youth-led and responsive to diverse community needs, as well as evidenced-based and safe. This program has been shaped over three years of ongoing evaluation, improvement and growth, reaching tens of thousands of youth across Canada. Jack.org is now eager to share these important learnings with the international community.

Objectives
The Jack Chapter program builds youth capacity to lead mental health awareness and advocacy activities at their schools that are in line with community values, while also providing ongoing professional mentorship to ensure their work is safe and effective.

Approach
Jack Chapter students are trained through a comprehensive, online distance-learning orientation program and are mentored on an ongoing basis by Jack.org staff. Training focuses on developing key mental health knowledge, leadership skills, and reflexive thinking on both community specific needs and how to best engage youth peers. Staff then mentor students to translate learnings into a clear action plan with the goal to spread mental health knowledge in ways that resonate with their community. While each chapter’s work looks different depending on diverse needs, it is all underpinned by the messages that everyone has mental health, and everyone needs and deserves to take care of it.

Practice Implications
Jack.org has developed an effective, scalable framework to support youth to define and take action on their own priorities. This model has allowed Jack.org to train over 1,000 youth in 120+ schools across Canada. Collectively, Jack Chapter students have reached almost 85,000 young people to date with community-specific messaging around mental health. This model has been particularly effective and well received in at-risk, indigenous, urban, rural, multicultural, and Northern settings – often where other interventions have failed to account for community’s specific needs.

Conclusions
Through the Jack Chapters program, youth are supported to lead and implement their own mental health awareness work. This program is a significant innovation in future-proofing youth mental health. This approach creates tailored interventions that are evidence-based, adaptive to each community’s evolving context, and scalable across the globe.
Improving the Future of Young Adult Mental Health Outcomes Through Peer Support Training

Tuesday, 26th September - 11:45 - Oral Presentations - Peer support in action - Pembroke Room - Oral - Abstract
ID: 518

Mr. Asante Haughton (Stella's Place), Ms. Miriam Mclaughlin (Stella's Place)

Young adults (YA) stand on the horizon line of the future, thus, how we support YA is a key determinant of the future of YA mental health (MH). One in five people will experience a MH problem every year and 70% of MH problems start in childhood and adolescence. It is our duty to support YA in achieving meaning and professional competence as their individual futures become our collective future. The Peer Support Training Program (PSTP) at Stella’s Place achieves these goals.

To empower YA with lived experience of MH challenges, the Stella’s Place PSTP: reintegrates YA into the workforce; encourages MH support of YA from a YA perspective; supports YA to gain meaning in their lives.

The Stella’s Place PSTP is a no-cost certificate training program developed in partnership with George Brown College, the Gerstein Crisis Centre, and the Canadian Mental Health Association offered to YA aged 16-29 with lived experience of MH challenges. Aligned with the standards of Peer Support Accreditation and Certification Canada, the PSTP is completely co-designed by YA and expert professionals. Co-facilitated by YA, the 100-hour curriculum covers key topics as identified by YA and MH professionals. Participant skill-development is achieved through discussion-based material, extensive in-class practice and completion of reflection-based assignments submitted through various media (ex. prose, poetry, visual art, etc.). Program participants receive workshops from expert guest facilitators, and SafeTalk and ASIST certified suicide intervention trainings.

“This program changed my life. I am more proactive about everything in my life: my relationships, my job, my mental wellness and my education” – Graduate, one year after program.

Outcomes:

- 47 graduates, 100% retention rate.
- Respondents report one year later: 90% still connected to Stella’s Place
- 100% involved in training, volunteer work, or employment.
- 80% reported the PSTP contributed significantly to their confidence to find paid employment; a 40% increase of paid employment in the MH sector.
- 60% are working in peer support
- 92% said the PSTP contributed significantly to their increased involvement in education, employment and volunteer work.

The Stella’s Place PSTP leverages the capacity and particular strengths of young adults with lived experience to find employment and contribute to the recovery of their peers. The YA co-designed and co-facilitated curriculum offers relevant knowledge to YA who can work alongside other MH professionals to improve MH outcomes for YA, through finding employment and meaning in their lives. This points to a brighter future for YA MH.
Seligman (2011) introduced his Wellbeing Theory where he proposed the PERMA model with five core elements of psychological wellbeing: (P) positive emotions, (E) engagement, (R) relationships, (M) meaning, and (A) accomplishment. This study empirically tested the multidimensional PERMA model with 488 Irish students aged 14–17 years. From an extensive wellbeing self-report assessment, we selected a subset of items theoretically relevant to PERMA. Confirmatory factor analyses identified a six-factor model with four of the five PERMA elements (PERA), and two negative emotions factors (Depression and Anxiety) as the best fitting model. Due to theoretical and methodological implications among adolescents, better fitting models to the data excluded meaning as a construct. These models also distinguished between positive emotions or wellbeing and negative emotions providing support for the multidimensionality of wellbeing. In addition, one-factor (measuring wellbeing as one unit) and two-factor (measuring wellbeing in terms of positive and negative constructs) models indicated poor fits; further confirming wellbeing is a multidimensional concept. Convergent validity was evaluated by correlating the best fitting six-factor model (P: Positive emotions; E: Engagement; R: Relationships; A: Accomplishment; D: Depression; A: Anxiety = PERADA) with various other socio-demographic, psychological and behavioural variables. Results indicated that the PERADA model had good reliability and validity. The PERADA model has the potential to identify psychological outcomes in adolescence, thus providing the potential to more successfully promote student wellbeing within the field of positive education. Directly assessing subjective wellbeing across multiple domains offers the potential for schools to more systematically understand and promote wellbeing. Future research is discussed with regard to further cross-cultural validation and the use of objective measures.
Effects of a school-based, universal, resilience-focused intervention on student mental health problems and resilience protective factors

Tuesday, 26th September - 11:05 - Oral Presentations - Intervening early: mental health promotion and school-based initiatives - Meeting Room 6 - Oral - Abstract ID: 185

Mrs. Julia Dray (University of Newcastle), Prof. Jenny Bowman (University of Newcastle), Dr. Libby Campbell (Hunter New England Population Health Research Group), Dr. Megan Freund (Hunter Medical Research Institute), Ms. Rebecca Hodder (University of Newcastle), Prof. Luke Wolfenden (University of Newcastle), Ms. Jody Richards (University of Newcastle), Ms. Catherine Leane (Hunter New England Population Health Research Group), Ms. Sue Green (Hunter New England Population Health Research Group), Mr. Christophe Lecathelinais (Hunter New England Population Health Research Group), Dr. Christopher Oldmeadow (Hunter Medical Research Institute), Prof. John Attia (Hunter Medical Research Institute), Ms. Karen Gillham (Hunter New England Population Health Research Group), Prof. John Wiggers (University of Newcastle)

Rationale
Globally, 10-20% of adolescents experience mental health problems. Many mental health problems have onset in adolescence and can have lasting negative impacts into adulthood. Adolescence is a time of transition during which capabilities vital for positive development are established. Resilience-focused interventions target the strengthening of internal and external protective factors and are one potential approach for addressing mental health problems in adolescence.

Objective
The objective of this study was to evaluate the effectiveness of a school-based, universal, resilience-focused intervention in reducing mental health problems and strengthening internal and external protective factors in a sample of Australian adolescents.

Methods
A CRCT was conducted within 32 socio-economically disadvantaged high schools (20 intervention; 12 control) in one local health district of NSW, Australia. Intervention schools were asked to implement sixteen strategies across the three health promoting schools domains: curriculum, teaching and learning; ethos and environment; and partnerships and services. Each strategy aimed to target one or more internal (e.g. self-esteem, problem-solving skills) or external protective factor (e.g. meaningful school participation, peer caring relationships). A pragmatic (‘real-world’) intervention approach was adopted to give schools the flexibility to select programs or resources to implement to address each strategy. Implementation support strategies were employed in intervention schools including a school intervention officer. Student surveys were conducted at baseline (2011; Grade 7, 12-13 years) and again at follow-up (2014). The Strengths and Difficulties Questionnaire (SDQ) was employed to measure four mental health outcomes: total SDQ, internalising problems, externalising problems and pro-social behaviour (primary outcomes); and the Resilience and Youth Development Module of the California Health Kids Survey (CHKS) to measure student internal and external resilience protective factors (secondary outcomes). Linear Mixed Models were utilised to examine differences between treatment groups at follow-up.

Results
Data analysis was based on a cohort of 2105 students with complete data for both baseline and follow-up (67% retention rate). Results indicated no significant difference between intervention and control students on three mental health problem outcomes (total SDQ: 0.47 (-0.41, 1.35), p=0.27; internalising problems: 0.05 (-0.54, 0.63), p=0.87; pro-social behaviour: -0.08 (-0.35, 0.19), p=0.53), nor mean internal (-0.01 (-0.07, 0.06), p=0.81) and external (-0.01 (-0.08, 0.07), p=0.87) protective factor scores. A small statistically significant difference in favour of
the control group was found for externalising problems (0.43 (0.04, 0.83), $p=0.02$).

**Conclusions**

A range of factors may account for the results including use of a pragmatic design, concurrent changes to Australian curriculum during the intervention period, and inadequate content targeting family protective factors. The presentation will discuss such factors and possible implications for future research in this field.
“Espai Jove.net: a space for mental health” a school-based mental health literary program to promote mental health in adolescent population


Mr. Juan Jose Gil Moreno (Asociación Centre Higiene Mental Les Corts), Dr. Rocio Casanas (Asociación Centre Higiene Mental Les Corts), Ms. Maria Torres (Fundació Centre Higiene Mental Les Corts), Ms. Jesica Baron (Fundació Centre Higiene Mental Les Corts), Mrs. Angels Pujol (Fundació Centre Higiene Mental Les Corts), Mrs. Gemma Castells (Asociación Centre Higiene Mental Les Corts), Dr. Lluís Lalucat (Asociación Centre Higiene Mental Les Corts)

Introduction: “Espai Jove.net: a space for mental health” is a mental health literacy (MHL) program for youths from 12 to 18 years-old, as well as adult people in contact with them: families, professionals in education, health, social and community settings.

Objective of the project: The objective of Espaijove.net program is the promotion of mental health, the prevention of mental disorders, the eradication of stigma and the improvement in help-seeking of young people between the ages of 12 to 18.

Approach: The Espaijove.net was started at 2007 by mental health specialists and researchers of the Associació Centre Higiene Mental Les Corts of Barcelona (Spain), and it integrates a plurimodal intervention that combines: a) dissemination of mental health information; b) sensitization and educational activities at the classrooms; c) Information and Communication Technologies (ICT), such as www.espaijove.net web page, newsletter, social networks (Twitter and Facebook) and d) on-line counselors.

The educational materials are composed by 27 informative fact sheets for young, and two manual guides for health and educative professionals, respectively.

The educational activities are about different mental health matters: 1) Mental health and mental disorder; 2) Social Skills, Bullying and Ciber-bullying; 3) Anxiety, depression and self-harm; 4) Eating disorders; 5) Substances abuse and Psychotic disorders; and 7) Mental Health in 1st person.

The project is designed and carried out by professionals specialized in mental health (specially mental health nurses and psychologist).

Results: During 2012-16 academic courses, the program has been delivered to 9,211 adolescents and it has been realized a total of 377 hours of educational activities at classrooms: 2012-13 (89 hours; 1,470 adolescents); 2013-14 (72 hours; 1,834 adolescents), 2014-15 (76 hours; 1,927 adolescents) and 2015-16 (140 hours; 3,930 adolescents) in 11 public and private schools of Barcelona city. Of the general sample, 4,940 filled out a satisfaction questionnaire post-intervention with the following results: 92% of total sample considered this intervention as interesting and useful, 87% were pleased to have participated, 75% solved their doubts, and 81% recommended the activity to other peers and friends.

During last year 2016, the website received a total of 64,689 visits, 84 counselors of adolescents, and the Twitter “@EspaijoveNet” 7,155 tweets and 949 followers. Conclusions: The results of the satisfaction questionnaire show that the educational activities at classroom are interesting and useful. Actually, it’s carrying out a research project to assess the effectiveness of the program supported by a national grant by Instituto Carlos III (PI15/01613).
Associations between physical health, physical activity, and mental health among adolescents in inner-city London: the REACH study

Dr. Gemma Knowles (King’s College London), Dr. Stephanie Beards (King’s College London), Dr. Charlotte Gayer-Anderson (King), Ms. Katie Lowis (King’s College London), Ms. Lucy Richardson (King’s College London), Ms. Victoria Kirova (King’s College London), Ms. Paula De Vries Albertin (King’s College London), Ms. Helen Maris (King’s College London), Prof. Craig Morgan (King’s College London)

Introduction: In the UK, it’s estimated that approximately 46% of adults with mental health problems also have a chronic physical health problem. There is also evidence to suggest that modifiable cardiovascular risk factors (including physical inactivity and poor diet) are elevated among adults with mental health problems. We know little, however, about associations between physical health and mental health among young people. Objective: To investigate associations between physical health, physical activity (PA), and mental health among adolescents participating in the Resilience, Ethnicity and AdolesCent mental Health (REACH) study. Methods: Preliminary cross-sectional data were available for 2090 young people, age 11-14 years, from 6 schools in inner-city London. Self-report information on PA, chronic physical health conditions, frequency of breakfast consumption, and mental health were collected via a computerised questionnaire consisting of validated measures. Physical Activity was assessed using the Physical Questionnaire for Children (PAQ-C). PAQ-C scores range from 1 to 5, with higher scores indicating higher levels of PA. Mental health was assessed using the Strength and Difficulties Questionnaire (SDQ). SDQ total difficulties scores greater than 17 indicate high risk of mental disorder. Associations between mental health and physical health, breakfast consumption, and physical activity were assessed using logistic regression models adjusted for age, gender and ethnicity. Results: Physical activity was inversely associated with mental health problems (OR: 0.75, 95% CI: 0.63, 0.89 per unit increase in PAQ-C score). Compared with those in the least active tertile, those in the most active tertile were 47% less likely to have a mental health problem (OR: 0.53, 95% CI: 0.37, 0.77). Compared with those who reported daily breakfast consumption, those who consumed breakfast 2-3 times per week (OR=1.6, 95% CI: 1.1, 2.4), and those who never/rarely consumed breakfast (OR=2.7, 95%CI: 1.9, 3.9), were more likely to have a mental health problem. Chronic physical illness was associated with increased risk of mental health problems (OR=3.2, 95%CI: 2.4, 4.5). There were no gender differences in associations between physical health, PA, breakfast consumption and mental health. Conclusions: Better physical health and regular PA are associated with better mental health among adolescents. Prospective studies are required to improve understanding of the temporality and causality of these associations, and the underlying mechanisms.
Wellness Quest: A Youth-Led Research Project evaluating a tool developed by youth, for youth

Tuesday, 26th September - 12:05 - Oral Presentations - Intervening early: mental health promotion and school-based initiatives - Meeting Room 6 - Oral - Abstract ID: 307

Ms. Emma McCann (Centre for Addiction and Mental Health), Dr. Lisa Hawke (Centre for Addiction and Mental Health), Dr. Joanna Henderson (Centre for Addiction and Mental Health)

The mental health system can be overwhelming for young people, especially for those accessing service for the first time. Often, youth are told what services are best suited for them in heavily clinical language that they might not understand and grants them little room to advocate for their own needs. One of the reasons the mental health system is so difficult for youth to navigate is that they don’t know what services are available. The Wellness Quest project is the response of the Centre for Addiction and Mental Health's National Youth Advisory Committee to this problem.

Wellness Quest is a youth-led research project in which youth team members are project leads, designing and conducting the project with the support of experienced researchers. This project will evaluate, refine, and disseminate a resource designed to help youth understand the services that might be available in their community and provide them with the means to advocate for the services that may be the best fit for them. Developed by youth and for youth, the ultimate goal of the Wellness Quest project is to move young people from the role of patient to partner in their own mental health care.

Wellness Quest is a resource developed by a team of young people from the National Youth Advisory Committee to help treatment-seeking youth advocate for themselves in a mental health service environment. The Wellness Quest resource consists of two parts: a checklist and a guide. The checklist helps young people identify the issues and services that are most important to them, which they can then share with service providers. It describes relevant types of services, potential partners in treatment, and accessibility concerns, so that service providers and youth can work together to develop the best treatment plan for that individual. The guide provides youth with an explanation of these issues and services in an engaging, easy-to-navigate format, with youth-friendly language rather than confusing jargon. The guide also suggests questions for young people to ask their service provider to ensure they are well informed and engaged in the treatment process. The checklist and guide work hand in hand to educate and empower young people seeking treatment, with the goal of self-advocacy.

This research project evaluates the tool in order to ensure it best reflects the needs of Canadian youth. This includes looking at the content, presentation, and utility of the Wellness Quest tool in order to ensure that it is both accessible and effective for young people across the country. A team of young people from the National Youth Advisory Committee have taken the pilot version of the resource into their own communities to be evaluated by young people who would actually be using, and benefiting, from the Wellness Quest tool in its final form.

This presentation highlights the youth’s role as project lead, provides an overview of this innovative project, and summarizes the results to date.
Collaborative Leadership: Integrating Clinical and Operational Management in the Delivery of a Youth Mental Health Service

Tuesday, 26th September - 10:45 - Oral Presentations - Designing youth mental health services: lessons from the field - Ulster Suite - Oral - Abstract ID: 272

Dr. Jeff Moore (Jigsaw: The National Centre for Youth Mental Health), Mr. Paul Longmore (Jigsaw: The National Centre for Youth Mental Health)

Introduction: In the context of increasingly complex service delivery models, and growing calls for integration (McGorry et al., 2007) and synergy (Bates et al., 2009), contributors have highlighted the potential of collaborative leadership models in health care settings (Stephens, 2012; Turnbull James, 2011). Despite this, little is known about the conditions that foster productive collaboration between clinicians in leadership roles and individuals involved in operational management (Kirkpatrick et al., 2008). In addition, research in this area has focused on conceptual developments (VanVactor, 2014) and there is limited literature on the development and implementation of collaborative models of leadership in the context of youth mental health.

Objective: This paper provides a case study of Jigsaw and our experience of developing and implementing a collaborative leadership model in a primary care youth mental health setting. Jigsaw is an Irish organisation which supports the mental health of young people aged 12-25 years in a variety of ways, including the provision of direct therapeutic support, capacity building and community engagement.

Approach: We begin by providing our rationale for implementing a collaborative leadership model, including some of the limitations of traditional leadership models in the context of a transdisciplinary multi-intervention youth mental health service. Next, we outline a collaborative leadership matrix that locates the responsibility for service delivery jointly between a clinical lead (Clinical Coordinator) and operational lead (Project Manager), and delineates a primary and secondary lead in particular domains. Drawing on Kramer and Crespy's (2011) model of collaborative leadership, we describe our experience of the initial development, implementation, and maintenance of a collaborative leadership model in a youth mental health setting.

Practice Policy Implications: In addition to outlining the benefits of collaborative leadership, including enhanced internal and external synergies and the integration of clinical and operational practice and perspectives, we describe the tensions that exist in a collaborative leadership model. Alongside the importance of promoting a collaborative philosophy and culture, explicitly communicating collaboration and recruiting appropriately for collaborative leadership roles, we highlight the importance of organisational structure, process reform and leadership development in the early stages of change towards a collaborative model of leadership.

Conclusions: Early stage implementation suggests that, while bringing its own unique challenges, a collaborative leadership model has many benefits and may have applications in other complex service delivery contexts in the field of youth mental health.
The Benefits, Challenges and Opportunities of a Transdisciplinary Model of Service Provision – Lessons Learned from Jigsaw Services

Tuesday, 26th September - 11:05 - Oral Presentations - Designing youth mental health services: lessons from the field - Ulster Suite - Oral - Abstract ID: 283

Dr. Gillian O'Brien (Jigsaw: The National Centre for Youth Mental Health), Ms. Jen Trzeciak (Jigsaw: The National Centre for Youth Mental Health), Dr. Olive Moloney (Jigsaw: The National Centre for Youth Mental Health)

Introduction: Jigsaw is a primary care mental health service for 12-25 year olds currently operating in 13 communities around Ireland. Jigsaw employs clinicians from occupational therapy, psychology, social work and mental health nursing who operate in a transdisciplinary manner. In transdisciplinary teams, clinicians draw on each professions’ 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: Transdisciplinary working is relatively new in the Irish youth mental health context. This presentation outlines how a transdisciplinary model of service provision works in Jigsaw, highlighting examples of the benefits, challenges and opportunities of this model. The potential of this model for building a flexible, effective clinical workforce to meet the mental health needs of young people in primary care is considered.

Approach: This presentation will outline how this way of working evolved over the past 10 years and how it operates currently. It will describe how team members share roles, systematically cross discipline boundaries and operate in a culture which is values based and where each clinician is recognised as having an equally valuable contribution to make. Initiatives and practices that have been developed to capture the benefits and meet the challenges of this way of working will be outlined.

Practice Implications: The implications of transdisciplinary working in a mental health context will be explored. Advantages for clinicians include sharing and development of clinical skills across professions and a broadened understanding of a young person’s experience from different perspectives. From an organisational perspective, each profession has unique lenses that add value to service development, its infrastructure and organisational vision. However, transdisciplinary working also presents challenges such as loss of professional identities, a potential lack of shared theories or language, blurring of traditional role boundaries and concern from clinicians, professional and academic bodies around registration requirements. There is also a risk of assimilation of professional approaches, leading to potential loss of unique perspectives that enhance the work. Indeed, the need for supervisors to be able to provide clinical advice and guidance across disciplines is a key challenge in Jigsaw.

Conclusion: There are many benefits to transdisciplinary work across all levels of the system. This way of working has a lot to offer in terms of building a sustainable primary care mental health workforce into the future.
Future-proofing timely, high-quality, evidence-informed youth mental healthcare in Canada: The pan-Canadian ACCESS Open Minds initiative

Tuesday, 26th September - 11:25 - Oral Presentations - Designing youth mental health services: lessons from the field - Ulster Suite - Oral - Abstract ID: 468

Dr. Srividya Iyer (ACCESS Open Minds; McGill University), Dr. Jai Shah (ACCESS Open Minds, McGill University), Prof. Ridha Joober (McGill University, ACCESS Open Minds), Prof. Patricia Boksa (McGill University, ACCESS Open Minds), Dr. Shalini Lal (University of Montreal, ACCESS Open Minds), Dr. Amal Abdel-Baki (University of Montreal, ACCESS Open Minds RIPAJ), Prof. Neil Andersson (McGill University; ACCESS Open Minds), Dr. Ann Beaton (University of Moncton; ACCESS Open Minds New Brunswick), Dr. Ranjith Chandrasena (Western University; ACCESS Open Minds Chatham-Kent), Prof. Rebecca Fuhrer (McGill University, ACCESS Open Minds), Ms. Daphne Hutt-MacLeod (ACCESS Open Minds Eskasoni First Nation), Ms. Mary Anne Levasseur (ACCESS Open Minds Family and Carers Council), Dr. Cecile Rousseau (McGill University; ACCESS Open Minds Park-Extension), Dr. Caroline Tait (University of Saskatchewan), Ms. Jill Torrie (ACCESS Open Minds Mistissini; Cree Board of Health and Social Services of James Bay), Ms. ACCESS Open Minds (Esprits ouverts) (ACCESS Open Minds Network and its youth and family councils), Prof. Ashok Malla (ACCESS Open Minds; McGill University)

Rationale: Growing recognition of young people’s unmet mental health needs has propelled recent attempts to radically reconstruct youth mental healthcare, notably in Australia, Canada, Ireland and the U.K. In Canada, ACCESS Open Minds, a national multi-stakeholder network, is systematically implementing and evaluating a transformation of mental healthcare services for youths. Simultaneously, ACCESS Open Minds is driving innovation in research and evaluation methods and questions. Examining the learnings and insights from this initiative can help advance youth mental health in Canada and elsewhere.

Objectives: Drawing on ACCESS Open Minds’ experience, this presentation seeks to (1) identify core principles underlying youth mental health services transformation and (2) examine key issues in this transformation, including service design; training; service user and program evaluation; and sustainability.

Approach: ACCESS Open Minds is transforming how services are accessed by and delivered to youths at over a dozen sites across Canada. This transformation has five key foci: early identification; rapid access; appropriate care; eliminating age-based transitions between services; and engaging youth and family/carers. Using illustrative examples, this presentation will explain how these core principles are being implemented in ways that reflect diverse sites’ local needs. These sites serve urban, rural, remote, Indigenous, immigrant, homeless and state-protected youths as well as youths involved in the criminal justice system.

ACCESS’s research/evaluation plan involves multiple informants and multiple quantitative and qualitative methods. This presentation will detail its Minimum Evaluation Protocol that is creating a pan-Canadian portrait of youth with mental health problems, the services they receive and their outcomes. Preliminary data will be presented.

Practice/Policy Implications: Designed to respond within 72 hours; address every type and severity of mental health need; guarantee service continuity till age 25; and fully engage youth and families, ACCESS Open Minds is pushing Canadian youth mental healthcare practice and policy forward from the status quo. Our model is highly scalable and generalizable because it is based on the context-sensitive application of core principles, and is currently being implemented at sites that represent different cultures, geographies and resources. ACCESS is engaging local, provincial and national policy-makers to ensure that transformed services are sustained and scaled up beyond the project’s duration.

Conclusion: Data and insights from ACCESS Open Minds will help further refine its model to effectively respond to all youths. This, in addition to the shift in discourse around youth mental healthcare that ACCESS has catalyzed, will make the transformation of Canadian youth mental healthcare “future-proof”.

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Initial outline of a clinical stage and preferences based comprehensive youth mental health model of care

Mr. Matthew Hamilton (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Sarah Hetrick (Orygen, The National Centre of Excellence in Youth Mental Health; Centre for Youth Mental Health, The University of Melbourne, Australia), Mr. David Baker (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Vivienne Browne (Orygen), Prof. Patrick McGorry (Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne, Australia; Centre for Youth Mental Health, The University of Melbourne, Australia), Ms. Kerryn Pennell (Ory), Dr. Rosie Purcell (Orygen, The National Centre of Excellence in Youth Mental Health)

Introduction

International youth mental health reforms may benefit from the development of a well-defined and comprehensive youth mental health model of care to guide the development of potential service innovation, system organisation and policy initiatives.

Objectives

The aim of this project was to describe the initial outline of an evidence based and stakeholder informed model of care that can provide efficient, engaging and equitable responses to the full spectrum of young people's mental health needs. The project aimed to describe components of appropriate mental health care for young people aged 12-25 and suggest differential approaches to combining these components for different groups of young people.

Methods

A combination of evidence review, stakeholder consultation and computer simulation modelling was used to develop the model of care. A literature review was conducted of clinical staging, economic evaluation, health services and preferences evidence relating to youth mental health. Stakeholder consultations included online surveys of youth mental health professionals and review by a youth advisory panel. A Health Benefits Group (HBG) approach was taken to identifying groups of young people with similar sets of healthcare needs. Based on the literature review and stakeholder feedback, recommended service components were specified for each HBG. A computer simulation model was then developed using a hybrid of agent-based, discrete-event and systems dynamics modelling approaches to explore the potential system design implications of implementing the model of care under a range of assumptions relating to system path dependency, workforce roles and the potential role of computer algorithms in service delivery.

Results

An initial set of HBGs were defined based on nature of illness and clinical stage. For each HBG a suggested configuration of up to 23 components was outlined under each of four service domains. Access domain components were: accessible location and opening hours, affordability, community awareness and education and timely and holistic assessment, intake and referral. Provision domain components were: acute care and crisis support, appropriate treatments, case management, family/carer engagement and support, functional recovery programs, home based services and mobile outreach, physical and sexual health services, prevention programs, sub-acute beds, transition planning and youth peer-support and mentoring. Capability domain components were: a capable workforce and enabling automated processes. Governance domain components were: appropriate incentives and financing, good clinical leadership, monitoring, evaluation and quality assurance, support for collaboration and integration, youth friendly-culture and environment and youth participation. The computer simulation model was used to demonstrate how service components for each HBG can be configured to account for the non-homogeneous nature of young people's preferences, explored the potential system level im-
pacts of implementing the initial model of care and helped identify potential future refinements to the current version of the model of care.

**Conclusion.**

A comprehensive youth mental health model of care has potential practical utility for policymakers, service planners and researchers. The initial outline model of care developed by this project requires further development but provides a framework that is likely to be adaptable to multiple contexts and responsive to evolving evidence, workforce roles and technology.
Young people living with anxiety: A day in the life

Tuesday, 26th September - 10:45 - Oral Presentations - Insights from young peoples' lived experiences - Meeting rooms 1 & 2 - Oral - Abstract ID: 66

Dr. Roberta Woodgate (University of Manitoba), Ms. Pauline Tennent (University of Manitoba), Dr. Pamela Wener (University of Manitoba), Dr. Gary Altman (University of Manitoba), Dr. John Walker (University of Manitoba)

Anxiety disorders are one of the most prevalent mental health challenges in youth and although there is a growing amount of research that focuses on anxiety in youth, its symptoms and the factors that contribute to it, this research does not always look at what youth think and feel. What is often missing is what it is like to be a youth living with anxiety. Accordingly, a qualitative study guided by the interpretive research approach of hermeneutic phenomenology, was undertaken that sought to understand what it is like to be a young person living with an anxiety disorder. This study included 58 young people, from 10 to 22 years old and their parents. Youth and their parents were invited to participate in interviews where they shared their stories of living with anxiety. Youth were also invited to take part in photovoice which involved them taking photographs to document and reflect on issues that are meaningful to them and then to talk about those photographs. Photovoice was a powerful tool for amplifying the voices of youth in the study and helped to bring creative insights to the research. Analysis involved several steps with the aim of striving for a detailed narrative account of the essence of youth's experiences of living with anxiety. Findings highlighted in this presentation depict how anxiety shapes daily life for youth as represented by five themes: Hiding the Struggle; Fear of the Unknown; Taking up Space; Feeling Different; and Can't You See I'm Struggling. The rich and detailed findings will help to deepen the understanding of individuals (including health and social service professionals) of what it is like to be a young person living with anxiety. To further advance an understanding of the five themes, video vignettes were created that featured the themes as captured through dance. As a medium, dance communicates emotion in a very powerful way and may help practitioners to view youth living with anxiety with fresh eyes. The videos will be used to encourage people to reach out, to seek and offer support and to listen to the experiences of young people. The presentation will end with a showing of one of the videos.
It can be a bumpy ride: Navigating school and work with a serious mental health condition

Introduction or Rationale:
Young adults with serious mental health conditions (SMHC) are often delayed or prevented from participating in settings where career development and exploration activities typically occur. For instance, many young adults with SMHC have lower high school graduation, college completion, and employment rates than their peers without SMHC. Young adulthood is a critical time for establishing the foundation for an adult working life therefor these delays can have long-lasting negative effects on vocational attainment and economic progress over time. Although the outcomes are pretty well known, little is still known about how young adults navigate these activities while also managing a SMHC.

Objective:
This study sought to describe the early career development activities (i.e. advanced schooling, training, and/or working) of young adults with SMHC and the particular successes and challenges they encounter, especially in regards to how they manage their SMHC.

Methods:
One-time, 90 minute semi-structured qualitative interviews have been conducted with young adults in Massachusetts between the ages of 25-30 (or 22-30 if a young parent). Participants must have a diagnosed mental health condition (e.g., major depression, anxiety disorder, bipolar disorder, schizophrenia or schizoaffective disorder) and have had their life significantly impacted due to their SMHC (e.g., history of inpatient hospitalization, intensive outpatient treatment, received public mental health services, received special education services). The interview asks participants to describe a) their education, training, and employment experiences, b) how those activities developed over time, and c) how contextual life circumstances (e.g., family history, experiences with SMHC) and pivotal life events (e.g., hospitalization) may have influenced these activities. All interviews were digitally recorded, transcribed, and coded in Dedoose software using grounded theory approaches.

Results/Conclusions:
Interviews with 55 young adults to date (average age 27.4; 60% female; 78% white; 33% high school or less, 49% some college, and 19% associates degree or higher; 62% with an annual income of $10,000 or less) (expected N = 60) have revealed that work and school are positive experiences that contribute to feelings of self-worth. However most post-secondary school and work experiences are short-term and involve multiple starts and stops. Participants report difficulty managing symptoms of their SMHC in the long-term and side effects from their psychiatric medications further impede their ability to consistently attend school or work. Many participants report difficulty working in stressful environments, socializing with others, and maintaining a consistent schedule. Supportive families or employers (when present) appear instrumental to school or work success. Despite disadvantaged backgrounds and minimal career growth, many young adults with SMHC display high levels of resiliency and optimism. The first-hand experiences these young adults have shared with us can help inform the design of supports to improve long-term outcomes of young adults with SMHC.
Youth perspectives in the treatment of anxiety: Navigating the mental health system

Tuesday, 26th September - 11:25 - Oral Presentations - Insights from young peoples’ lived experiences - Meeting rooms 1 & 2 - Oral - Abstract ID: 490

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

Rationale
Trends in mental health data suggest anxiety is the most common mental disorder diagnosis for youth today, yet the journeys young people take to access services and seek treatment are less known. Qualitative journeys research has displayed the fractured, paradoxical, and almost “labyrinthian” nature of the youth mental health system. These are complex systems that often marginalize those who seek treatment within it. Literature surveyed revealed a lack of youth narratives regarding how anxiety is treated today within the mental health system.
Given the current trends there is a need to talk with those youth who are experiencing and navigating the system in order to untangle the complex journeys youth face.

Objectives
Data for this study was collected as part of the Atlantic Canada Children’s Effective Service Strategies in Mental Health (ACCESS-MH; http://access-mentalhealth.ca/) funded by the Canadian Institutes of Health Research (CIHR). ACCESS-MH is an interdisciplinary multi-method project studying youth mental health services in Atlantic Canada.
The primary research objectives were to explore how youth with anxiety disorders have been treated in the mental health system in Atlantic Canada and present these barriers and facilitators from the perspective of youth.

Approach
This approach was participatory in design and infused youth voice in mental health research methodology. Semi-structured qualitative journey interviews were conducted with youth (n=26) aged 13-18 who were diagnosed and identified with anxiety disorders and sought services/treatments in the system.

Results
Journeys were complex and nuanced and the results of this study highlighted a number of bureaucratic and wait time related barriers within a system that marginalized youth input. Often participants did not feel the system responded appropriately to the critical and sensitive nature of their service and treatment needs. Finding positive therapeutic connections within the system was crucial for care, however gaps in access made this difficult. Effective communication with services providers was also often a barrier with participants voicing that they wanted “to be heard” and could not find someone who “got” what they were going through. When services or treatments were perceived as expedients they were not received positively, such as pharmaceuticals or group therapies prescribed as a placeholder until one-on-one therapies opened up, which sometimes took months.

Conclusion
This research advocates for youth perspectives and narratives within mental health research. Participants in this study described being stuck in the margins and mental health policy must address the gaps young people face during critical periods of their journeys. Policy must address the role of youth inclusion in future mental health service design. More support is needed during journeys, both clinically and when navigating the system.
Early Intervention: Tools for Taming Dragons

Introduction:
Throughout my life I have received empowering care through counselling. At the age of nine, my counsellor helped me write my own booklet of tools, titled Taming Your Dragons. This book is an example of how within this early intervention, I was empowered in a meaningful way. Through examples such as this book, I was supported by counsellors, and continue to progress through my mental wellness journey with confidence. In my presentation I intend to discuss my personal experiences with psychotherapy interventions, youth-empowerment, and advocacy for early intervention resources worldwide.

Objective:
I aim to illustrate the immense impact early intervention tools have had for me personally, and discuss my current involvement in the ACCESS National Youth Council. This opportunity has allowed for greater youth advocacy in mental healthcare, leading to increased early intervention resources across Canada. Although my journey began with severe anxiety and presently includes depression and insomnia, I have thrived due to the early provision of resources. I am one of the lucky ones, and want to tell my story to illustrate how far someone can come with the right support and resources.

Approach:
Discussion of personal experience over the ages of eight through present (twenty-two) with mental illness, effective interventions, tools/insights gained, and empowerment. Personal life experiences will be shared to illustrate the impact effective mental health resources have had on my wellness.

Results:
By receiving the treatments I have over the course of my life so far, I have learned how to thrive with my mental wellness challenges. The intended results of this presentation would be to decrease stigma around mental illness, illustrate the hugely positive impact of early intervention, and illustrate how youth engagement in shaping mental health resources (in Canada or globally) is not only important, it is vital in improving the lives of those who do not have access to early interventions.

Conclusion:
Through the discussion of personal experiences with early psychological interventions/resources, I will illustrate the impact empowerment through involvement has had on my wellness. From creating the Taming Your Dragons book, to being a proud member of the National ACCESS Youth Council, I believe my journey is a powerful example of youth empowerment. Future-proofing resources is about asking what children need as part of their wellness journey. I believe the most valuable thing we can offer them is empowerment.
YETI – Orygen’s online Youth Engagement & Training Initiative

Ms. Jacqui Faliszewski (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Kerryn Pennell (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Gina Chinnery (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Helen Nicoll (Orygen, The National Centre of Excellence in Youth Mental Health), Mr. Brendan Pawsey (Orygen, The National Centre of Excellence in Youth Mental Health), Prof. Mario Alvarez-Jimenez (Orygen: The National Centre of Excellence in Youth Mental Health)

Introduction
No it’s not a monster! Orygen’s Youth Engagement & Training Initiative (YETI) is an online platform designed to provide engagement and learning opportunities for young people interested in advocating for youth mental health, youth participation and youth mental health research. Given the diversity of youth participation & engagement opportunities available and Orygen’s National remit, the need for a meaningful, safe and engaging online platform to connect young people was quickly identified.

Objectives
Utilising the skills and ideas from staff and young people across the organisation, Orygen has developed an online platform for young people all over Australia to connect, share ideas, learn more about the roles that make up a National Centre of Excellence and become actively involved in youth participation and engagement programs and activities.

Approach
Through this platform young people have been able to undertake a number of training pathways that relate to youth participation programs at Orygen as a way to provide context for the program, to develop new skills that will support their participation as well as connect with peers at a National level.

Results or Practice/Policy Implications
The diversity of youth participation programs being offered, alongside the National remit of Orygen, has shown there is huge interest from young people around Australia to be involved and have a voice in the youth mental health space. YETI has provided the solution to connecting young people, holding online consultations and advertising upcoming opportunities in a safe, moderated environment.

Conclusion
A live demonstration of the online platform including an overview of moderation, safety features and the adaptability of the platform for other programs and projects will be presented in this tabletop.
eheadspace: Working with complex clients within an online environment

Tuesday, 26th September - 10:45 - Table Top 3 - Technology - Lansdowne Room - Table Top - Abstract ID: 251

Ms. Gretel O'Loughlin (head), Dr. Steven Leicester (he), Ms. Ashley Sheridan (headspace National Youth Mental Health Foundation)

**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 30,000 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.

**Solution**

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 and adherence from the whole team.
- The design of the working environment configured as open plan. Increasing teamwork, transparency and immediacy of secondary consultancy with senior clinicians and Coordinators.
- The clinical governance structure, including 1 Coordinator and 2-3 senior clinicians on shift.
- An allocation to a key practitioner for consistency, containment and a discreet number of structured appointments, movement between webchat to outbound calls and proactive follow up, with limited service provision between appointment times.
- Clinical review, which supports review of management plan and risk and allows for some team discussion around identifying patterns within the online transcripts and being aware of staff dynamics that play out with complex clients.
• Merging accounts when a complex young person comes online and makes multiple accounts. Merging usually occurs with client consultation and engagement.

• Clear communication and collaboration with relevant face-to-face services and family and friends as needed.

• Supportive referrals and handovers to GP’s, Emergency services, specialist youth mental health services and other relevant psychosocial programs and community organisations.

• Regular Clinical Supervision
Evaluating a Brief Online Parenting Intervention to Prevent Adolescent Depression and Anxiety Disorders: Findings from a Pilot Randomised Controlled Trial.

Tuesday, 26th September - 10:45 - Table Top 3 - Technology - Lansdowne Room - Table Top - Abstract ID: 329

Ms. Mairead Cardamone-Breen (Monash University), Dr. Marie Yap (Monash University), Prof. Anthony Jorm (The University of Melbourne), Dr. Katherine Lawrence (Monash University), Prof. Andrew Mackinnon (The University of Melbourne)

Rationale
Parents play an important role in the prevention of mental disorders in their children. Research highlights a number of specific, modifiable parental risk and protective factors for adolescent depression and anxiety. However, there remains a need for translation of this evidence into practical strategies for parents. Further, while there is promising evidence for the effectiveness of preventive parenting interventions for child mental health issues, existing programs face many challenges engaging parents. In order to overcome some of these barriers, we developed a brief, individually-tailored, web-based parenting intervention designed to equip parents with practical skills to reduce the risk of depression and anxiety in their adolescent children.

Objectives
This study aimed to evaluate the short-term effects of a brief, individually-tailored, web-based parenting intervention on: 1) parenting risk and protective factors known to influence the development of adolescent depression and anxiety disorders; and 2) symptoms of depression and anxiety in adolescent participants.

Methods
We conducted a pilot randomised controlled trial comparing the intervention to a 3-month waitlist control. The brief intervention consists of two components: 1) an online parenting survey assessing current parenting practices against the recommendations in the evidenced-based guidelines *How to Prevent Depression and Clinical Anxiety in Your Teenager: Strategies for Parents*; and 2) an individually-tailored feedback report based on survey responses, highlighting parenting strengths and areas for improvement. The feedback is designed to translate research evidence into personalised, practical strategies that parents can use in their everyday interactions with their child. Parent-adolescent dyads (351 parents, 327 adolescents aged 12-15) were randomised to either the intervention or control group. Participants resided in Australia, were fluent in English, and had internet access. Assessments, including parent and adolescent-report measures of parenting and symptoms of adolescent depression and anxiety, were conducted at baseline, 1-month, and 3-month follow-up.

Results
Results demonstrated significantly greater improvement in parental risk and protective factors in the intervention compared to control group, from baseline to 1-month and 3-month follow-up. There were no significant effects of the intervention on adolescent symptoms.

Conclusion
Results suggest that a brief, individually-tailored web-based parenting intervention can improve evidence-based parental factors known to influence the development of depression and anxiety disorders in adolescents. This is a promising avenue for translation of complex research evidence into practical, everyday strategies for parents. Importantly, the program has potential to be a sustainable, universal prevention approach that can be disseminated widely at minimal cost.
Testing and evaluating MindMax, a mHealth app incorporating sports and video games to improve health and wellbeing

Tuesday, 26th September - 10:45 - Table Top 3 - Technology - Lansdowne Room - Table Top - Abstract ID: 456

Ms. Vanessa Wan Sze Cheng (University of Sydney), Ms. Tracey Davenport (Brain and Mind Centre, University of Sydney), Dr. Kellie Vella (Queensland University of Technology), Dr. Daniel Johnson (Queensland University of Technology), Mr. Brett Johnson (AFL Players Association), Dr. Jo Mitchell (The Mind Room), Prof. Jane Burns (The University of Sydney), Prof. Ian Hickie (Brain and Mind Centre, University of Sydney)

Introduction: The University of Sydney's Brain and Mind Centre, Queensland University of Technology, and the Australian Football League Players Association (AFL Players) are collaborating to produce and evaluate MindMax, a mobile health (mHealth) education app that uses sport and video games to form a community around promoting positive health and wellbeing. MindMax is planned for launch in April 2017. MindMax digitises and adapts wellbeing modules, traditionally delivered face-to-face to incoming professional AFL players, for a wider audience (young Australians aged 16 to 35 years). It is hoped that a triple-pronged strategy of leveraging the AFL community and brand, as well as social features, and game design elements will mitigate the high rates of attrition common with mHealth apps.

Objectives: Initial phases of research aimed to identify factors the target audience considers important for a health and wellbeing app.

Methods: Six participatory design workshops were conducted with video gamers, AFL Players-affiliated individuals, and students and professionals who work in mental health and/or technology. The findings were synthesised and knowledge translated by a team of young people into a preliminary design for MindMax, which was fed back to the app development team. User experience testing was then conducted iteratively on the resulting versions of the app. An evaluation trial is scheduled to run for six months after launch.

Results: Findings from participatory design workshops varied, potentially due to differences in age and interests. Needs, wants, and pain points relating to app design (colour, layout, tone), self-monitoring functionality, social features, motivational game design principles, and gaming elements (customisable avatars, levels) were identified. We will also present the knowledge translated design, app prototype, and findings from user experience testing. Finally, preliminary results from the evaluation trial will be presented.

Implications: We discuss the results in the context of current mHealth literature, with particular emphasis on gamification and how incorporating more principles of game design can lead to greater engagement and interaction with health and wellbeing apps.

Conclusion: Current and future mHealth apps can benefit from incorporating the deeper levels of interactivity and reward systems that are characteristic of video games, when practical.
Effectiveness of a mobile app intervention in adolescents with first episode psychosis

Tuesday, 26th September - 10:45 - Table Top 3 - Technology - Lansdowne Room - Table Top - Abstract ID: 604

Dr. Teresa Sanchez-Gutierrez (Facultad de Ciencias de la Salud. Universidad Internacional de La Rioja (UNIR)), Dr. Sara Barbeito (Facultad de Ciencias de la Salud. Universidad Internacional de La Rioja (UNIR)), Dr. Sergio Rios (Facultad de Ciencias de la Salud. Universidad Internacional de La Rioja (UNIR)), Dr. Ana Calvo (Facultad de Ciencias de la Salud. Universidad Internacional de La Rioja (UNIR))

Introduction
The recent drive of the Information and Communicative Technologies (ICT) as an intervention methodology opposite to face-to-face traditional treatments is powerfully rising in mental health (Mohr et al., 2013). ICT psychotherapy interventions are a cost-effective pathway to directly provide personalized, flexible and evidence-based treatment to at-risk individuals or current patients within their communities and homes (Brunette et al., 2016). Interventions using ICT for patients with first episode psychosis (PEP) are currently being developed. Several research groups are investigating on the efficacy of psychological interventions in adolescents with FEP using apps and social networks as an alternative of communication between therapists and patients (Birmaum et al., 2015, Rice et al., 2016). More precisely, a research group in Australia has developed a feasible, attractive and secure online psychological intervention used in laptops and tablets for adolescents with FEP. This intervention showed a reduction in depressive symptoms due to the support of the group of peers (Alvarez-Jimenez et al., 2013). However, psychological online interventions (whose effectiveness were assessed through clinical trials) that use a specifically designed mobile app have not yet been developed.

Objectives
The main objective of this project is to develop and assess the effectiveness of a mobile application used as a complement of multidisciplinary interventions accomplished at hospitals and mental health centers in adolescents with FEP.

Methods or Approach
This will be an experimental, randomized and longitudinal study with two independent groups: 1) the experimental group (EG) and the control group (CG) and pre and post-treatment measures and blind testers. Fifty adolescents with FEP enrolled in the PIENSA program, a psychoeducational group intervention for adolescents with psychosis, will be recruited from the Department of Child and Adolescent Psychiatry, Hospital General Universitario Gregorio Marañon, Madrid.

Inclusion criteria will be: 1) 14-19 year old, 2) presence of at least one psychotic symptom before 18 years old, 3) absence of acute psychotic symptoms for 2 months, 4) informed consent, 5) to have access and handle a Smartphone. Exclusion criteria will include: 1) substance abuse or dependence, 2) presence of organic mental disorders, intellectual disability or pervasive developmental disorders. Symptoms will be assessed with the PANSS, SANS, SAPS and Hamilton scales; general functioning with C-GAS or GAF scales, pharmacological adherence with Morisky Green scale, Substance abuse with ASI-6, insight with SUMD and quality of life with the Strauss Carpenter scale. Measures of relapse, hospitalizations, visits to the ER and perceived security of the app will be collected.

Results and Practice Implications
The project will last for 2 years and will be divided in two main phases. The first phase will consist on the design, implementation and test of the mobile app and of the monitoring web-page. The second phase will include the implementation and following of the clinical trial (recruitment, baseline measures, online treatment via the mobile app and measures of post-treatment)

Conclusion
It is expected that the use of a mobile app together with psychoeducational and pharmacological treatment will improve relapse, social network and global functioning in adolescents with FEP.
Compassionate Responding Online with Student Listening Service, Niteline Dublin

Tuesday, 26th September - 10:45 - Table Top 3 - Technology - Lansdowne Room - Table Top - Abstract ID: 607

Ms. Aisling Curtis (Niteline Dublin)

In 1970 a Professor and a Chaplain of Essex University noticed the high levels of stress, anxiety and suicide amongst their students. They believed that the mental anguish of these students could be alleviated if only they had someone to talk to. They trained a group of students to deliver emotional support to their peers over the telephone, and the first ever Nightline began. The idea quickly caught on and in 1971 the concept was replicated across more colleges in the UK. Today over 2,100 specially trained student volunteers deliver an anonymous, confidential listening service at 36 affiliated Nightlines in the UK and Ireland, offering support to more than 1.5 million students. Forty years on, Niteline Dublin is committed to the core values of a confidential, anonymous, non-judgmental and non-directional listening service run by students for students. We continue to innovate the tools by which we support students across Dublin. Offering both phone listening and an online instant messaging service, Niteline is unique in that it was the first support service in Ireland to offer real-time IM for listening support. We implemented IM in 2012 and now receive more calls through this medium than via phone. More and more young people are conducting their lives online, spending over 11 hours a week on social media alone. Developing effective support strategies and techniques for young people who prefer an online format is essential. In order to convey empathy and support to an anonymous caller, Niteline Dublin has developed a range of techniques in our comprehensive training programme that are optimised for IM. These include compassionate responses and contact statements that are effective online, refined through real-life experience with callers. Using empathetic words, asking open questions and expressing understanding of the individual’s unique situation are some of the techniques that are effective at making an individual feel supported online. As more of our activities move online, it is essential that our support services are also optimised to successfully support young people via this medium.
Young people love their music. Research tells us that music listening is their natural coping strategy (Frydenberg, 2008). This is especially true for those who have severe mental illness and are admitted to an acute adolescent inpatient facility. Troubled teens have described music listening to be ‘second nature’ to them as they use it to identify, manage and engage with their emotions on a daily basis and during a hospital admission (Cheong-Clinch & McFerran, 2016). Sadly, music can be a double-edged sword and at times it has the potential to make them feel worse.

Recent technologies and the Internet have changed the way we communicate and connect with each other. This is pertinent to teenagers – ‘digital natives’ (Prensky, 2001), who have known nothing but a life connected to technology and social media platforms. These new connections provide important and valid ways for many young people who are struggling to seek help and find out about mental health topics.

This presentation will discuss the importance of connecting with distressed young people in relevant ways in therapy and beyond a hospital admission to reflect young people's acknowledgement of the central roles of both music and technology in their everyday lives. More importantly to increase their awareness of their own music engagement to effectively regulate their fluctuating emotions.

Their significant relationship with music, and current trends in online engagement provide a rationale for the development of Project Tune Your Mood - a music-based e-platform in a multi-media youth health portal as an outreach to and between young people. It will highlight how music and technology can be used for meaningful therapeutic engagement and as a complement to continuity of care as well as youth mental health promotion.

Improving youth mental health literacy and well-being, particularly their awareness and abilities to self-regulate using music may be the first important step towards recovery from acute mental illness. I will also highlight the potential of this initiative to promote pathways to help-seeking and continued therapeutic engagement as essential for those who are struggling with and recovering from mental illness. The development of such an initiative may well align with contemporary youth mental health practice which emphasizes on building youth self-esteem, self-efficacy and civic engagement (Flicker et al., 2008), to enable them to survive and thrive into adulthood.

References:
Gaming against stigma: A qualitative study of mental illness messages in video games

Tuesday, 26th September - 10:45 - Table Top 3 - Technology - Lansdowne Room - Table Top - Abstract ID: 377

**Introduction:** More than 1.2 billion people are playing games worldwide and 27% of players are under 18 years old. Today, the gaming industry is a $99.3 billion market. Shooter/action, sport, role-playing, and adventure games are the top four types of video games that frequent gamers play most often on their mobile or console devices. Researchers are concerned about the impact of video gaming on youth. Indeed, a vast body of work on the effects of video games focuses on its negative impact, describing potential harm related to aggression, addiction, and depression, as well as the promotion of stereotypes (violence sexism, racism, and ableism). However, the literature on the values of playing video games has identified four main benefits of playing: promoting better attention, memory, and problem-solving skills; enhancing ability to cope with failures; managing different kinds of emotions; and socializing. As a result, a new genre is getting more and more players and gaming industries’ attention: serious games. Serious video games are created to train and educate players, and are recognized as having the potential to change stereotypes and share knowledge. However, we do not yet know the impact commercial video games can have in sharing knowledge or messages about mental illness. **Objectives:** In this presentation we review and examine mental illness messages, especially how psychosis is represented, in the video games available on the market. We asked the following questions: (1) How is psychosis portrayed by current video games? (2) What is the impact of this portrayal on mental illness stigma? **Methods:** We analyzed the portrayal of mental illness (“madness”) in video games available on Steam, an online platform that delivers games straight to players’ computers, from 2015 to 2016. On Steam, we performed keyword searches using terms like “mental illness”, “mad”, “mental”, “psychosis” and “crazy”. Identified games were then reviewed looking at genre, audience, story, language, and graphical style. Three games were then selected for in-depth game/characters analysis; researchers/gamers played the game and completed a diary of their game playing. Players’ diaries were analyzed to explore the depiction of mental illness in the games and whether or not they challenged their understanding of mental illness. **Results and Conclusion:** This presentation summarizes key take home messages of current portrayals of mental illness in video games and identifies areas where future research is needed to increase our knowledge of the video game’s role in fostering or reducing mental illness stigma.
International Association for Youth Mental Health - Future-Proofing Youth Mental Health, Dublin, September 2017

Using new and emerging technologies to design and develop an online clinical shared decision making tool for personalised mental health care

Tuesday, 26th September - 10:45 - Table Top 3 - Technology - Lansdowne Room - Table Top - Abstract ID: 398

Mr. Frank Iorfino (Brain and Mind Centre, University of Sydney), Mr. Shane Cross (Brain and Mind Centre, University of Sydney), Dr. Laura Ospina-Pinillos (Brain and Mind Centre, University of Sydney), Ms. Tracey Davenport (Brain and Mind Centre, University of Sydney), Dr. Daniel Hermens (Brain and Mind Centre, University of Sydney), Ms. Amelia English (Brain and Mind Centre, University of Sydney), Prof. Sharon Naismith (Brain and Mind Centre, University of Sydney), Prof. Adam Guastella (Brain and Mind Centre, University of Sydney), Ms. Joanne Carpenter (Brain and Mind Centre, University of Sydney), Dr. Elizabeth Scott (Brain and Mind Centre, University of Sydney), Prof. Niels Buus (Brain and Mind Centre, University of Sydney), Prof. Nick Glozier (Brain and Mind Centre, University of Sydney), Prof. Ian Hickie (Brain and Mind Centre, University of Sydney)

Background
Global morbidity and mortality in those aged less than 25 years indicates that three of the four most burdensome problems are depressive, psychotic and bipolar disorders (with risky substance use and self-inflicted injuries rated sixth and eighth respectively). Currently, the opportunity to provide effective interventions that reduce the impact of these disorders is limited by the capacity of current mental health services to deliver timely, high quality and ongoing personalised care to the large numbers of young people who are affected. The development of new and emerging technologies to address these problems is critical to ensure an individual has access to optimal clinical care that focuses on their specific needs, and keeps them fully informed and involved in the clinical shared decision making process.

Methods
The Synergy Online System (SOS) is an Internet-based resource designed to help users manage their physical, mental and social wellbeing using an integrated and interoperable system of apps, etools, online and face-to-face services. Through an iterative R&D cycle, we have designed and developed an online clinical shared decision making tool for SOS that aims to integrate individualised psychological, cognitive, social and medical data to guide the planning of more effective, targeted long-term assessment and intervention. Using a stepped-wedge design, this study will be progressively implemented at five sites in NSW, followed then by interstate sites in Victoria and Queensland. Ultimately, this will link a network of stand-alone primary care clinics and, thereby, enable approximately 20,000 young people over five years to use SOS.

Results
To date, pathways for further assessment and intervention have been designed and developed for social and economic participation, suicide and self-harm behaviours, physical health, alcohol, tobacco and other drug use, depression, mania/hypomania, psychosis, anxiety, sleep/wake problems and cognition. Examples of these pathways as well as preliminary data from the stepped-wedge study will be presented.

Discussion
There is a great and immediate need to transform the way in which clinical care is delivered to young people with emerging mental health problems. This transformation involves the development of much more highly personalised and specialised clinical assessment and intervention systems. Inevitably, such systems need to be tailored to the individual and rely less heavily on group averages and broad generalisations about care needs or likelihood of response to specific psychological or medical treatments; instead, being a trial of N=1. This study aims to demonstrate the use of an online clinical shared decision making tool to improve the management of common mental health problems that can be delivered effectively at scale.
Digital Media & Youth Mental Health: Youth, Parent, and Service Provider Perspectives

Tuesday, 26th September - 10:45 - Table Top 3 - Technology - Lansdowne Room - Table Top - Abstract ID: 411

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

Introduction/Rationale
Emerging technologies and digital media continue to be thoroughly integrated into young people's lives. Computers, smart phones, the internet, and social media have the potential to support mental health promotion and treatment for youth; however, they also introduce new challenges for youth mental health.

Objectives
In this presentation, we explore the complicated relationship between digital media (e.g., the internet, smart phones, social media) and the lives of youth, particularly with respect to mental health. Drawing from interviews with youth experiencing mental health challenges, parents of such youth, and mental health service providers, we examine the often diverse perspectives of these key groups.

Methods/Approach
Semi-structured qualitative interviews (n=169) were conducted with youth, parents, and mental health service providers as part of the Atlantic Canada Children’s Effective Service Strategies in Mental Health (ACCESS-MH) project, funded by the Canadian Institutes of Health Research. Youth (n=46) aged 10-21 and identifying with depression, anxiety, eating disorders, conduct disorder, or autism spectrum disorder (formal diagnosis or self-identifying) were interviewed about their journey in seeking help for their mental health. Parents (n=46) of children/youth aged 5-18 were interviewed about their experiences caring for a child experiencing such a journey. Mental health service providers (n=77) in medical and community settings (including education) were interviewed about their perspectives on the mental health care system in their province/region.

We take a multi-vocal approach in this presentation to highlight not only the complex relationship between youth mental health and digital media use, but also the often divergent perspectives of these three groups.

Results/Implications
Thematic analysis was conducted to identify data specifically relevant to mental health and digital media use. Speaking with youth, parents, and service providers about digital media and mental health reveals both anticipated and unexpected interconnections between the two. Youth and parents both seek mental health information online; however, there is also an awareness among all participant groups that not all online information is reliable, and that, in fact, youth may seek out or encounter harmful information. Digital media use, however, is also described by youth as important to coping, whether as a distraction or a means of connecting to family and friends. While service providers are concerned about some of the challenges they see digital media presenting for their clients, they also speak of the potential for technology to enhance service delivery and raise awareness about mental health.

Conclusion
As young lives continue to be marked by increased use of technologies and youth-focused e-mental health initiatives are developed, it is important that the intersections of technology and mental health in young lives are fully understood. Listening to parents, service providers, and most importantly youth themselves, about the challenges and opportunities digital media present for mental health can help enhance program and policy development, e-mental health interventions, and mental health promotion.
Introduction:
Orygen, the National Centre of Excellence in Youth Mental Health undertakes a range of service and workforce development activities and initiatives for Australia’s youth mental health workforce, with an emphasis on accessible expertise and innovation. Orygen provides leadership, national and international collaboration and professional development to organisations, individuals and health services as well as major mental health workforce development programs.

Objectives:
In partnership with a state-wide health care network in Australia, Orygen implemented a large scale workforce development initiative which used a variety of educational and knowledge building modalities. This included online learning, face to face workshops and change management strategies. The project involved upskilling 120 mental health clinicians working in a variety of metro and country settings.
The initiative was a self-directed andragogical learning opportunity. The initiative took place over one year, 180 hours of a variety of reading and interactive online materials were offered as well as 80 hours of face to face workshops. The online component of the process proved to be popular. The clinicians were in metropolitan, rural and remote settings and therefore could 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 took place. Learning materials provided on the LMS were directly related to themes that were covered in each of the face-to-face training sessions.
Seventeen topics across four themes relating to youth mental health practice were covered on the LMS, with pre and post workshop activities as additional supporting material. All topics were split into foundation and advanced levels so that the participant could self-identify which level was more appropriate for their level of skill and knowledge in the area. There were also opportunities to connect with other clinicians in their local health network or more broadly as a state-wide health service using the forums provided.

Results:
Data were collected in relation to the amount of activity in each theme. This included, accessing articles, watching interactive materials or engagement with online forums and activities. All of the local health networks had a different level of engagement and all topics were accessed based on the individual learner’s needs. This data is presented in relation to patterns of engagement over the 12 month project, along with recommendations for future planning of educational programs in youth mental health.
Teen boys contact helplines less than teen girls and are less likely to discuss mental and emotional health. And yet, while teen boys are reluctant to reach out, they engage in high-risk behaviours and die by suicide more frequently than young women. To address the unique needs of teen guys, Kids Help Phone in Canada embarked to understand the barriers young males experience when help-seeking, and to develop an approach to better support them. This presentation provides an overview of the BroTalk initiative including how it was created, insights learned through service development and delivery and lessons learned regarding engaging teen guys for support.
Vocational intervention when working with young people in their recovery from mental health difficulties is paramount. Research has shown that vocational participation can reduce mental health symptoms, hospital admissions and lengths of stay. Benefits that can be derived from working and studying, include a routine, opportunity for socialisation, identity formation, reduced dependence on the welfare system, financial independence, and career transitioning at a time-critical phase for young people.

headspace recognises that maintaining engagement with education and employment pursuits are essential outcomes for a young person’s recovery. headspace also acknowledges that technology is a highly effective medium for engaging young people. Phone, web conferencing, email and SMS provides significant reach, timeliness and anonymity that a face to face service cannot offer. For this reason, headspace has developed The Digital Work and Study service. A Service that integrates vocational expertise with clinical support, is accessible to young people across regional and metropolitan Australia and on a preferred platform by young people.

From a small pilot, a full 2 year service was funded by the Federal Government’s Empowering Youth Initiative and launched in July 2016. The service since inception has had a growing expanse of data depicting the demographics of young people accessing the service, preferred methods of engagement, types of support being provided and outcomes achieved.

Based on the Individual Placement (IPS) model, work and study specialists provide flexible and tailored assistance to young people requiring support with their vocational goals. IPS was introduced in 1996 to provide an evidence based early intervention vocational model. IPS is based on a number of principles including; rapid placement in the open market place, zero exclusion criteria, tailored assistance by specialist employment workers, low caseload size and importantly Co-location with clinicians. IPS vocational support has been shown to have a higher placement rate and longer employment retention than conventional employment services.

Working alongside clinicians, the Digital Work and Study specialist is able to better identify the young person’s needs and maximise their vocational development. The program is accessible for young people (aged 15-24) and is supported by five dedicated work and study specialists, a clinician and a coordinator. The service provides assistance six days of the week.

To enhance the vocational services, ‘Mock Interviews’ have been conducted with corporate employees, live information sessions have been delivered to disseminate support around vocational-based issues and ‘Industry Webinars’ have been developed to provide real time engagement between young people and the managers and staff of Industry.

The presentation will describe the development, approach and outcomes from the headspace Digital Work and Study Service.
Evaluating the Effectiveness of the MindOut Social and Emotional Wellbeing Programme in Disadvantaged Post-Primary Schools.

BACKGROUND: Evidence suggests that interventions which focus on promoting social and emotional skills development are effective in promoting mental health and reducing mental health difficulties in young people. Schools are an important setting within which young people can receive interventions which are aimed at promoting their mental health especially for those students living in disadvantaged communities who may be at higher risk. The MindOut programme aims to provide universal support for the social, emotional and mental wellbeing of young people aged 15-18 years in post-primary schools in Ireland, through strengthening their social and emotional skills and competencies for healthy development. This programme, which was originally developed in 2004, has recently been revised in consultation with young people and teachers and in collaboration with the HSE Health and Wellbeing Division. It is, therefore, important to determine the effectiveness of the revised programme before it is implemented more widely in schools across the country. Robust evaluations which investigate the impact of universal social and emotional interventions on young peoples’ mental health and wellbeing remain limited, especially for the older adolescent population. Therefore, the aim of this study is to assess the impact of implementing this universal programme with Irish secondary school students in designated disadvantaged schools to determine whether it can produce improvements in their social and emotional skills, academic performance and overall mental health and wellbeing.

AIM/OBJECTIVES: The primary aim of this evaluation is to determine the impact of the revised school-based MindOut programme on participants’ social and emotional skills, academic outcomes and their mental health and wellbeing and to determine whether the programme effects are greater than those of the standard Social, Personal and Health Education (SPHE) programme.

METHODS: Employing a cluster randomised controlled study design, the evaluation is being undertaken with approximately 600 young people in 33 post-primary schools in disadvantaged communities nationally. Schools have been randomly allocated into either the intervention or control group and a 12 month follow-up evaluation is planned.

RESULTS: Baseline data collection is complete and post-intervention data collection is currently underway with both study arms. Preliminary findings on the impact of the intervention on students’ emotional regulation, coping skills, social skills, decision making skills, attitudes toward school and mental wellbeing will be presented on in this presentation.

CONCLUSION: The study findings will provide important data concerning the mental health and well-being of adolescents in disadvantaged schools in Ireland and will also have important policy and practice implications for how social and emotional wellbeing is taught in the senior cycle of secondary schools across the country.
Implementing Data Collection for ACCESS Open Minds: Bringing Care Closer

Tuesday, 26th September - 10:45 - Table Top 3 - Technology - Lansdowne Room - Table Top - Abstract ID: 413

Ms. Daphne Hutt-MacLeod (Eskasoni Mental Health Services), Dr. Heather Rudderham (Eskasoni Mental Health Services), Ms. Jenny Reich (Eskasoni Mental Health Services), Prof. Ashok Malla (McGill University), Dr. Srividya Iyer (McGill University)

Rationale:
In 2009, Eskasoni First Nation community was facing a mental health crisis resulting in a significant loss of community members to suicide and addiction. The Mental Health Services team recognized that the traditional approaches to mental health were not engaging youth in the community. To address the crisis, an innovative approach, the Fish Net Model was born. To ensure long-term success, and to inform continuous improvement, metrics were required.

Objectives:
The purpose of the ACCESS Open Minds (ACCESS OM) project is to develop, test, and evaluate an evidence-informed, sustainable, and scalable framework for mental health service delivery that positively impacts youth mental health outcomes in Canada. The objective of appropriate data collection is to provide the evidence required for effective individualized, shared decision-making at each point where the youth interacts with the mental health system, while forming a foundation for program-level sustainability discussions.

Methods:
Focus was placed on selecting measures that are fully integrated into the clinical care youth are receiving. This research initiative is as unique as the program it supports. Developed with a multi-stakeholder task force that included youth, their families/carers, clinicians and researchers, the ACCESS OM research protocol differs from traditional diagnosis-based evaluation frameworks. Clinician-rated measures will assess youth's mental health symptoms and functioning while youth self-rated measures provide a youth's perspective of their distress, quality of life, well-being, and satisfaction with services. Youth and their care team will collaboratively identify personalized goals to work towards while youth are receiving care.

Results/Policy Impacts:
Implementation of the ACCESS OM measures engaged youth, helped navigate the therapeutic conversations in session, and created a more complete understanding of each person's unique context. The measures, coupled with a drive to be empathic, to provide high quality and individualized service, and to affect change in youth has strengthened the program. Engagement in this process has led to better assessment and diagnosis, treatment planning, and outcome and progress monitoring. It improves the ability to identify a young person's strengths and adaptive means of coping, while identifying important symptoms to build therapeutic alliance and inform treatment.

Conclusion:
Integrating research and clinical care is an important and necessary step to future-proofing youth mental health services and ACCESS OM is committed to integrating evidence-based care and research strategies with the aim of providing the most effective services for our youth and their families and carers across Canada.
Advocacy - nothing to do with avocados!

Tuesday, 26th September - 10:45 - Table Top 3 - Technology - Lansdowne Room - Table Top - Abstract ID: 367

Ms. Madge O Callaghan (St. Patrick's Mental Health Services)

United Nations Convention on the Rights of the Child, Article 17 states:
Access to appropriate information
The State has an obligation to ensure that the child has access to information and material from a diversity of media sources and to take measures to protect children from harmful materials. Information relating to young mental health and inpatient care needs to be, by law, accessible to young people. Information needs to be upfront, honest and understandable.

Access to independent advocacy is considered best practice in Child and Adolescent units in other European countries and in the USA. Willow Grove Adolescent Unit is the only adolescent unit with a dedicated advocacy service for young people who are in hospital for their mental health. The Advocacy Service supports young people in hospital for their mental health to have their voices heard through a group advocacy process. The young people also receive training in their human rights, their rights as young people in Ireland and their rights as young people in Willow Grove. Young people in the unit are also supported by young people who may have been past service users of Willow Grove or other services, and these young people form the Youth Empowerment Service, a peer advocacy group unique in Ireland.

Young people 12 - 17 are assessed and admitted to Willow Grove for treatment of their mental health issues. On admission, the young person is given the Headspace Toolkit, a series of booklets produced by the Mental Health Commission in 2009. The toolkit outlines the rights of young people in the unit and how to go about having their rights upheld.

In 2016, Transition Year Students in St. Patrick's Mental Health Services were surveyed to examine the Headspace Toolkit and to give feedback on the toolkit. Young people who are in treatment in Willow Grove were also consulted as were the young people who are members of the Youth Empowerment Service. Results were collated by a transition year student.

The study resulted in the development of a shorter and updated booklet for use by young people in Willow Grove. The booklet will initially be available in printed format and it is envisaged that it will be available online in the future.
CAMHS Communications Project

Mr. Ian Power (SpunOut)

CAMHS Communications Project
A Scoping Review of How Resilience in Youth is Defined and Measured

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 386

Ms. Candice M. Christmas (York University, Toronto, Ontario)

Purpose: The ways in which youth resilience are understood, including how resilience is defined and subsequently measured in health policy and practice, influences health intervention, prevention and promotion strategies (Anae, Barnes, McCreanor & Watson, 2002). Arksey & O’Malley’s (2005) five-stage framework for scoping reviews was used to review and synopsise empirical evidence of strengths-based approaches to understanding and promoting resilience in youth: specifically, how resilience is defined and subsequently, how youth well-being is measured. Special attention was given to identifying gender specific differences.

Methods: Studies in English published between 2000-2016 were identified through electronic searches of PubMed Central, CINAHL Nursing, Proquest, PsychArticles, and ERIC using a combination of related search terms for adolescence; pathways to, and definitions of, resilience.

Results: 2,605 articles were identified: 28 met the selection criteria (6 quantitative, 2 qualitative, 7 mixed methods and 3 theoretical reviews). Eleven authors developed their own definition of resilience from a synthesis of the literature; 12 quoted definitions from other academics; and 5 didn’t define resilience. None consulted with youth. There is no universally agreed-upon definition. In strengths-based approaches to fostering resilience in youth, definitions arise from inquiry into the pathways of human experience, and are measured by the achievement of positive developmental outcomes and assets, rather than functional deficits around health outcomes. Many factors were associated with fostering resilience in youth, occurring mostly at the individual level, but also in youths’ ecologies (home, school, work, community), and in society at large (structural level). Evidence exists of gender-based differences significant to policy development: External assets such as family support are more important to females than males, while male resilience is associated with internal assets like self-efficacy; males and females react to stress differently and females are significantly more likely to experience anxiety and depression.

Conclusions: Given that only one percent of the articles met the inclusion criteria, approaches to youth resilience and wellness still tend to be deficits-based, deterministic and reductionist, focused on individual behaviours and motivations, and outcomes of behavioural problems and pathologies. Resilience is defined by academics based on dominant social values and concepts of normativity. Research, policy and program development around youth well-being would benefit by including youth’s voices, and should be sensitive to gender differences to optimize intervention, prevention and promotion strategies.

As such, the author's doctoral dissertation will deploy Constructivist Grounded Theory to explore how youth (16-21) define wellness - what supports it, what impedes it - in their own words, with intersectional analysis on gender, socio-economic status and ethnicity. This will inform the development of youth health and wellness curricula.
Implementing Expressive Arts within the Counselling Process: Bridging the Gap between Traditional and Non-Traditional Therapeutic Approaches

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 389

Authors: Janice Mahar
Presenter: Janice Mahar

Rationale:
The Eskasoni Mental Health Services team implemented an innovative Fish Net approach to engage youth in the community. This Fish Net Model addressed the demand to adopt a new service provision model, recognizing that existing approaches to mental health were unable to meet the needs of the community. Under the Fish Net Model, 6 teams were united to provide a holistic approach to care, focused on collaboration within existing programs and creation of new initiatives to engage community members and reduce stigma.

Objectives:
Consistent with the Fish Net Model of transforming existing services, the objective of implementing art therapy within the mental health services framework is to provide individual and group counselling to high-risk youth aged 11-25 that is strengths-based and grounded in knowledge, traditions and individual or community values. Art therapy provides an opportunity for creative and cultural expression, promoting community strength, resilience and health while allowing patients to formulate and assess both short and long-term counseling goals.

Method:
Art therapy unites creative processes and psychotherapy, a union that facilitates the sharing of thoughts and feelings. Traditional art therapy processes include painting, drawing, and sculpting. These varied forms of creative expression help to remove communication barriers by providing alternatives to verbal dialogue. The playful, expressive, and non-threatening nature of art therapy is attractive to youth who may be less inclined to seek more traditional forms of mental health services.

Art therapy was integrated into traditional treatment approaches at Eskasoni, where irrespective of mental health symptoms, high-risk male and female youth aged 11-25 engaged in painting, drawing and/or sculpting as a means of developing and assessing their personalized goals. Clients' goals and progress were evaluated intermittently to monitor and measure progress by utilizing the ACCESS OM measures developed as part of the ACCESS OM initiative.

Results/Policy Impacts:
The use of art therapy has increased the rate of youth's ongoing involvement in mental health services while facilitating access to mental health services within the community. Through the adoption of non-traditional therapeutic approaches, there has been greater success in treatment outcomes, lowered underutilization of services, and a decrease in early therapy termination rates.

Conclusion:
Expressive therapies offer creative, fun and holistic treatment approaches to understanding health. This increases the rates at which First Nations youth access mental health services. Art therapy provides the opportunity for the creative and cultural expression of individuals within the community, thus promoting community strength and resilience.

Presenter Bio:
Janice Mahar is a Youth Clinical Support Worker. She possesses a Bachelor's of Arts degree in Psychology, a diploma in Art Therapy and Master's of Arts degree in Counselling Psychology. Janice specializes in working with children and youth and is passionate about the healing arts.
Prevalence of psychopathology in children of parents with mental illness and/or addiction: an up to date narrative review

Introduction
Early intervention on mental illnesses is proven effective in preventing problems to escalate and become persistent. This kind of intervention mostly focuses on first stage symptoms; mild or non-specific. In addition, factors like genetics or family history are also known as risk factors for developing a mental illness. Those who are particularly at risk for mental illness are children of parents with a mental illness and/or addiction (COPMI).

Objectives
The aim of this study is to present an overview of psychopathology in COPMI, based on recent literature. These findings can help to formulate policy recommendations on prevention or early intervention for this particular group.

Methods
We conducted a narrative review (by February 2017) about risks for COPMI, focusing on recent literature.

Results
COPMI are at high risk of developing a severe mental illness or any mental illness themselves; they are at a 32% or 50% chance respectively. This is a 2.5 folded risk compared to children with parents without mental illnesses. Parental depressive, bipolar, psychotic or borderline personality disorder and addiction are known to increase the risk for children to develop various mental illnesses, whereas parental anxiety disorder sets children at a more specific risk for developing anxiety disorders. ADHD and autism spectrum disorders are found to be highly heritable. Apart from parental diagnosis, parental early onset, having two affected parents instead of one, and female gender are factors that increase the risk for depressive and anxiety disorder in offspring.

Conclusion
Despite this knowledge and several initiatives and altered legislation, information about COPMI is not not structurally collected and acted on. This means that there are a lot of children at high risk for developing a mental illness, who are not automatically identified and offered help. Therefore, a stage 0 becomes debatable as an indication for someone who is at risk but does not show symptoms yet. This knowledge should encourage the adult mental health sector to commit itself to not only focus on the mentally ill parent, but to also address their children's wellbeing. Based on these findings we recommend more cooperation between Child and Adolescent and Adult Services.
The impact of early adolescent psychotic-like experiences on mid-adolescent psychological wellbeing; A Longitudinal Study

Ms. Aoife Gordon (RCSI), Mr. Colm Healy (Royal College of Surgeons), Prof. Mary Cannon (Royal College of Surgeons)

Introduction
Psychotic Like Experiences (PLEs) in adolescents can be predictive of mental illness. PLEs are also associated with non-psychotic disorders and poorer mental health. (Kelleher et al., 2003 & Cederlof et al. 2016) PLEs could be a potential precursor to psychosis, or could leave the sufferer vulnerable to general psychopathology.

Objective
We hypothesise that, aside from a progression to psychosis, PLEs have the potential to impact on many aspects of adolescents' well-being and mental health.

Methods
The ‘Adolescent Brain Development Study’ is an ongoing longitudinal study following a cohort of young people from age 11 through adolescence, with neuropsychological assessment and clinical interviews assessing their wellbeing and adaptive functioning, as well as the presence of PLEs. 212 participants were included in Time Point 1 (T1). The Schedule for Affective Disorders and Schizophrenia for School-aged Children, Present and Lifetime Versions (KSADS-PL) (Kaifman et al, 1996) was used as a Clinical Interview for the participants at T1, determining whether or not participants endorsed PLEs. 100 participants were invited to return for Time Point 2 (T2) two years later. 86 of these participants returned (T2), of which 80 completed the Youth Self Report. (YSR) (Achenbach et al, 1991) 41 of these 80 had experienced PLEs at T1. The YSR scores divide questions into categories designed to represent certain characteristics and social constructs.

Results
There was a stark difference between the group who had experienced PLEs and those who had not across YSR categories for characteristics such as ‘Anxiety and Depression’ and ‘Delinquent Behaviours’. The summation of the means of the YSR categories for both the ‘Internalising’ and the ‘Externalising’ behaviors were over twice as high in PLE sufferers than in those who didn’t endorse PLEs.

Conclusion
Through this longitudinal prospective cohort study, we have demonstrated that a history of PLEs in early adolescence can significantly affect the development of psychopathological problems in comparison to peers who do not have a history of PLEs. Indeed, the results demonstrate the large proportion of these PLE sufferers who, across a variety of disorders, fall into a subclinical range. The detrimental results PLEs can have on the behaviour of its sufferers compared to their peers who have not experienced them, marks these adolescents as in great need for both further research and intervention.
Despite impressive legal frameworks focused on addressing sexual violence against women, Canada continues to come under scrutiny by organizations such as Human Rights Watch and the United Nations for their failure to create safe and secure environments for Indigenous girls and young women: There is an estimated 25–50% child sexual abuse prevalence rate in Indigenous adults surveyed during the past 20 years. Indigenous women and children are being trafficked in the sex and drug trades across North America. Across Canada, commercial sexual exploitation of Indigenous youth and children forms more than 90% of the visible sex trade. Importantly, Indigenous women confront a constellation of factors that contribute to sexual violence: colonization, patriarchy, racism, and sexism; residential schools; historical trauma; and legislative complexities that impact infrastructure and support.

This poster presents findings from the Eskasoni site of the Networks for Change and Wellbeing - Addressing sexual violence study; a larger Canadian-South African partnership exploring ways for Indigenous girls to influence social policy and social change in the context of sexual violence against Indigenous women. The girl-led study seeks to answer the question “What can we learn about sexual violence (effects and solutions)?” and “What impact can this work have on changing policy for girls in relation to safety and security?”

In the first phase of our research in Eskasoni, we used a variety of reflective approaches to explore various aspects related to our lived experience and sexual violence as it permeates our day-to-day realities. Here we report on one of the core findings emerging from this first phase of work: the complex web of factors within which girls and women decide to respond or not to respond to acts of sexual violence. Our poster will present our research process and the related findings.

References


The role of collaborative research and practice in community development

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 414

Ms. Daphne Hutt-MacLeod (Eskasoni Mental Health Services), Dr. Linda Liebenberg (Dalhousie University), Ms. Jenny Reich (Eskasoni Mental Health Services), Mr. Arnold Sylliboy (Eskasoni Mental Health Services)

Collaborative practice and research in community development has played an integral role in the development of effective youth mental health supports at Eskasoni Mental Health Services (EMHS) in Cape Breton, Nova Scotia. In this presentation we, researchers from Dalhousie University and service providers from EMHS, will draw on our combined service provision and research experiences from the past 7 years working together. We will discuss the factors that prompted the restructuring of the mental health services within the community and the establishment of a community development service model. In addition, we will explore the role of collaborative research in facilitating service restructuring, as well as, both validating the approach within the community and shaping further refinement to service delivery.

This collaborative approach has furthered community development both formally and informally. Our efforts have supported community resilience and related mental health outcomes by both informing and affirming service provision practices at Eskasoni Mental Health. We will outline our research history focusing on a project called the ‘Spaces & Places’ study and demonstrate how the project’s findings have directly impacted our service delivery model and what we have learned about how to engage youth in mental health research in ways that are both fun and meaningful.

Finally we will discuss our experience as a site of the ACCESS Open Minds pan Canadian research project. We will look at the ways our past research experience has informed our approach to this new longitudinal research initiative and service provision model for youth between the ages of 11 and 25. We will discuss how we have already begun to implement changes based on early findings and what we anticipate as this project moves forward.
Growing Our Own: People, Places and Things - A Canadian First Nation Community Long-term Plan

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 418

Ms. Daphne Hutt-MacLeod (Eskasoni Mental Health Services), Dr. Heather Rudderham (Es), Mr. Arnold Sylliboy (Eskasoni Mental Health Services), Ms. Mallery Denny (Eskasoni Mental Health Services)

Rationale:
Extremely high rates of suicides and drug-related deaths in 2009-2010 in Eskasoni necessitated a radically different approach to Mental Health Services, by implementing a “Growing Our Own” client/community/organizational plan.

Objectives:
Our objective with “Growing Our Own” was to support and provide employment for community youth, who successfully accessed mental health/addictions services, encouraging them to pursue education and ultimately obtain community/agency employment careers in the fields of Mental Health and Addictions. Through the creation of inter-generational (Elder/Youth) Traditional knowledge and skills exchanges, social enterprises were developed and community members were co-creators in the design of the community-based, strengths-focused mental health service model. Community and Traditional Medicine gardens were created, sewn, cultivated and harvested simultaneously “feed” the mind, body and soul while teaching the benefits of delayed gratification.

Method:
This presentation will focus on a variety of techniques implemented by a rural Canadian Indigenous community to ensure human resource and program sustainability; maximize and build upon human wealth in a challenged economic environment; utilize research initiatives and other partnerships to guide, inform, develop and create opportunities for scalability of mental health/addictions programs and services. “Growing Our Own” is designed as a community mental wellness initiative; however, the primary focus is on maximizing the health and well-being of community youth to plant seeds of success for a productive and bountiful future cultivated in the richness of community-belonging, and firmly rooted in Mi’kmaw culture, language and traditions.

Results/Policy Impacts:
“Growing Our Own” thus far, has led to:
a) Several former service users who have obtained diplomas and degrees and have been employed within our agency;
b) Increased number of intergenerational Traditional knowledge interactions that are sowing the seeds for at least two social enterprise opportunities;
c) Youth and Family/Carers are highly involved in the implementation and co-design of the Eskasoni site implementation of ACCESS Open Minds
d) Community/Traditional Medicine gardens have been planted, tended and harvested by staff and clients to feed community members in need. Traditional medicines have been harvested for ceremonial purposes.

Conclusion:
Our “Grow Our Own” initiatives are designed to foster a climate that changes the negative and isolating perception of mental illness to that of the inclusivity mental wellness perception. By growing, cultivating, and harvesting our own community members we create an infinity loop that aims to build youth and community capacity; reduce stigma; address personal and community development; build relationships for the present and future generations.
ACCESS Open Minds- Eskasoni: The Fish Net Model

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 419

Ms. Daphne Hutt-MacLeod (Eskasoni Mental Health Services), Mrs. Sharon Rudderham (Eskasoni Mental Health Services), Dr. Heather Rudderham (ES), Prof. Ashok Malla (ACCESS-Open Minds), Dr. Srividya Iyer (ACCESS-Open Minds), Mr. Arnold Sylliboy (Eskasoni Mental Health Services)

Rationale:
In 2009, Eskasoni First Nation community was facing a mental health crisis resulting in a significant loss of community members to suicide and addiction. The Mental Health Services team recognized that the traditional approaches to mental health were not engaging the youth in our community in culturally appropriate ways. Change was desperately needed, and the Fish Net Model was born.

Objectives:
The objective of the model was to provide a holistic approach to care uniting six teams under the Eskasoni Mental Health umbrella, including Adult Mental Health, Youth Mental Health, ACCESS Open Minds (ACCESS OM), Crisis and Referral, Case Management, and the Residential School Survivors Team. Under the Fish Net Model, the teams focused on collaborating with existing programs and created new initiatives to engage people and reduce stigma – casting as wide a net as possible so that clients would receive rapid, effective services while ensuring they entered the ‘Ladder of Care’ at the appropriate level.

Method:
Strong focus was placed on prevention and early and ongoing care. To be more accessible and show our intentions to provide care within this First Nation population, service providers went out into the community to offer youth and community engaging programming, rather than waiting for the youth to come to us. With the implementation of ACCESS OM, the pillars of Early Identification, Rapid Access, Appropriate Care, Continuity of Care and Youth and Family Participation, have become the foundational principles guiding our Fish Net Model and its initiatives.

Results/Policy Impacts:
The vision of ACCESS OM is embedded in its name which stands for Adolescent/young adult Connections to Community-driven, Early, Strengths-based and Stigma-free service. The meaning has served as a perfect pairing to Eskasoni Mental Health’s vision to achieve excellence in health, healing, and learning through working together as a team, as a community, as a whole to create healthy people and healthy communities – for generations to come. Since we reformatted and integrated the way we provide mental health services there have been a significant reduction in suicidality.

Conclusion:
The creation of the Fish Net Model has led to increased utilization of mental health services within the community, increased trust in the service providers, and reduced stigma for the youth of our community accessing mental health services.
The Collaboration for Development and Implementation of a Trauma Informed Structural Framework of an Adolescent Behavioral Health Inpatient Unit

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 425

Mrs. Sabrina Zitsch (Pennsylvania Psychiatric Institute), Ms. Amy Williams (Pennsylvania Psychiatric Institute)

Introduction:

The goal of this project is to create a structural incentive program which encapsulates a holistic and empathetic approach of providing care to adolescent behavioral health patients. The environment will be one which offers and promotes support, care, trauma awareness, and emotional and sensory comfort within an inpatient setting. The hope and expectation of the multi-disciplinary staff involved is to develop as culture of caring which supports the staff-patient relationship, and therapeutic communication between staff, patients, and families.

Objectives:

- Developing an environment of care for patients which is based on theories which support trauma-informed care, collaborative problem solving, dialectical behavioral therapy, and staff buy-in to ensure success of implementation and longevity of practice.
- Establishing unit structure which focuses on supporting individual needs of patients experiencing emotional trauma; safety being a priority for both patients and staff.

Methods:

- Attention will be provided to the Unit Council of the Adolescent Inpatient Unit staff to establish team goals for the development of programming.
  - Identifying educational needs of staff.
    * Provide necessary education for staff development.
  - Collaborative goal setting between staff and patients for programming.
    * Inclusive of staff, physicians, nursing, management, and patients
- By April 2017, an outline of programming will be completed by the programming team, comprised of multi-disciplinary unit staff.
- By June 2017, implementation of programming will be started on the inpatient unit.

Results:

The intended results include the development and successful implementation of structural programming for the support of adolescent behavioral health patients and the staff who work with them and their families. Programming will provide structure to maintain safety for patients and staff, both emotionally and within the physical environment. Weekly meetings with key staff members will be scheduled to ensure that program...
implementation and education is being provided to the direct-care staff. Additionally, assessments of effectiveness regarding the overall safety of the unit and the degree of customer satisfaction via Press Ganey Surveys will be conducted as part of determining the success of program implementation.
Pathways to accessing youth mental health services: A review of the evidence

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 431

Ms. Kathleen MacDonald (McGill University, ACCESS Open Minds), Ms. Nina Fainman Adelman (McGill University), Dr. Kelly Anderson (Western University), Dr. Srividya Iyer (McGill University, ACCESS Open Minds)

Introduction: Mental health problems are the leading contributor to burden of disease among adolescents and young adults. Large numbers of youth, even with serious mental health problems, remain untreated or seek help after considerable delays. Too often, even when they do seek help, young people encounter complicated pathways to care, long wait lists, and disengaging entry into services. Examining pathways to care is important for understanding the different ways in which young people access services. Moreover, it can help us identify important barriers to obtaining appropriate care and the sources of treatment delays.

Objectives: Using data, case studies and infographics (visual representation of information), this presentation seeks to share current evidence on pathways to care experienced by young people accessing various types of mental health services across the world. Informed by this review, recommendations for youth mental health services transformation and research will also be presented.

Methods: A systematic literature review was conducted to synthesize the current state of knowledge on pathways to care for youth seeking help for mental health problems. The review (n=46) included studies from various fields in mental health and varied geographical contexts. We searched various databases, including MEDLINE, PsycInfo, EMBASE, HealthStar, CINAHL for relevant studies published in English or French between 1980-2016.

Results: Results from the systematic review indicate that the issue of pathways to care is under-studied in fields outside of psychosis. Referrals to specialized services (e.g., for eating disorders, bipolar disorder) often do not result in young people being seen or offered treatment. Many youth experience entry into care through distressing portals such as ERs, police involvement, etc. Findings also suggest that journeys within healthcare systems account for large portions of the treatment delays experienced by young people.

Conclusion: Pathways to care for youth with mental health problems are varied and often complex. Our results demonstrate the importance of focusing attention on systemic factors that contribute to treatment delays, if we are to provide timely and engaging access to youth seeking mental health services. There are no well-established measures to document the help-seeking experiences of youth through the mental healthcare system. A focus on pathways to care and treatment delays across youth mental healthcare settings and types of mental health problems is necessary in youth mental health research and evaluation, to transform youth mental health.
Incorporating screening for mental health and substance use into a tablet-based self-reported assessment in an integrated youth health clinic

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 435

Dr. Chris Richardson (School of Population and Public Health, University of British Columbia), Dr. Gabrielle Chartier (University of British Columbia), Mrs. Javiera Pumarino (School of Population and Public Health, University of British Columbia), Dr. Steve Mathias (Inner City Youth Program - Providence Health Care)

Introduction
The purpose of this quality improvement study is to present the results of an implementation evaluation of a tablet-based waiting-room assessment that captures clients’ psychosocial functioning and socio-demographic characteristics and generates a real-time report for their clinician to review immediately prior to the clinical encounter, implemented in an integrated youth health clinic.

Methods
The assessment is based on the HEADSS (Home, Education, Activities, Drugs, Sexuality, Suicidality/Depression) interview guide, and includes the GAIN-SS (Global Appraisal of Individual Needs Short Screener) to identify patients as potentially having one or more behavioral health problems. Youth provided feedback by answering questions embedded in the assessment and via an anonymous exit survey. Clinicians (nurses, general practitioners, nurse practitioners, social workers, psychiatrists and administrative staff) completed a brief online survey and were interviewed about their perceptions of the assessment tool and the associated reports.

Results
Between August 2015 and March 2016, 301 youth attending the clinic completed the tablet-based assessment and 581 completed the exit survey. We plan to describe the psychosocial functioning and socio-demographic characteristics of the youth attending the clinic, using results from the HEADSS and GAIN-SS assessments. Further, we will present quantitative and qualitative findings related to the perceived strengths and weaknesses of the platform, from both the youth and clinician perspectives.

Conclusions
We plan to discuss the benefits and challenges of the implementation of the tablet-based assessment and how the detailed collection and reporting of client data to clinicians can help improve the quality of care provided in an integrated youth clinic.
Psychological Interventions for the treatment of Anxiety and Depression following Interpersonal Trauma

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 439

Ms. Wilma Peters (Orygen The National Centre of Excellence in Youth Mental Health), Dr. Simon Rice (ORYGEN The National Centre for Excellence in Youth Mental Health, The University of Melbourne, Parkville, Australia.), Prof. Mario Alvarez-Jimenez (Orygen: The National Centre of Excellence in Youth Mental Health), Prof. Sarah Hetrick (Orygen, The National Centre of Excellence in Youth Mental Health, The University of Melbourne, Parkville, Australia.), Ms. Olga Sentesteban (ORYGEN The National Centre for Excellence in Youth Mental Health, The University of Melbourne, Parkville, Australia.), Dr. Sarah Bendall (Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne, Australia)

Many young people accessing youth mental health services have experienced interpersonal traumas such as sexual or physical abuse. These young people present to services with a wide range of symptoms and experiences such as depression and anxiety. While interventions have been developed, and evaluated for Post Traumatic Stress Disorder (PTSD) that can develop from these exposures, less is known about how to treat interpersonal-trauma exposed young people with depression and anxiety. The psychological consequences of interpersonal trauma are an important public health challenge that may be resolved by appropriate psychological interventions, especially if provided early in life.

This aim of this review was to determine how effective current psychological interventions are in treating young people aged 12 to 25, with symptoms of anxiety and depression and a history of interpersonal trauma.

We searched MEDLINE, Cochrane Library, PILOTS, EMBASE, CINAHL and PsychINFO for peer reviewed articles up to end December 2016, and included pilot or randomised controlled trials studies where more than 80% of participants reported exposure to at least one interpersonal trauma and where outcome data were available for either anxiety and depression.

Of the 78-full text articles identified as potentially relevant, 23 studies with 13 treatment conditions met selection criteria. Eight of these studies were included in the meta-analysis, with a further 15 articles included in the systematic review. Eighty-five percent of participants were female. The mean age of participants were 14.87 years, SD of 1.85 years.

Meta-analysis indicated that pre-to-post effect sizes for the treatment of depression were medium. Effect sizes for anxiety were small.

Pooled analysis by treatment type (within-group differences) indicated large significant effect sizes for Trauma Focused Cognitive Behavioural Therapy (TF-CBT) in reducing the symptoms of depression. No conclusions could be drawn about the effectiveness of TF-CBT when compared to other treatments in reducing the symptoms of anxiety.

To date, this is the first meta-analysis of the effectiveness of psychological interventions for the treatment of young people exposed to interpersonal trauma (as opposed to non-interpersonal trauma) who experience symptoms of depression and anxiety. This analysis further adds to empirical data available about TF-CBT indicating its effectiveness in reducing the symptoms of depression in young people who have been impacted by interpersonal trauma.
Learning from the experts: young people’s perspectives on how we can support healthy child development after sexual abuse in adolescence

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 453

Ms. Joanne Walker (University of Bedfordshire)

This presentation will share methods of developing safe and meaningful engagement with young people in a new Participatory Action Research study on supporting healthy child development after sexual abuse in adolescence. The International Centre: researching child sexual exploitation, violence and trafficking based at the University of Bedfordshire will be undertaking a participatory action research study with 30 to 40 young people on supporting mental health and wellbeing post sexual abuse in adolescence in order to address our gap in knowledge about what should be done, and when, to address these impacts. The study, funded by the ESRC and NSPCC, creates opportunities for young people, alongside parents/carers and practitioners to safely and meaningfully explore what they think would help. Core aims of the research are:

• The creation of safe and meaningful mechanisms through which young people who have experienced sexual abuse in adolescence can share their experience-based knowledge and views
• Mapping the mental health and well-being support needs of young people who experience sexual abuse in adolescence
• Learning how we can better support identification of, and responses to, post-abuse health and wellbeing needs
• Increasing understanding about how young people experience concepts of mental health, wellbeing and resilience post abuse, and develop a more child-centred theoretical framework for consideration of these issues
• Demonstrating that, if done right, it is both safe and appropriate to involve young people in discussions about these issues - and create a template that others can use to do this.

The presentation will provide a brief overview of the new study and its context in the UK, with a key focus on the ways in which we are developing our methods of collaboratively working with young people in the study. ‘Tested’ methods used by researchers in the International Centre in a range of previous studies will be shared, along with the achievements and challenges faced in safely involving young people in this type of sensitive research. The presentation will share experiences of involving young research advisors in the development of this study; the development of participatory workshops and activities with young people; working closely and in partnership with services who support these young people; and our broader ethical principles for engaging young research participants.
Screening for Ultra-High Risk for Psychosis states in a youth mental health service

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 460

Dr. Brian O Donoghue (Orygen The National Centre of Excellence in Youth Mental Health)

Background:
There is a clinical utility in being able to identify individuals who are at Ultra-High Risk (UHR) of developing a psychotic disorder. However, the diagnostic instruments required are lengthy and require expertise to complete reliably. Therefore, a brief screener for psychotic symptoms would be a practical first step in identifying UHR individuals. The aims of this study are to determine the screening performance of the Prodromal Questionnaire-16 (PQ16) in the setting of a youth mental health service and whether the addition of the level of symptom distress rating improves the screening properties of the instrument.

Methods:
Young people, aged 15 to 24, attending for assessment at a youth mental health service (Orygen Youth Health) will undergo screening with the PQ16 and then an assessment with the Comprehensive Assessment of the At-Risk Mental State (CAARMS). Low functioning is a component of the UHR criteria and it is defined as a 30% drop in the Social and Occupational Functioning Assessment Scale (SOFAS), which is scored from 0 to 100.

Results:
200 young people have participated to date. 62% were female and the mean age was 18.4 years (SD 2.7) and the mean SOFAS score was 51 (SD 8.0). From the CAARMS assessment, 45% were identified as being Ultra-high risk for psychosis. A score of 6 or greater on the PQ16 had a sensitivity of 0.84 however there was a low specificity of 0.46. The addition of distress did not improve the screening properties. However, when a two-stage approach to screening was used, with a PQ score of ≥6 and the presence of low functioning, the sensitivity and specificity improved to acceptable levels of 0.84 and 0.72 respectively. This resulted in negative predictive value of 0.87 and a positive predictive value of 0.67, which would be considered acceptable for screening in clinical practice.

Conclusions:
Evaluating the Implementation of the MindOut Social and Emotional Wellbeing Programme in Disadvantaged Post-Primary Schools.

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 466

Ms. Katherine Dowling (National University of Ireland Galway), Prof. Margaret Barry (National University of Ireland Galway)

BACKGROUND: Evidence suggests that interventions which focus on promoting social and emotional skills development are effective in promoting mental health and reducing mental health difficulties in young people. Schools are an important setting within which young people can receive interventions which are aimed at promoting their mental health especially for those students living in disadvantaged communities who may be at higher risk. The MindOut programme aims to provide universal support for the social, emotional and mental wellbeing of young people aged 15-18 years in post-primary schools in Ireland, through strengthening their social and emotional skills and competencies for healthy development. This programme, which was originally developed in 2004, has recently been revised in consultation with young people and teachers and in collaboration with the HSE Health and Wellbeing Division. It is, therefore, important to evaluate the process of implementing the MindOut programme with Irish secondary school students in designated disadvantaged schools by assessing both students’ and teachers’ experiences of the programme.

AIM/OBJECTIVES: The primary aim of this evaluation is to examine the process of implementation of the MindOut programme in order to determine the conditions that need to be created to achieve successful outcomes of the programme in the secondary school setting.

METHODS: Of the 33 schools partaking in an RCT to evaluate the impact of the MindOut programme, all intervention schools (N=17) have been included in this process evaluation. The data for this study will be collected qualitatively through methods including (i) Teacher weekly reports, (ii) Teacher focus group interviews (iii) Classroom observations (N=6) (iv) Participatory workshops with students (N=4) and (v) Student feedback forms.

RESULTS: Intervention schools are currently implementing the programme and process evaluation is ongoing. Preliminary findings on students’ and teachers’ experiences of the programme and their recommendations for improving the programme will be presented on in this poster.

CONCLUSION: The study findings will provide important data concerning the feasibility and sustainability of implementing a social and emotional wellbeing programme in disadvantaged schools in Ireland and will also have important policy and practice implications on the quality of implementation of programmes to sustain promising outcomes in the future.
Empowering Youth as Equal Partners

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 469

Ms. Madeline Zielinski (Youth MOVE Indiana), Mr. Jacob Griffin (Ball State University), Mr. Rodney David Riley (Youth MOVE Indiana), Mr. Austin Harris (Youth MOVE Indiana)

Youth who have struggles with mental health and addiction issues often move from system to system sometimes falling through the cracks. Youth M.O.V.E. (Motivating Others through Voices of Experience) Indiana is a youth-led advocacy initiative empowering youth with lived-experience in accessing care to create positive change in Indiana's youth-serving systems.

Having youth and family members working together with policy and decision makers can create a more comprehensive system and ensure that our most vulnerable youth are getting the support they need. Youth and families with lived experience in accessing care understand the gaps in the system better than anyone and should be equal partners in reducing systemic barriers.

Our objective is to help other youth understand the importance of their voice and their personal stories ability to transform and motivate others with similar experiences. We guide providers of these services in understanding how they can incorporate the people they serve as equal partners in creating programs. This also promotes trust between youth in the system and those providing services.

Youth Advocates effectively reduce stigma by raising awareness about mental health and addiction issues while working directly with administrators and public policy makers. We cultivate change at both grassroots and systemic levels. In turn, peer mentors help other youth adjust to bureaucracy and respond accordingly.

Youth who participate with our program are motivated by heightened self-worth—as they are in control and contributing to society in a way that is both impactful and meaningful. They have a stronger support network, increased self-esteem, and are less likely to consider suicide. As result of having a youth voice at the table, we can create a system that works to meet the needs of those they are serving instead of young people trying to fit into the system. Youth and family are demonstrated as equal partners in creating the system that is supporting them.
Teaching justice involved youth to stop and think ‘in the moment’: Adapting programs to incorporate innovative technology and cultural adaptations

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 478

Dr. Leena Augimeri (Child Development Institute), Ms. Sarah Woods (Child Development Institute), Mrs. Patty Chabbert (University of Nippissing), Mr. Eric Belisle (Child Development Institute), Ms. Margaret Walsh (Child Development Institute)

This workshop looks at an intervention treatment approach adapted from an evidence-based program to reduce conduct and oppositional behavioural problems and contact with the youth criminal justice system. The most recent developments of the treatment approach include program adaptations to meet the differing needs of all justice-involved youth (i.e., culturally safe, gender-specific). This workshop will outline the evaluation results which led to this decision and the best practices implemented to collaboratively work with partners.

In the pilot phase of implementation and evaluation, results indicated the need to develop culturally safe programming to address participant needs. Initial evaluation data shows youth in non-urban/reserve environments are not highly engaged in programming materials. As a result, we partnered with Indigenous communities to enhance the current programming modules to be culturally safe and reflect the needs of Indigenous youth. This workshop will present best practices in partnering and conducting research honouring Indigenous ways of sharing and learning and share newly developed materials that reflect Indigenous ways of knowing and addressing real life scenarios while still incorporating SNAP skills to improve self-control and pro-social strategies.

The treatment approach, SNAP® (Stop Now And Plan), and its key role in the adaptation and development of the SNAP® Youth Justice (SNAP® YJ) model. The SNAP strategy is an evidence-based, cognitive-behavioural, therapeutic strategy, designed to improve emotion regulation, self-control, and problem-solving skills and teaches children, youth and families how to make better choices ‘in the moment’. Digital modules and an interactive response system are designed to engage youth and allow facilitators to assess, through real-time data, an understanding how the youth are engaging and thinking, reducing potential for group contagion. The SNAP YJ program has recently been expanded. CDI is currently developing culturally safe Indigenous and female-specific programming and has enhanced real-time, cloud-based data collection.
In It Together: The experiences of young people and their families as they adjust to life with an eating disorder. Findings from the STEDI study.

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 481

Dr. Lesley O Hara (Saint John of God Research Foundation), Mr. Ivan Sisk (Saint John of God Research Foundation), Dr. Niamh McNamara (Nottingham Trent University), Dr. Cliodhna O Connor (National University of Ireland, Maynooth), Prof. Fiona McNicholas (University College Dublin)

Introduction
In 2006 a report of the Expert Group on Mental Health (MH) Policy in Ireland identified eating disorders (EDs) as a MH category that urgently required community-based MH interventions, improved training for health professionals, and comprehensive health promotion activities. This report also stated that service users and their families should be involved at every level of service provision. To date, much of the literature on eating disorders in adolescence has been informed through research with parents, carers, and clinicians, and the voice of the young person affected by the eating disorder has seldom been heard. Similarly, there has been little acknowledgement of the integral role of parents and carers in gaining access to, and facilitating care for their child. With this in mind, our study, funded by St John of God Research Grants Scheme, aimed to understand young people's experience of living with an eating disorder, and the experience of their parents/carers.

Objectives
Our aim was to gain an understanding of the family's journey with an eating disorder. We sought to highlight the young person's experience from initial onset, through treatment and into recovery whilst also exploring their parents' experience of seeking help, caring for their child through treatment, and managing the disruption of ED to family life.

Methods
In-depth qualitative interviews were conducted with 8 young people affected by EDs and separate interviews were conducted with their parents. The interview data were analysed using a grounded theory approach.

Results
Together with one of our young participants, we will present on the findings from our analysis. Issues of identity are key to understanding a young person's experience of life with EDs as they strive to construct an acceptable version of themselves. The analysis also demonstrate important identity shifts in a parent's adjustment to life with an eating disorder as they gradually realise the seriousness of their child's illness and are forced into the position of carer.

Policy Implications and Conclusion.
Our analysis depicts EDs as a reaction to a life stressor. We recommend that educational interventions focus on developing self-efficacy and positive coping strategies in young people. EDs also have a significant impact on their family. We recommend that this be acknowledged in ED care pathways and that professionals make a concerted effort to include parents and siblings in the treatment plan and ensure that their support needs are also being met.
Headspace Israel: An integrative clinical model providing psychological services focusing on prevention and early intervention

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 502

Dr. Dana Lassri (headspace israel, UCL), Mr. lior bitton (headspace israel), Dr. Meytal Fischer-shofty (headspace israel), Mr. Yigal Maly (headspace israel)

In the last few years there has been a changing climate in Israel’s mental health services given a reform done in its policy since 2015, creating a challenging reality in which only individuals that are reaching the threshold of a psychiatric diagnosis are eligible for psychological treatment. Thus, many young people dealing with varies psychological difficulties no longer have access to psychological services. Moreover, the crucial need to focus on preventing the emergence of mental health diagnoses among young people has been almost fully marginalized from the clinical field. Subsequently, many young people’s needs remain unattained.

Headspace, as a clinical center aiming at intervening in the early stages of psychological difficulties in order to prevent the emergence of severe psychopathological symptoms, is facing the challenges of ensuring a discourse as well as providing services focusing on prevention and early intervention.

We will discuss the implementation of the Australian model in Israel since 2014, and present a new clinical model, integrating both principals of staging in diagnosis (McGorry, 2013), and stepped-care models (Bower & Gilbody, 2005). This is an integrative stepped-care, modular, multi-componential model, based on evidence-based treatments, tailored to meet the specific needs of each individual and their family.
Parents’ experiences of teacher-student relationships and its importance for students’ mental health and well-being

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 511

Dr. Vibeke Krane (University College of Southeast Norway), Dr. Trude Klevan (University College of Southeast Norway)

Introduction
Home and school both serve as significant contexts in the lives of the majority of young people. Teachers and parents are believed to share common goals for adolescents that are achieved most effectively when teachers and parents collaborate. Recent research has found an association between students’ mental health, dropout from upper secondary school and teacher-student relationships (TSR). The TSRs may serve as both a protective and a risk factor for student mental health and dropout. However, although the importance of TSR is recognized, research that explores parents’ understanding of TSR is scarce. This study aimed to obtain parents perspectives of their experiences of TSRs and collaboration with teachers in upper secondary school. We also explored their experiences of qualities and interactions in TSRs concerning students’ mental health and dropout.

Method
A qualitative methodology was chosen as a means of acquiring a deeper understanding of parents’ experiences of TSRs. A competence group of nine key stakeholders: students, teachers, parents, a school nurse and a school psychologist contributed in the planning and design of the research project.
The data were collected in focus groups interviews. Thematic analysis was used to obtain and systemize the participants’ experiences and to explore qualities and interactions in the TSR.

Data
14 parents were recruited as participants by a strategic selection. The participants were interviewed in 2 focus groups. The interviews were recorded and transcribed verbatim.

Results/Conclusion
Schooling is central in young peoples' lives and the TSR is a pivotal process in students' everyday lives. Preliminary findings from the analysis of parents’ experiences of the interplay between TSR, students’ mental health and dropout will be presented at the conference. A deeper understanding of parents’ perspectives of collaboration with teachers and how this can affect students’ lives and well-being will be explored.
Service engagement in first-episode psychosis patients: Do early clinical high-risk symptoms matter?

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 516

Introduction: Reducing the relatively high rates of disengagement from mental health services is a major goal of early intervention for first episode psychosis (FEP) or its clinical high-risk state (CHR). Engagement is a key determinant of outcomes: minimal participation in services, weak therapeutic alliance, non-adherence to medication, absences at appointments, and discontinuation of follow-up can greatly influence care. However, while there has been much investigation of the CHR state, it is unclear whether the experience of sub-threshold (ST) psychotic symptoms prior to a full-blown psychosis influences engagement during treatment for FEP.

Objectives: To compare service engagement in FEP patients with and without early ST psychotic symptoms.

Approach: ST status was determined through detailed retrospective interviews and chart reviews in a catchment-area based sample of 340 FEP patients treated in a 2-year specialized early intervention program in Montréal, Canada. We measured treatment engagement in several ways at baseline and months 6, 12 and 24 of treatment: via disengagement (disengagement rates, time to disengagement); participation in services (Service Engagement Scale; SES); therapeutic alliance (Working Alliance Inventory, WAI); and estimated non-adherence to prescribed medication.

Results: Overall, service engagement was relatively high across all measures, as rated by both patients and clinicians: disengagement rates were 8.8% at month 12 and 20.3% at month 24; mean time to disengagement was 21.6 months; mean total SES scores were 13.8 to 14.7; mean total self-reported WAI scores were 64.1 to 68.2; mean total case-manager rated WAI scores were significantly lower than self-reported scores, from 56.9 to 57.4; and estimated non-adherence to prescribed medication was 16.2% at baseline, 28.9% at month 12, and 25.6% at month 24. There were no significant differences between the ST and non-ST groups with respect to disengagement rates, time-to-disengagement, SES scores, WAI scores, and medication non-adherence.

Conclusions: Our specialized early intervention service for FEP seems to engage patients equally, regardless of whether they did or did not experience ST symptoms prior to their FEP. The implications of this finding for FEP and the CHR state will be discussed.
**Happy or Disgusted – Which Do You See? Emotion Recognition Training to Target Cognitive Bias in Socially Anxious Adolescents**

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 531

**Rationale**

Biases in emotion processing are associated with the maintenance of social anxiety; people who are socially anxious are shown to interpret ambiguous information in a negative way. A bias towards interpreting low intensity, ambiguous facial expression as threatening or disapproving may alter behaviour in people who experience social anxiety, which may in turn elicit negative social interactions that sustain the bias and symptoms. Emotion recognition (ER) training is a novel theory-driven intervention which targets biased emotion processing, by promoting the perception of positive over negative emotions in ambiguous facial expressions. ER training uses an innovative computer training technique in which participants are given feedback designed to promote a favourable shift in their perception of ambiguous facial expressions.

**Objective**

This study aimed to examine the effect of ER training on social anxiety symptoms in a community-based sample of adolescents (15-18 years) scoring above a cut-off indicating clinically significant levels of social anxiety on a self-report measure (Social Phobia and Anxiety Inventory for Children, SPAI-C; Beidel et al., 1998, 2000).

**Method**

255 adolescents (102 male) were screened for social anxiety symptoms using the self-report measure. 92 participants (33 male; mean age = 15.77 years) scoring ≥21 on the SPAI-C participated in the parallel group randomized controlled trial intervention and were assigned to a placebo or ER training group. Participants completed 4 training sessions over consecutive days using a computerised task designed to increase the perception of happiness over disgust in ambiguous facial expressions using a continuum of face stimuli. Pre-, post-, and 2-week follow-up data collection included a measurement of emotion recognition as well as anxiety and depression questionnaires.

**Results**

The ER training group demonstrated a strong shift in the recognition of happiness over disgust in ambiguous facial expressions \(F(2,92) = 74.587, p < .001\). This positive shift in emotion perception was not associated with a change in social anxiety symptoms; however, some evidence of improvement in symptomatology was observed in relation to depression. Those in the intervention group had lower depression symptoms at 2-week follow-up, compared to those in the control group who received the placebo training.

**Conclusion**

The findings of this study provide preliminary evidence that ER training is effective in positively shifting the perception of happiness over disgust for ambiguous facial expressions in socially anxious adolescents, but that this cognitive change is not reflected in self-reported social anxiety symptoms. The reduction in symptoms of depression at 2-week follow-up in the ER training group is noteworthy as symptoms of social anxiety and depression are often highly correlated in youth.
Delineating the Superior Longitudinal Fasciculus to clarify the presence of targeted divergent developmental structural connectivity in adolescents reporting psychotic experiences.

Introduction: Superior Longitudinal Fasciculus (SLF) differences are consistently reported in psychotic disorders. The SLF is a complex large bundle of association white matter fibers that bidirectionally connect caudal, temporal cortex and inferior parietal cortex to locations in the frontal lobe. Advances in tractography methodologies detail four discrete subdivisions (SLF I, II, III and IV, more often referred to as the arcuate fasciculus (AF)). The AF connects two important areas for language, Broca’s area in the inferior frontal gyrus and Wernicke’s area in the posterior superior temporal gyrus and aberrant connectivity of this tract has been previously implicated in the presence of auditory hallucinations with greater hemispheric dominance being seen in the left dominant, speech-relevant areas. Greater specificity of SLF subdivisions may clarify the mechanisms of divergent tract developmental and associated psychotic experience symptomology in population based samples of adolescents within the extended psychosis continuum.

Methods: A case-control sample of 25 adolescents reporting psychotic experiences versus 25 controls (mean age 13.7 years). We employed High Angular Resolution Diffusion Imaging (HARDI) based data with constrained spherical deconvolution (CSD) based fibre tractography to delineate the discrete subdivisions of the SLF including the arcuate fasciculus. Following tract identification, we compared mean tract measures across the entire fibre tracts of standard diffusion metrics, (fractional anisotrophy (FA), and Diffusivity measures MD, AD and RD), to assess white matter structural connectivity differences between adolescents experiencing subclinical auditory hallucinations and those who don’t. We also applied a secondary supportive “along-tract” analysis to ascertain more subtle patterns of variation of tract integrity over the tract length.

Results: Our results agree with recent studies of the SLF I and AF (Fernandes-Miranda et al 2015) revealing a pattern of asymmetry of these tracts with more extensive tract bundles being consistently identified in the left hemiphere compared to the right. Statistical examination of FA, MD, AD and RD failed to identify any significant differences between controls and those experiencing subclinical psychotic symptoms (auditory hallucinations) for mean tract measures. In contrast, along-tract analysis revealed patterns of change in FA, MD, and RD in the left AF.

Conclusions: AF differences could reflect dysfunctional connectivity between frontal and parieto-temporal speech-related areas contributing to the pathogenesis of auditory hallucinations. These results reveal the presence of an aberrant connectivity of the AF in young adolescents with psychotic experiences.
Where there's smoke there's what? Understanding prevalence of smoking rates and desires to quit among young people attending a youth mental health service

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 537

Prof. Eoin Killackey (Orygen, The National Centre of Excellence in Youth Mental Health)

Background: Over the last 30 years there has been a significant reduction in population level smoking rates so that in Australia the population level of daily smokers is now approximately 12%. However there has been no similar reduction in the smoking rates of adults with mental illness. In this population the smoking rates are between 30% and 73% depending on which illness population is being surveyed. There is less known about the rate of cigarette smoking among young people attending primary care mental health services. It is important that we understand smoking among this younger help seeking population because cigarette smoking is highly implicated in the reduced life expectancy of people with mental illness. Greater understanding of smoking rates and attitudes in young people with mental ill health will allow for more targeted supports to quit smoking.

Method: Two peer workers were recruited and provided with training. They then entered waiting rooms at two headspace sites and two public youth mental health service sites in Melbourne, Australia. They recruited young people attending the mental health services to complete an online survey examining smoking habits and attitudes as well as smoking behaviour of family and friends.

Result: The results that will be presented will show the rate of cigarette smoking among a group of young people seeking help at primary and specialist mental health services. Results concerning attitudes about smoking and quitting will also be presented.

Conclusion: Cigarette smoking is becoming a less relevant issue in the general public. However, among people with mental illness rates of smoking continue to be high. Understanding why will be helpful in the battle to reduce the life expectancy gap between the general population and people who experience mental illness.
Pakistan's short history is chequered with violence, division, war and terror. There are very different cultural groups with very traditional practices. Many women experience oppression, rejection and dislocation and in some areas rates of depression and suicide are unacceptable. Nursing too suffers from poor social status and thus the concern for young women, from stressful backgrounds, entering a stigmatised profession is of concern. There are also contradictions for males in nursing, who also experience discrimination yet due to the promise of a career, work overseas, and schools that can't attract women, join nursing despite some rules which allow only 10% of men to commence.

Combining these personal and environmental challenges with the alarming health care challenges of the future suggests that these people need to be strong, resilient and well futureproofed. A curriculum which integrates mindfulness practice, stress management and resilience is one way achieving this. But nursing curricula will need renovation.

This paper presents some of the complex sociocultural issues facing young men and women in nursing in Pakistan and highlights the self esteem, depression and anxieties which confound the already complex sociopolitical agenda facing them. The paper then presents a mindfulness based programme which is being implemented to help these people cope with the complex nature of their profession, and their own lives within the complexities of a developing health care system.
How reliable are the statistics for suicides among young people?

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 555

Dr. Paddy Power (St), Dr. Laura Muresan (St Patrick's University Hospital), Dr. Godwin Udoh (St Patrick's University Hospital)

Introduction
Ireland has the 5th highest rate of suicide among young people in Europe. These figures are partly based on statistics compiled from the coroner's courts around Ireland. However, a finding of suicide is a complex task. Evidence is frequently circumstantial or absent. For a legal determination, a coroner must find that the death was unnatural, self-inflicted, death was intended, that the person understood that their actions would be fatal. This study looks at the relative influence of these factors in the statistics for suicide in young people.

Method
Data were collected from records of coroners' hearings of all self-inflicted deaths in Dublin during a 2½ year period. A sub-sample was selected of all cases of young people dying before the age of 26. Data included details of their demographics, the circumstances of their deaths, psychiatric history, and coroner's verdict. Deaths were graded according to whether there was evidence that the person's death was self-inflicted, death was intended, and that they understood that their actions would be fatal.

Results
A total of 282 cases of suspected self-inflicted deaths were heard by the coroner's court during the 2½ period. Forty-five of these cases were under 26 years of age at the time of their death. Twenty-six cases met the study criteria for suicide (intentional self-inflicted death). Their mean age was 21.3 (sd=5.2, range 15 – 25), 77% were male, 15% were born overseas, all were unmarried, but 6 were living with partners and 3 had kids. Only one person was living alone. 27% were employed, 23% were students, and the rest were unemployed. The vast majority (81%) died by hanging and 35% left a suicide note. Despite this, only 54% of coroners hearings made a determination of suicide.

30% of these 26 cases had a documented history of mental illness with 2/3 had been in contact with mental health services. Depression was the most common condition and one was acutely psychotic at the time of death. Two were inpatients and another two were outpatients. The rest had disengaged or been discharged from mental health services.

When the 26 suicide cases were compared with the 19 cases of self-inflicted death without evidence of suicide intent, no differences were found in their demographics or rates of mental illness. However, the suicide group were more likely to have attempted suicide before. Causes and location of death also differed.

Conclusions
A determination of suicide is only made in just over half of cases presented to the coroner. Evidence is often circumstantial and even if suicide is highly likely it is not possible to confirm. This has a major bearing on the youth suicide in Ireland.
The ISPCC, as Ireland's leading Child Protection Organisation has been working in the area of youth mental health for a number of years by providing tailor made services aimed at supporting young people experiencing emotional difficulties. The overall objective of our work with young people and their families is to build psychological resilience by increasing the ability of the young person to cope with the difficulties that affect their lives.

While life has improved for many across Ireland in recent years the social fabric of rural Ireland has been undermined leading to an increase in isolation, loneliness and suicide. In a 2012 study by Teagasc and UCD, researchers found that mental illness, economic difficulty and a male tendency to deny problems or refuse to seek help were contributing factors to the high level of suicide amongst young men in rural areas.

Many of the challenges facing young people in Ireland today are exacerbated in rural areas. The specific obstacles that rural areas around the country are facing include: Unemployment and poverty, lack of health and mental health services, lack of access to and affordability of services, inadequate funding and high caseloads for Social Workers.

We know that early intervention and prevention has been shown internationally as the best and most productive way to support young people with emotional and behavioural difficulties. The longer the waiting time for any intervention, the less opportunity for long term impact.

Our presentation will demonstrate the benefits of a targeted “hub and spoke” model of service delivery in identified rural areas whereby the ISPCC utilises its existing structure within major regional centres (hubs) to operate in rural communities (spokes). It will focus on how our Childhood Support Service and Mentoring Support service can bridge the gap for many children, young people and their families who are experience Mental Health difficulties. The project not only focuses on the young people identified with the greatest need but also encompasses their family as part of a wrap-around service to be able to best address and support any “hidden concern” issues and develop positive and measurable levels of change.
Clinical practice and challenges in youth mental health day care center “IL BOSCO” in Japan

Tomoyuki Funatogawa (Department of Neuropsychiatry, Toho University Faculty of Medicine), Prof. Masafumi Mizuno (Department of Neuropsychiatry, Toho University Faculty of Medicine), Ms. Yuki Tanaka (Department of Neuropsychiatry, Toho University Faculty of Medicine), Dr. Takahiro Nemoto (Department of Neuropsychiatry, Toho University Faculty of Medicine)

There are several leading centers for early intervention in youth mental health in Japan. Most of them are driven by university departments of psychiatry with respect to both research and clinical activities. The “Il Bosco” is a representative early intervention day care facility for young people in Japan. Il Bosco was founded in May 2007 at the Toho University Omori Medical Center in Tokyo targeting the recovery of the young people suffering from at-risk mental state or first-episode psychosis. The unit runs based on an optimal treatment project (OTP) by Falloon et al. (2004) that employs an integrated multi-disciplinary team approach and utilizes the cognitive remediation-oriented method advocated. The service model includes early detection and intervention, repeated assessment, and psychoeducation. Treatment strategies consist of optimal pharmacotherapy based on atypical neuroleptics, cognitive function training, cognitive behavioral therapy, and job coaching as part of the final treatment program. The cognitive training program mainly targets divergent thinking deficits, since interventions for divergent thinking have been previously found to improve negative symptoms and social functioning significantly in patients with schizophrenia (Nemoto et al., 2009). Patients with schizophrenia tended to have low intrinsic motivation which was a determinant of social functioning. Divergent thinking was associated with intrinsic motivation and spontaneity (Tobe et al., 2016), so development of treatments for enhancing intrinsic motivation would be essential for functional recovery also in young patients with early stages of psychosis. Since the opening, 229 participated in the “Il Bosco”. Participants mean age was 21.2±3.8 years, and the mean value of the Global Assessment of Functioning (GAF) score at base line was 49.4±10.1. About 80% of the patients have improved through participation in a rehabilitation program, and enabled them to get a new job, return to their former workplace or school. We introduce the practice at the “Il Bosco” and consider future prospects in Japanese clinical situations.
Future proofing wellbeing: A longitudinal evaluation of a mindfulness and positive psychology intervention with children in an Irish school.

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 584

Mrs. Tara Killen (University of East London)

Introduction
A school based mindful awareness and positive psychology program was assessed over a 12-month period in a waitlist control study of 99 children aged between 7-12 years in an Irish school.

Objectives
The objectives were to evaluate whether the program would have a positive impact on certain domains of well-being, and whether any potential gains in wellbeing would persist over time.

Methods
The program was delivered for 20 minutes, twice per week, for 6 weeks by an outside facilitator. Children were asked to complete self-report questionnaires at 3 timepoints; before the intervention, immediately post intervention, and 12 months following the intervention. Parents and guardians were asked to complete measures at the same 3 timepoints.

Results
Data is still being collated and analysed, however preliminary results show statistically significant improvements in the acceptance and mindfulness domains p<.022 and in parent-reported measures of child empathy p<.021.

Conclusion
Initial findings indicate that a within-schools positive psychology and mindfulness program may have a positive effect on protective factors of positive mental health in children. Further results will be discussed and recommendations and implications for practice and policy will be offered during the presentation, when all findings are concluded.
FOUNDRY BC – Getting there from here

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 590

Dr. Oluseyi Oyedele (Foundry BC), Dr. Steve Mathias (Foundry BC), Dr. Karen Tee (Foundry BC), Ms. Pamela Liversridge (Foundry BC), Dr. Warren Helfrich (Foundry BC), Ms. Leah Lockhart (Foundry BC), Ms. Sarah Irving (Foundry BC), Dr. Amy Salmon (School of Population and Public Health, University of British Columbia), Ms. Krista Gerty (Foundry BC)

Introduction
Foundry brings health and social services together in a single place to make it easier for young people to find the care, connection and support they need. Forging a new, province-wide culture of care through the development of a network of centres and e-health services, Foundry is co-created with health and social service partners, young people and families in communities across BC. This work requires an unprecedented level of cooperation across sectors which have often worked in siloes and with sometimes with conflicting mandates, values, and processes.

Objectives
- Bring together multi-sector partners Provincially and in local communities to create fully integrated youth and family-friendly service centres
- Create a brand Identity for the initiative
- Document and measure outcomes

Methods
- Supported by a unique partnership between private foundations and Provincial Government Ministries, local communities brought together youth, families and a broad range of partners in a convening process that resulted in proposals to create 13 youth and family-driven service centers across BC.
- Through a series of robust engagement with youth, families and partners an in-depth branding process was undertaken which led to our transformation from British Columbia Integrated Youth Services Initiative (BC-IYSI) to Foundry BC at the end of 2016.
- Working with the evaluation team through a series of Theory of Change exercises mapped out the pathways to change that articulates how the intended outcomes are expected to occur and measured in real time and on an ongoing basis

Results
- Five integrated youth and family centres are currently being built a, guided by a common clinical and service delivery model.
- A brand story that articulates the Foundry Brand DNA and how foundry is doing things differently by:
  - changing the culture of care and empowering young people to have agency in their own wellness
  - appeals to and offers a unique, consistent experience for every young person accessing the services
  - Improves care pathways through individualized, integrated services.
  - Guided by shared values
  - Implementing a robust evaluation process including developmental, process and outcome approaches
Conclusion

Foundry has achieved success in bringing together a diverse array of health and human service partners in communities to deliver integrated services. The Foundry branding aims to destigmatize mental health services and therefore increase help seeking among youth through these centres. We have built a robust evaluation process to ensure we can adequately measure, document, learn and share the program findings.
To develop a stressful life events scale based on the KSADS-PL interview and test it, using the association between stress and the development lifetime hallucinations and delusions as an example.

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**Introduction & Rationale**

The relationship between adverse or stressful childhood events and the increased risk of psychiatric disorders has been well documented, with childhood trauma being recognised as a significant risk factor for subclinical psychotic experiences and schizophrenia.

For our undergraduate medicine research project, we joined the ongoing Adolescent Brain Development (ABD) Study, which examines the prevalence of mental disorders of in a cohort of 212 Irish 11-13 year old adolescents from 16 primary schools in County Kildare and North County Dublin. (1,2) Data for the ABD Study is collected using the K-SADS-PL, a semi-structured research and diagnostic interview designed to assess current/past episodes of psychopathology in children/adolescents, in particular psychotic and affective disorders. (3)

There was a need for a standardized way to quantify stressful life events using the information in these interviews.

**Objectives**

The aim of our project was to develop a stress scale specific to the K-SADS-PL interview that could be used to quantify childhood stressors recorded. We then wanted to preliminarily test this scale by analysing the data to see if the findings were in line with the literature, using lifetime hallucinations and delusions as the mental health outcome to be tested.

**Methods**

We assessed the information recorded in the KSADS-PL, and in conjunction with the ABD Study research team, decided the categories of stressful life events that should be included, and the inclusion/exclusion criteria for each.

We used a coding system for quantifying stressors. Stressors were coded as present or absent, with the exception of deaths, which were counted.

Using SPSS, we carried out descriptive statistical analysis producing preliminary results.

**Results**

Based on these preliminary results, it is plausible that a higher stress score using our scale is associated with a higher lifetime development of hallucinations and delusions. Experiences of victimisation (sexual abuse, physical abuse, bullying and violent crime) were the stressors that showed the strongest relationship with incidences of lifetime psychotic experiences.

**Implications and Conclusion**

Given that the KSADS-PL is an internationally used interview questionnaire, a tool that aids standardized analysis of data collected using it could allow for research involving larger cohorts of participants from multiple research centres worldwide. The scale that we have devised is aimed at identifying early life stressors that may impact on future mental health outcomes, and by identifying these, it could allow for early intervention and prevention.

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Melody of My Life: Creating Highly Relevant Training Material to Better Youth Mental Health Literacy

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 596

Ms. Yi Ping Lee (Institute of Mental Health/Community Health Assessment Team)

Distressed young people prefer to talk to informal sources such as friends and family instead of seeking professional help. Peer influence is an important leverage to facilitate early help-seeking behavior for mental health concerns by distressed young people.

As a national youth mental health-focused outreach and assessment service in Singapore, the Community Health Assessment Team (CHAT) recognizes the potential of leveraging on peer influence. Since 2012, CHAT has been delivering youth mental health peer helping training to young people ages 16 to 30. To ensure learning is fun, active and has high relevance for our participants, CHAT’s training has shifted from a didactic approach to one that facilitates experiential learning. This abstract describes an experiential learning activity designed to train young people to pick up mental health distress in peers.

This learning activity utilizes a case study to facilitate participants’ learning on identifying mental health distress in peers. The protagonist in the case study is a 19 year old female student named Eva. Participants were tasked to decide if Eva displays mental health distress that warrant further support and help. Instead of distributing a handout of Eva’s story to participants and task them to engage in group discussion and presentation, participants were shown samples of Eva’s phone messaging conversation with friends and peers and access to Eva’s personal Tumblr blog (http://evatanmusic-blog.tumblr.com/) which details her personal experience of her life stressors and “unusual” mental health experiences. Participants were tasked to read Eva’s Tumblr blog and text messages individually without prior discussion with other participants. At the end of the activity, participants were asked to form two distinct groups of “Yes, Eva has mental health distress” and “No, Eva has no mental health distress”. Participants then engaged in a debate over Eva’s mental health. Learning is facilitated by the CHAT trainer, who subsequently debriefs participants about Eva’s mental health from the perspective of healthcare professionals.

Throughout the 45 minutes long activity, participants were observed to be fully engaged. They reported enjoyment in this learning activity as it was “an interesting way of learning” identification of mental health distress in peers. As young people rely heavily on text messages and social media to communicate with each other, participants reported that the incorporation of such mediums in the activity helped them feel more confident and aware of what to look out for as early signs of mental health distress in friends/peers who may have turned to social media as a way of expressing and hinting their distress instead of directly seeking help from friends. Participants’ positive feedback is a testament to the success of utilizing an experiential learning approach to train young people on mental health related topics. It affirms our continuous efforts to review and develop better training materials to entice and enhance young people’s learning journey towards better youth mental health literacy.
Sexual functioning and experiences in young people affected by mental health disorders

The majority of mental health disorders have their onset in late adolescence and early adulthood and this time coincides with important stages of sexual development. Although sexual dysfunction is highly prevalent among people with mental health disorders, little is known about this topic among youth. This study aimed to evaluate the sexual functioning and subjective experiences of sex in young people aged between 15 and 26 years old attending a youth mental health service. 103 participants were assessed with the Sexual Health Questionnaire, Sexual Functioning Questionnaire, Brief Psychiatric Rating Scale, Scale for the Assessment of Negative Symptoms and the Medication Adherence Rating Scale. There were 43 males, 52 females and 8 transgender and gender diverse participants with a range of mental health disorders. Eighty (77.7%) had experiences consensual sexual intercourse. Ninety-nine (95.8%) endorsed at least one item of sexual dysfunction and clinical sexual dysfunction was present in thirty-seven (38.9%) cases. Sexual dysfunction was associated with greater severity of general psychopathology, negative symptoms, antipsychotic medication use, lower antipsychotic medication adherence, and negative subjective experiences around sex. Addressing sexual dysfunction in young people could lead to both an improvement in quality of life and potentially an improvement in adherence to treatment.
The effect of childhood psychotic experiences on adolescent global functioning

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 608

Mr. Donal Campbell (Royal College of Surgeons), Mr. Colm Healy (Department of Psychiatry, Royal College of Surgeons in Ireland, 123 St Stephen's Green, Dublin 2), Prof. Mary Cannon (Royal College of Surgeons)

**Background:** Psychotic experiences (PEs) are relatively common in childhood and early adolescence, and are present in 17% of children aged nine to twelve. Research suggests that young people who have PEs are at increased risk of psychopathology later in life, despite PEs being transient in 78.7% of cases. However, it is still uncertain whether transient PEs have a persistent impact on global functioning.

**Aim:** To investigate whether early transient PEs are associated with poorer global functioning throughout adolescence.

**Method:** Forty adolescents (with a gender ratio of 1:1) completed a clinical interview at the mean ages of twelve, sixteen, and nineteen, and were scored on the Global Assessment of Functioning (GAF) scale at each interval. The GAF scores of those with a history of PEs at T1 (n=22) were compared to those without (n=18), to establish whether PEs were associated with persistently poor global functioning. Following this, the GAF scores of those whose PEs had remitted by T2 were compared with those of participants with persistent PEs.

**Results:** The analysis revealed that participants who had reported PEs during early adolescence consistently received significantly lower GAF scores (m=73.38) than those who had not (m=87.5; p<.05), regardless of whether their PEs had persisted. Simple effects analysis indicated that poor global functioning persisted through to early adulthood (i.e. across all three time-points; p<.05).

**Conclusion:** The analysis provides longitudinal evidence that the presentation of PEs is associated with persistent poor global functioning throughout adolescence, even when the phenomena are transient. Childhood PEs are an excellent prognostic marker for future functioning, and providing targeted early intervention for these individuals may reduce the likelihood of developing a significant clinical disorder later in life.
Tower Hamlets Early Detection Service (THEDS): Use of secondary mental health services 5 years after discharge

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 610

Dr. Silvia Murguia-Asensio (East London Foundation Trust), Dr. Doug Milner-White (East London Foundation Trust), Mr. Toby Nathan (East London Foundation Trust), Dr. Edward O’donnell (East London Foundation Trust), Ms. Shahnaj Begum (East London Foundation Trust), Ms. Clare Brunst (East London Foundation Trust)

Introduction:
Great efforts are now being deployed in promoting young people’s mental health. Unfortunately little is known of the benefits of early detection and intervention of the wider spectrum of mental disorders outside of psychosis. Reduction of long term use of mental health services could be considered a desirable outcome measure of any preventive intervention. This evaluation follows up the young people referred to Tower Hamlets Early Detection Service (THEDS) in order to assess the natural progress of the mental health of those who were not at risk of psychosis (no intervention), those who were at risk but did not engage (partial intervention) and those who were at risk and engaged but did not transition (full intervention).

Objectives:
To evaluate the impact of THEDS intervention on future use of secondary mental health services.

Methods:
Descriptive analysis of anonymized data of the young people assessed by THEDS during 32 months, using STATA 13.1.

Results:
Five years after discharge, 46.7% of those who were not at risk of psychosis but were seeking help, ended up under the care secondary mental health services. 45.8% of those who did not engage on assessment, were in contact with secondary mental health. Of those who were at risk but disengaged before the 2 yrs intervention, 43% needed further secondary care input. Of those who were at risk, engaged and did not transition, 36.4% needed further secondary care.

Conclusion:
This service evaluation adds to the wider work on finding evidence of the benefits of the early detection and timely intervention of mental health difficulties among young people. The evaluation suggests longer term benefits of targeted interventions on later use of secondary mental health services. Further research and bigger samples are needed to continue building a body of evidence.
DETERMINANTS OF MENTAL HEALTH IN YOUTH IMMIGRANTS LIVING IN JAPAN

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 611

Dr. FRANCIA IVONNE CAMPOS CHINCHILLA (International Division Coordinator, Community Support Center - Family Medicine Center, HAIBARA GENERAL HOSPITAL)

Introduction:
International migration has been intensifying in the recent years, with many people moving due to different reasons (conflict, humanitarian, political, economic, environmental, etc.). The impact of the relocation process on the youth immigrants health has been discussed in some Countries and has even motivated the development of some agreements and policies at a regional and international level, however, it does not seem to be sufficient, especially when addressing youth mental health. In the last decade, immigration has been also increasing in Japan and a proper understanding and recognition of youth immigrant needs would help to improve the support from the government and from the education and health systems.

Objective: At the end of the presentation, participants would be able to recognize the different variables of immigration to Japan that affect mental health of youth in immigrant communities.

Methods: This is a qualitative study combining both individual and ecological approaches, including 145 foreign Spanish, Portuguese and English speaking youth and their families who were patients or attended community health talks at a local hospital between April 2013 - January 2017, and were living in one of the 9 municipalities surrounding the institution. Information was collected by a foreign physician, during medical consultations or after the community talks, through PHQ-15, PHQ-9, GAD-7 screeners and/or 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 youth immigrants and their families living in Japan.

Conclusions: Youth immigrants face multiple pitfalls, on different fronts, during the process of adapting 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, youth immigrants experience several difficulties in finding adequate health care and this situation is more complicated when it comes to mental health.
IMPACT OF ACCULTURATION, ASSIMILATION AND CULTURAL RETENTION IN MENTAL HEALTH OF YOUTH IMMIGRANTS IN JAPAN

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 612

Dr. FRANCIA IVONNE CAMPOS CHINCHILLA (International Division Coordinator, Community Support Center - Family Medicine Center, HAIBARA GENERAL HOSPITAL)

Introduction: Cultural identity, acculturation and assimilation affect immigrant populations at a different degree, depending on their origin, background and the social structure of the host country, among others. Acculturation and assimilation had been associated with both positive and negative health-related behaviors and health outcomes in immigrants and refugees who had moved to developed Countries. The degree to which cultural identity, acculturation, assimilation and cultural-language retention may affect the mental health of youth immigrant populations has been barely discussed in Japan.

Objective: At the end of this presentation, the participants would be able to understand how cultural identity as well as the degree of acculturation and assimilation modify the ability to properly integrate into the Japanese society, how this process may affect mental health and why cultural and language retention could play a protective role.

Methods: This is a qualitative study combining both individual and ecological approaches, including 145 foreign Spanish, Portuguese and English speaking youth and their families who were patients or attended community health talks at a local hospital between April 2013 - January 2017, and were living in one of the 9 municipalities surrounding the institution. Information was collected by a foreign physician, during medical consultations or after the community talks, through PHQ-15, PHQ-9, GAD-7 screeners and/or face to face interviews.

Results: The degree and process of acculturation, assimilation and cultural retention differs among and within ethnic groups. Cultural and language retention appear to be a protective factor for mental health and the degree of interference with the learning process of a new language seems to be very low, specially for young immigrants who have been 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, thus awareness as well as 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.
Is reduced white matter integrity in the inferior fronto-occipital fasciculus (IFOF) associated with sub-clinical psychotic-like experiences?: A Diffusion Weighted Imaging and Clinical Interview Study

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 613

Mr. Daniel Creegan (Royal College of Surgeons), Dr. Erik O Hanlon (Royal College of Surgeons), Ms. Helen Coughlan (Royal College of Surgeons), Dr. Francesco Amico (Royal College of Surgeons), Dr. Niamh Higgins (Royal College of Surgeons), Dr. Mary Clarke (Royal College of Surgeons), Dr. Lucy Power (Royal College of Surgeons), Dr. Emmet Power (Royal College of Surgeons), Dr. Mark Heneghan (Royal College of Surgeons), Dr. Jessica Ryan (Royal College of Surgeons), Prof. Mary Cannon (Royal College of Surgeons)

Introduction:
This study aimed to examine the changes in white matter integrity in the inferior fronto-occipital fasciculus (IFOF) in young people categorised as At-Risk for schizophrenia compared to matched controls.

Methods:
23 At-Risk adolescents and 23 controls matched for age, gender and handedness were selected from the Adolescent Brain Development Study. Risk for Schizophrenia had been determined using the K-SADS screening instrument (1) during a clinical interview conducted by trained psychologists. All subjects underwent a diffusion-weighted MRI scan. Explore DTI was used to report measures of Fractional Anisotropy across the IFOF using Constrained Spherical Deconvolution (CSD) based methods.

Ethical approval was granted by The Medical Research Ethics Committee of Beaumont Hospital.

Results:
No significant difference was found between the two groups on statistical analysis of FA measures.

Conclusions
The study was limited by the small sample size but suggests that at this stage in development a pre-clinical population of adolescents categorised as At-Risk for Schizophrenia does not exhibit reduced white matter integrity in the IFOF.

References:
Future-proofing communities: A collaborative, community led approach to mental health promotion

Mr. Ciaran McLoone (Connect Mental Health)

Ireland’s suicide prevention strategy 2015 - 2020, Connecting for Life, identifies the need for grass roots community based initiatives to be undertaken to improve mental health in communities. Connect Mental Health was founded as a non-profit organisation in January 2015, by a core group of volunteers, to raise awareness of mental health issues and improve access to, and awareness of, mental health services in the south Donegal area.

Connect Mental Health employs a ‘whole population’ approach that through events, workshops and digital media aims to:

- Improve the understanding of suicidal behaviour, mental health and wellbeing and associated protective and risk factors
- Increase awareness of available mental health services

Connect Mental Health has developed a collaborative approach that fosters participation and communication between state bodies, charities, community groups, schools, youth groups and an advisory youth council.

Findings from mental health promotion campaigns internationally highlight that the most effective mental health campaigns include social contact events as well as providing information and education resources.

The collaborative approach by Connect Mental Health has resulted in the development of an annual programme of initiatives for young people in the south Donegal community including a Youth Mental Health Conference, In-school workshops & events and a stress control programme. The whole community approach also includes workshops for parents, guardians, teachers and others who work supporting young people.
HOW TO OVERCOME BARRIERS WHEN ADDRESSING MENTAL HEALTH OF YOUTH IN IMMIGRANT POPULATIONS LIVING IN JAPAN

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 616

Dr. FRANCIA IVONNE CAMPOS CHINCHILLA (International Division Coordinator, Community Support Center - Family Medicine Center, HAIBARA GENERAL HOSPITAL)

Introduction: The demographic changes of Japanese population show that almost 2.0% of the total population are immigrants with long term resident status (20% of them 12 to 25 y/o, with a women:male proportion of 1:1) increasing in number every year and becoming an important part of the Japanese society and, from the age of 20, a strong working and economic force contributing to reshape the society in different ways. This situation require adjustments of the existing services, targeting immigrant needs more directly including cooperation among different stakeholders at all levels.

Objective: At the end of the presentation, participants would be able to recognize different strategies to overcome barriers that challenge the mental health of immigrants and to identify alternatives for addressing different issues and improve their integration to the society.

Methods: This is a qualitative study combining both individual and ecological approaches, including 145 foreign Spanish, Portuguese and English speaking youth and their families who were patients or attended community health talks at a local hospital between April 2013 - January 2017, and were living in one of the nine municipalities surrounding the institution. Information was collected by a foreign physician, during medical consultations or after the community talks, through PHQ-15, PHQ-9, GAD-7 screeners and/or face to face interviews.

Results: Addressing language, cultural and social barriers through translation/interpretation, families and community education as well as training of primary care providers increased the awareness and mutual understanding, reduced discrimination, improved the quality of the health services and helped youth immigrants to regain their self-confidence, enhancing their ability to assertively face the challenges of daily life in Japan.

Conclusions: Youth immigrants in Japan constitute a very vulnerable population that requires special and adequate support from the education, health, government and social stakeholders. Currently many of them are increasingly deciding to reside permanently in Japan and considering the negative yearly growth rate (0.2%) of the Japanese population and the high proportion of older people, youth immigrants constitute a valuable seed, full of potential to reshape the Japanese population and the economy of the Country. Reinforcing health worker's skills related to communication, awareness, cultural competence, advocacy, patient's centered care and community engagement could strengthen the process toward a multicultural Country. On the other hand, strengthening youth immigrant's access to 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.
Mood disorders and the psychoses receive significant attention in youth mental health research and service provision, but some other common, and less common conditions receive far less attention, despite their significant relative burdens.

This presentation will explore data from Australian and Irish contexts on research funding, publications, and resource and service provision by the psychological conditions they relate to. It will consider the quality-adjusted life years of these conditions in the respective populations, and compare how the amount and quality of research and services relate to these burdens.

The processes and factors that influence research and service provision will be explored, as well as the challenges of measurement, and some alternative methods of measurement will be considered, such as by using traits, functional life areas, and therapeutic tools.

Conditions that are under and over-represented in research and services will be presented, and suggestions will be made on how more diverse and equitable representation can be achieved.
Treating Emotional Dysregulation as a Transdiagnostic Precursor to Psychiatric Disorders in an Early Intervention Service

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 622

Dr. Juliana Tobon (St. Joseph’s Healthcare Hamilton), Dr. Robert Zipursky (St. Joseph’s Healthcare Hamilton and McMaster University), Dr. David Streiner (McMaster University), Dr. Peter Bieling (St. Joseph’s Healthcare Hamilton), Ms. Lisa Jeffs (St. Joseph’s Healthcare Hamilton), Dr. Lisa Burckell (St. Joseph’s Healthcare Hamilton), Dr. Allison Ouimet (University of Ottawa)

The goal of this study is to investigate the efficacy of a transdiagnostic intervention, Emotional Regulation Group Skills Training (ERG ST), based on Dialectical Behaviour Therapy Skills Training (DBT ST) for youth presenting with emerging mental disorders. ERG ST, which has shown promise with high-risk youth presenting with a range of concerns, targets the emotional dysregulation common across disorders and may be of value as an early stage treatment for youth with mild to moderate symptoms and functional decline.

The rationale for the use of ERG ST with early stage youth rests with evidence linking emotional dysregulation to the development of various forms of psychopathology. While DBT has demonstrated effectiveness with diagnostically diverse, high-risk populations of adults and adolescents, implementation of Standard DBT (i.e., group, individual, coaching, and consultation team) can be highly resource-intensive. The manualized skills group is a reduced model that has great potential to serve as an intervention for youth with early stage psychiatric presentations. Evidence of the effectiveness of DBT ST, which is less resource-intensive and easily delivered in a group format, would promote increased access to mental health services for the population that historically has the worst access to service.

Methods
Participants are from the Youth Wellness Centre, which targets youth experiencing emerging mental health difficulties, as well as McMaster University’s Student Wellness Centre. Study inclusion criteria are: 1) ages 16-25; 2) English literacy; and 3) emotional dysregulation as identified by referring clinician or self. Exclusion criteria are: diagnosis of borderline personality disorder, anorexia nervosa or bulimia nervosa, posttraumatic stress disorder (current), moderate to severe depression (current); bipolar disorder and related disorders; schizophrenia and other psychotic disorders; moderate to severe self-harm behavior within past year; hospital admission for mental health concerns within last 6 months; and developmental or cognitive limitations that would interfere with group participation.

The 12-week DBT ST consists of weekly two-hour sessions with 8-12 youth per group.

Results
A total of 32 youth have completed pre-post measures. Preliminary analyses examined changes in youth distress (Kessler Psychological Distress Scale; K-10), emotion regulation (Difficulties in Emotion Regulation Scale), and anxiety (GAD-7) and depression (Patient Health Questionnaire; PHQ), as well as in coping skills (DBT-Ways of Coping Checklist). Overall, there were significant reductions in distress [M=4.53, SD=7.25, t(31)=3.54, p<.01, d=0.63], emotion dysregulation [M=20.34, SD=21.89, t(31)=3.54, p<.001, d=0.93], and depression [M=5.61, SD=5.05, t(27)=5.88, p<.001, d=1.11], and significant increases in coping skills [M=-.29, SD=.43, t(31)=-3.82, p<.001, d=0.68] post-treatment. Reductions in anxiety were not statistically significant.

Discussion
Although preliminary, ERG ST is a promising intervention that produces medium to large effects in reducing symptoms of psychological distress, emotional dysregulation and depression, while increasing coping skills in youth at earlier stages of psychological disorder. The development of an effective early stage intervention that can be widely disseminated will increase system capacity for youth-centred care and may ultimately prevent unnecessary costs to the health system through untreated illness, which includes use of emergency services.
inpatient units, and costs to the social system as a result of disability and mortality.
It is well recognised that 75% of mental health problems emerge in adolescence and early adulthood with difficulties developing throughout childhood. There are well recognised problems with accessing timely, early support, transition between and young person friendliness of services.

Liverpool is a City in North West England with high levels of need and complexity, which has developed an innovative partnership model between young people's services, including commissioning from both statutory NHS and third sector organisations. However challenges around easy, early access, capacity, transitions between services and age appropriateness remained a challenge.

Consultation took place, commissioned by local NHS commissioners, with Young People, Services and stakeholders, alongside review of the evidence base to look at new models of care.

A successful hub model had been developed YPAS – Young Persons Advisory Service, working with children, families and young People from 5-25 years. Additional funding was secured to develop and expand to 3 hubs in the heart of communities across the city, referred to as “YPAS plus”.

The hubs provide a range of services and links to health, education, and social care; supporting the mental health and emotional wellbeing needs of the community.

YPAS plus provides support services, counselling and psychotherapy, plus enables other organisations to provide services in one location, so reducing transition points in the system and easing access.

The hubs support services offer daily drop in access for different age groups (12-16 and 16-25), plus Information Advice and Guidance workers to help with practical issues and care navigation, often reducing stressors for young people, so preventing need for other interventions.

Therapeutic service provision is for counselling and a range of psychotherapy including CBT and Family Therapy, individual or group.

In addition a number of more specialised projects have developed. GP Champs offers young person friendly access to a family doctor weekly. GYRO offers a weekly LGBT+ groups.

The hubs are forming a base in the hearts of communities for other services e.g. addictions support and social care Early Help Teams to base themselves.

They are also allowing development of partnerships between organisations, particularly those working with young adults to look at more youth friendly models of working. Consultation has developed for complex cases with local CAMHS and adult mental health services.

The next step is development of age appropriate secondary care provision to enable step up for those with more complex needs to age appropriate support.
**CASPAR: Assessment of innovative new Youth Mental Health program**

**Background:** The Comprehensive Assessment Service for Psychosis and At Risk (CASPAR) is a service enhancement program provided by South Eastern Sydney Local Health District (SESLHD) that aims to improve access to specialist care for young people with emerging major mental illness. This team aims to provide enhanced integration between headspace centres and existing youth community mental health teams. The aim of this presentation is to detail the design and implementation of the new integrated service as well as characteristics of the young people who have been seen by CASPAR over the first six months of the program.

**Methods:** Entry Criteria for CASPAR are as follows: aged between 12 – 25 years, living within catchment area of SESLHD or attending one of 3 headspace centres, identified with potential early psychosis, ultra-high risk (UHR) for psychosis or at ultra-high risk of developing major mental disorder. Screening is conducted using the Psychosis Questionnaire 16 (PQ-16), as well as clinical assessment including the Comprehensive Assessment of At Risk Mental State (CAARMS) if indicated. Data on demographics, symptoms at presentation, key psychopathology, and pathways of care will be collected.

**Results:** Data collected over the first six-months on all presentations assessed by CASPAR will be presented. The presentation will detail the proportion of clients who screened positive for UHR or emerging psychosis, and other emerging severe mental illness. It will summarise the demographics, clinical characteristics, and nature and severity of psychopathology in this young population. Preliminary data on the nature of interventions provided by CASPAR, and pathways of care accessed by CASPAR clients, will also be presented.

**Conclusion:** CASPAR is a new innovative youth health program that aims to provide young people with specialist assessment of, and early intervention for, emerging mental health difficulties. This project will provide useful insights into the health needs of the target population of young people with emerging major mental illness. It will also highlight issues and challenges in establishing a new service delivery model integrated with headspace centres, which are primary care settings. Implications for future service enhancement and developments will be discussed.
Why is life so hard? Acute Psychiatric Presentations in a Children’s Hospital

Dr. Claire Kehoe (UCD), Prof. Fiona McNicholas (University College Dublin)

Aim:
To examine psychosocial stressors described by young people presenting acutely to a paediatric hospital with psychiatric complaints and reviewed by the Paediatric Consultation Liaison Psychiatry Services (PCLS).

Background:
Although 70% of children in the Irish Health Behaviour in School-aged Children reported high life satisfaction, young people presenting acutely to the Emergency Department (ED) with psychiatry complaints often described psychosocial stressors (PS) which could originate from home, school, be relational or individual. This audit examines the psychosocial problems reported by young patients reviewed by PCLS.

Method:
The clinical and sociodemographic data of a cohort of 75 young patients presenting through ED, with psychiatric complaints was collected from July to December 2016, focusing on the DSMV Axis IV psychosocial information. Data relating to home, school, interpersonal and individual issues, self-harm and suicidal ideation was analysed following admission, management, and discharge criteria.

Results:
Most patients reported some psychosocial stressors (79% 59/75) which were present in slightly more girls than boys (83% vs 73%), slightly younger patients (mean age 13 years, N=59) and presenting to ED slightly more during the day (57% 34/59). 78% (49/63) of children with stressors had mental health DSMV axis 1 diagnoses, 74% (37/50) with mood/anxiety and 100% with eating disorders (4/4). 84% of patients with stressors were already known to mental health services (41/49). Young patients admitted to the paediatric hospital had fewer stressors compared to not admitted (76% 41/54 vs 86% 18/21). 76% of children discharged to CMAHS outpatient or day hospital had stressors (39/51) as did 71% of children discharged to an inpatient unit (5/7). 100% of patients who did not need a subsequent psychiatry referral had psychosocial stressors (10/10). A little over half of children with stressors had suicidal ideation (51% 30/59) but most did not self-harm (64% 38/59).
Stressors categories were spread between home, school, interpersonal, and individual issues. 80% of children had stressors at home (47/59), 46% at school (27/59), 15% interpersonal (9/59) and 22% individual (13/59). 60% had both home and school stressors.

Conclusion:
In the second part of 2016, most patients presenting through ED and reviewed by PCLS had psychosocial stressors. Most had DSMV axis 1 diagnoses. Most had some suicidal ideation but no self-harm. Stressors were mostly at home, fewer had stressors at school, few had interpersonal or individual issues. This study indicated that young patients have a high level of stressors which might be alleviated by appropriate psychosocial interventions.
HSE Mental Health Service Improvement

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 657

Mr. Ian Power (HSE)

HSE Mental Health Service Improvement
Stepped Model of Care

Tuesday, 26th September - 12:15 - Poster Session 2 - Poster - Abstract ID: 658

*Mr. Ian Power (HSE Mental Division)*

Stepped Model of Care
Talk or Text? Patterns and Challenges associated with Face-to-Face and Electronic communication in Youth At-Risk for and in the First Episode of Psychosis

Tuesday, 26th September - 13:15 - Lightning Presentations - Herbert Room - Lightning Presentation - Abstract ID: 54

Prof. Christopher Bowie (Queen's University), Mr. Michael Grossman (Queen's University), Mr. Sidney Lichtenstein (Queen's University), Dr. Andrea Auther (North Shore Health System), Dr. Danielle Mclaughlin (North Shore Health System), Dr. Shaimaa Abo-el-ella (The Ottawa Hospital)

Background: Challenges with social interaction can lead to isolation and reduced quality of life for youth in the early stages of psychosis. Electronic (E-) communication (i.e., texting, social media) permits the formation and maintenance of social ties from a distance and in a less stigmatized environment, which may mitigate some face-to-face challenges.

Methods: We compared characteristics of face-to-face and E-communication for youth at clinical high risk for psychosis (CHR; n=14) or at first episode of psychosis (FEP; n=51) as well as an age matched community comparison group (n=38). Participants completed a 25-item form, adapted from the Lehman Quality of Life Interview, to assess the frequency of, satisfaction with, and barriers to face-to-face and E-communication. Statistically significant results are reported.

Results: The comparison group reported more frequent face-to-face and electronic interactions compared to both the CHR and FEP groups, with a trend for the CHR group having more frequent E-interactions than the FEP group. Both the CHR and FEP groups reported more challenges with both face-to-face and E-communications. However, while these two clinical groups reported more dissatisfaction with face-to-face interactions, they did not differ from the comparison group on their satisfaction with E-communication. Mixed model ANOVAs found an interaction effect wherein the comparison group reported more challenges with interpreting and responding to E-communications than face-to-face, whereas both the CHR and FEP groups had more challenge face-to-face compared to electronically. Similarly, the CHR and FEP groups reported more satisfaction with the quality and quantity of E-communication compared to face-to-face, whereas the comparison group showed the opposite trend. Interestingly, the CHR group reported more difficulty than both FEP and comparison groups in understanding their communication partners in either face-to-face or electronic interactions, but opposite to the comparison and FEP groups, the CHR group found it easier to understand their partners during electronic interactions than in face-to-face.

Discussion: We found evidence for reduced communication in both face-to-face and electronic communication in youth who were at-risk for or in the first episode of psychosis. Although CHR and FEP youth reported more challenges with both types of social interactions, they were more satisfied with E-communication than face-to-face. Difficulty understanding others, with more pronounced challenges when interactions were face-to-face, was more evident in the CHR group. These results provide novel data on the quantity, quality, and preferences of social and electronic interactions in the early stages of psychosis.
Debating Mental Health

Tuesday, 26th September - 13:21 - Lightning Presentations - Herbert Room - Lightning Presentation - Abstract ID: 60

Ms. Laura Tyrrell (South West London and St. George's NHS Mental Health Trust), Mr. Alex Goforth (Anna Freud National Centre for Children and Families), Ms. Leela Koenig (The English-Speaking Union)

London Debating Mental Health is a new London (UK)-based initiative that is about empowering young people who have used mental health services to speak out about the mental health issues that matter to them. It is a collaboration between London & South East CYP IAPT Learning Collaborative, South West London and St. George's NHS Mental Health Trust, the English-Speaking Union and the Anna Freud National Centre for Children and Families.

Young people participating in the programme have learnt to find and use their voices through free debate training, delivered as a series of exercises aiming for balanced skills progression applied in selected dialogue and debate formats. Participants are encouraged to set targets for themselves and self-evaluate their progress together with their mentors.

The program was developed as a result of conversations with young people about how services can best gain their feedback. Currently mental health services in the UK are working hard to involve young people more fully in the delivery of mental health services and in giving feedback to improve services. However, support for young people to develop the skills they feel they need to do this effectively is often lacking.

Over 50 young people across services in London (who are members of London and SE CYP IAPT Learning Collaborative) took part in the first phase of the training programme (November 2016-May 2017). Once they had received the training, participants came together with key mental health decision-makers to have honest discussions about mental health. Key themes included education, stigma, technology and access to support.

This presentation explores the programme from conception, through to delivery and includes an opportunity to experience, first-hand, some of the delivery methods used.
Building psychological capital, enhancing psychological well-being, and alleviating distress in young people


Dr. Andrea Branley (National University of Ireland, Galway), Dr. Tony Cassidy (University of Ulster), Dr. Maura Finnegan (Heal), Dr. Caroline Heary (National University of Ireland, Galway)

**Aims.** The current study was a pilot evaluation of the Jigsaw intervention for emerging mental health difficulties in youth. It was hypothesised that those who experience higher levels of change in Psychological Capital (PsyCap) would experience greater positive outcomes, i.e. increased psychological well-being (PWB) and decreased distress.

**Method.** Participants completed measures at three time-points: pre-intervention, post-intervention, and follow-up. Forty-seven young people attending Jigsaw Donegal, aged between 16 and 25 years participated at pre-intervention. Of those, 32 completed post-intervention assessments, and 19 participated at one-month follow-up.

**Results.** Results showed that the intervention was highly effective across all outcomes, with results maintained at follow-up. Those who experienced higher changes in PsyCap over time also experienced the most favourable outcomes at Time 2.

**Conclusion.** The Jigsaw Donegal intervention is a highly effective way of working therapeutically with young people. However, research in the area is in its infancy and further studies are required.
Development and Piloting of Youth and Parent/Carer Satisfaction Surveys in Jigsaw: An Early Intervention Service

Tuesday, 26th September - 13:33 - Lightning Presentations - Herbert Room - Lightning Presentation - Abstract ID: 270

Ms. Alanna Donnelly (Jigsaw: The National Centre for Youth Mental Health), Dr. Aileen O'Reilly (Jigsaw: The National Centre for Youth Mental Health), Dr. Olive Moloney (Jigsaw: The National Centre for Youth Mental Health)

Introduction: Examining the views of young people and parents/careers engaging with mental health services is crucial in the provision of evidence-based services. Multiple government and policy documents advocate that the voice of service users are included in evaluation of services. Furthermore, capturing parent/carer views is considered critical for service evaluation given the key role that they play in young people's engagement with services. Despite this, there is a lack of appropriate systems in place to collect and report information about the experiences of young people and their parents/carers in primary care youth mental health settings.

Objectives: The aim of this research was to develop and pilot two measures of youth and parent/carer satisfaction in Jigsaw services. Jigsaw services are currently located in 13 communities around Ireland, and offer therapeutic support to young people aged 12-25 who are experiencing mild to moderate mental health difficulties. This research sought to examine the psychometric properties of both measures and explore levels of satisfaction among young people and parents/carers engaging with Jigsaw services.

Methods: In the first phase of the research, short satisfaction measures were developed based on existing literature and feedback from key stakeholders. This feedback was captured via focus groups and surveys with members of Jigsaw’s Youth Advisory Panel (YAP) as well as parents/carers of young people who were previously or currently engaged with Jigsaw services. In the second phase of the research, these measures were piloted in a number of Jigsaw services.

Results: The results of this research will be presented in three sections. First, findings from the development phase of the new measures will be shared. Second, findings that relate to the performance of the new measures when utilised in Jigsaw services will be presented. Finally, levels of satisfaction gathered from both measures will be reported.

Conclusion: Based on these findings, it is anticipated that Jigsaw will introduce youth and parent/carer satisfaction measures to all services in 2017. These new measures will be useful tools for assessing service performance and informing future service developments. As the findings illustrate the key factors that affect the experiences of young people and parents/carers engaging with Jigsaw, they have important implications for youth mental health service design and delivery.
Using Virtual Worlds to deliver therapy in psychosis

Tuesday, 26th September - 13:39 - Lightning Presentations - Herbert Room - Lightning Presentation - Abstract
ID: 305

Dr. Andrew Thompson (University of Warwick), Dr. Alba Realpe (University of Warwick), Dr. Sandra Bucci (University of Manchester), Prof. Ivo Vlaev (University of Warwick), Dr. Dave Taylor (Imperial College), Dr. Caroline Falconer (University of Nottingham), Ms. Farah Elahi (University of Warwick), Prof. Max Birchwood (University of Warwick)

Introduction
Problems with social cognition (such as perspective taking and recognising emotions in faces) are common in people with a diagnosis of psychosis. We have previously developed a group intervention to improve these skills in a young people with early psychosis. However, there were barriers to people attending a group and interacting with others in this environment. We aim to adapt this intervention and deliver it in a widely used computer virtual world (second life) to see if this is acceptable and feasible.

Method
We plan to co-design the virtual world environment and the intervention (SCIT or Social Cognition Interaction Training) with two user consultants, one researcher, one designer and a therapist. The designed intervention will then be tested (beta tested) by two young people and then further adapted if necessary. We then plan to pilot the intervention in young people experiencing their first episode of a psychotic disorder. The length of the intervention will be determined by the co-design process but we envisage the intervention will be delivered to groups of 4 with a therapist and co-therapist. Our outcomes of interest are measures of social cognition and social functioning, measures of immersion in the virtual world and measures that will investigate readiness to engage with further more immersive interventions. Acceptability will be measured by group attendance rates and by information derived from post intervention qualitative interviews. We plan to recruit 20 people over a 6 month period.

Results
Preliminary results and details of outcome of the co-design process will be discussed. Preliminary results on recruitment and feasibility will be presented. The potential benefits and risks of using such technology to treat difficulties in social cognition in this patient group will be discussed.

Conclusions
With the initial results we will be able to consider the benefits and risks of using such a technology and how this may be used in other disorders or for other therapeutic approaches.
Trans and non-binary Public Awareness Campaign

Tuesday, 26th September - 13:45 - Lightning Presentations - Herbert Room - Lightning Presentation - Abstract
ID: 637

Ms. Lisa McKenny (BeLonGTo Youth Services)

We know from the LGBTIreland report that a significant number of LGBTI people experienced some form of victimisation in public because of their identity. 1 in 4 transgender and intersex people have been punched, hit or physically attacked in public and 1 in 3 transgender and intersex people have had hurtful things written about them on social media.

The aim of the trans and non-binary public awareness campaign is to bring the stories of ordinary trans and non-binary young people to the rest of Ireland. We are going to make five short videos featuring trans and non-binary young people, family members, teacher/allies. The aim is to increase the understanding of what it means to be transgender or non-binary and the barriers and discrimination faced by young people in Ireland. We really want to highlight the positive visibility of trans and non-binary young people and we know from the marriage equality referendum that the best way to win hearts and minds is through personal stories.

Our project will develop the skills and capacity of trans and non-binary young people in campaigning and attitudinal change equipping them with lifelong skills to advocate for their rights. Throughout the process support will be provided to trans and non-binary young people to build their confidence and self-esteem in telling their stories to a public audience.

The short videos will influence key audiences in education, health care & youth services on the barriers & discrimination faced by Trans youth and the positive steps they can take to create inclusive and supportive environments for trans and non-binary young people.
Short to medium term predictors of illness severity and quality of life among young people after their first episode of mania

Tuesday, 26th September - 13:51 - Lightning Presentations - Herbert Room - Lightning Presentation - Abstract ID: 333

Dr. Aswin Ratheesh (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Christopher Davey (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Rothanthi Daglas (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Craig Macneil (Orygen Youth Health), Dr. Melissa Hasty (Orygen Youth Health), Dr. Kate Filia (Orygen, The National Centre of Excellence in Youth Mental Health), Prof. Patrick McGorry (Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne, Australia; Centre for Youth Mental Health, The University of Melbourne, Australia), Prof. Michael Berk (Deakin University, IMPACT Strategic Research Centre), Prof. Philippe Conus (Service of General Psychiatry, Treatment and Early Intervention in Psychosis Program (TIPP-Lausanne), Department of Psychiatry, Lausanne University Hospital (CHUV), Switzerland.), Prof. Sue Cotton (Orygen, The National Centre of Excellence in Youth Mental Health)

Background: Short to medium term functioning and illness severity may predict longer term recovery and are important outcomes for first-episode youth services. Factors that predict such outcomes for young people with mania in first episode psychosis services need to be better understood. We aimed to identify the predictors of short to medium term outcomes such as illness severity and quality of life.

Methods: We examined the baseline and 18-month follow-up characteristics of 117 participants with first episode of mania with psychosis, treated at two metropolitan tertiary early intervention services in Melbourne, Australia. We measured severity of mania and depression measured using the Young Mania Rating Scale and Montgomery Asberg Depression Rating Scale on follow-up. At baseline, we obtained measures of age of onset of mania, family history and prevalence of substance use and anxiety disorders. Childhood and adolescent adjustment across social, psychosexual and academic domains were determined using the Premorbid Adjustment Scale (PAS). The components of this scale were identified using a factor analysis (principal component). Follow-up outcomes included illness severity measured using the Clinical Global Impressions Scale; objectively measured functioning using the Social and Occupational Functioning Assessment Scale; as well as subjective measures of interpersonal and vocational functioning using the Heinrichs’ Quality of Life Scale. Correlations and linear regressions were utilized to examine the baseline and follow-up predictors of illness severity and quality of life.

Results: Among the included participants 71% were male, and 81% had a diagnosis of bipolar disorder. Illness severity and quality of life were not related to gender, age of onset, substance use, anxiety disorders or family history. The social adjustment component of the PAS correlated with a measure of 18-month measure of interpersonal quality of life ($r_s = -0.46$, $p<0.001$). Childhood and adolescent social adjustment was a stronger predictor of interpersonal quality of life than symptom severity on linear regression analyses. Additionally, childhood and adolescent academic adjustment correlated with post-illness vocational quality of life ($r_s = -0.39$, $p=0.004$), although this relationship was weaker than that between vocational quality of life and depressive symptoms. In addition to measures of depression severity, illness severity on follow-up was predicted by lower prevalence of suicide attempts. Objective functioning was predicted only by depressive symptom severity on follow-up.

Conclusions: Impairments in domains of premorbid adjustment may be early markers of persistent difficulties in social and vocational functioning domains and may benefit from targeted interventions.
**Sharing Stories Safely: 3 Years of Learnings from the Jack Talks Program**

Tuesday, 26th September - 13:57 - Lightning Presentations - Herbert Room - Lightning Presentation - Abstract ID: 392

*Ms. Sarah Mughal (jack.org), Mr. Jason Frittaion (jack.org)*

**Introduction**

Many organizations seek to decrease stigma through contact-based, peer-to-peer education - often asking young people to share mental health stories in public forums. Storytelling like this has been championed in best practices, however few organizations are doing this in a way that is safe, scalable, and has the desired impact.

Through the Jack Talks program, Jack.org has learned how to train young people across Canada to share their experiences in a safe, evidence-based way. Over three years of rigorous evaluation and presentations to hundreds of schools, Jack.org has learned how to scale youth peer education, while ensuring speakers do not traumatize themselves or young audience members. Jack.org has had significant learnings through years of program development, and wishes to share these with the international community.

**Objectives**

Jack Talks trains university-aged speakers to deliver mental health presentations in schools across Canada. In these presentations, youth experiences are balanced with evidence-based mental health content with the goals of increasing mental health awareness, decreasing stigma, and encouraging help-seeking behaviours.

**Approach**

Speakers are trained through a comprehensive online orientation program and receive ongoing mentorship by Jack.org staff. By conducting the training remotely through videos, written modules, and customized Skype video coaching, Jack.org has created a scalable, national mental health education program. This training focuses on public speaking skills, mental health content, ongoing opportunities to practice, and speaking from personal experiences on three predetermined themes. Students learn to contextualize their stories to align with specific messaging, and Jack.org has discovered this approach is much safer and more supportive for young speakers.

Jack Talks also has rigorous and ongoing evaluation embedded into the program to ensure continued safety, effective messaging, and intended audience impact.

**Results**

This program has grown tremendously over three years. Jack Talks now has over 50 trained youth speakers across Canada and has delivered over 200 presentations to over 35,000 youth. This program has also been tested and has translated well in many diverse contexts including Indigenous, at-risk, urban, rural, and multicultural communities.

**Conclusions**

Jack.org's innovative approach supports young mental health speakers in a way that is safe, effective, and scalable. Jack Talks has also learned from earlier mistakes around youth storytelling – mistakes often repeated in other mental health promotion work. As peer-to-peer, contact based education is so often championed in the mental health community but rarely broken down, Jack.org wishes to share these learnings to assist in future-proofing international stigma reduction programming.
Are two heads better than one? Facing the challenge of dual service delivery - co-located federal Headspace Youth Early Psychosis Program and state-funded Early Intervention in Psychosis Programs.

Tuesday, 26th September - 14:03 - Lightning Presentations - Herbert Room - Lightning Presentation - Abstract ID: 442

Dr. Daniel Pellen (Nepean Blue Mountains Local Health District)

Health services in Australia are traditionally delivered by State (or Territory) funded organisations. State funded Early Intervention in Psychosis (EIP) services have existed for over 20 years, but are not well co-ordinated and tend to be bespoke. In 2015, Federal Government funding enabled the delivery of Youth Early Psychosis Programs developed on a headspace platform (hYEPP).

Previous studies have described the successful collaboration of State (Territory) EIP and Commonwealth hYEPP services in the Northern Territory (NT). However the NT has a population of just over 200,000 and a single Area Health Service (AHS). Australia’s most populous state, New South Wales (NSW), has nearly 40 times as many people and 15 AHSs, making the task of collaboration more difficult. In addition, there is only one hYEPP in NSW.

We describe the situation in Western Sydney, an area with a larger population than the NT. The Commonwealth funded hYEPP is a hub and spoke model, with no set boundaries for intake (no-one turned away) and no specific alliance with any inpatient unit (IPU). The State funded EIP service has strict boundaries for intake and operates under the same reporting structure as the State funded IPU. The EIP service caters to a land area bigger than the largest county in the UK - North Yorkshire.

The EIP service is physically co-located with part of the hYEPP, but with no formal operational connection. Faced with the potential difficulties and inefficiencies of two similar services with different reporting structures funded by different levels of government, we show how we continue to collaborate and strive to deliver the best outcomes for our clients, regardless of which service delivers it.
Guidelines and Interventions to address the physical health of young people affected by mental health disorders

Tuesday, 26th September - 14:09 - Lightning Presentations - Herbert Room - Lightning Presentation - Abstract ID: 461

Dr. Brian O’Donoghue (Orygen The National Centre of Excellence in Youth Mental Health)

Compared to the general population, individuals with a diagnosis of an enduring mental health disorder have a reduced life expectancy between 15 and 25 years. Cardiovascular disease is a major contributor to this early mortality due to a number of factors that places these individuals at greater risk, including a higher rate of smoking, sedentary lifestyle, poor diet and the adverse metabolic side effects of medication. Worryingly, this mortality gap is widening. This premature death amongst people with mental health disorders is ‘at best a failure to act on evidence; at worst a form of lethal discrimination’. These physical health complications typically occur early in the course of the disorder, for example, young people with a first episode of psychosis can experience rapid weight gain, with increases of over 10kg being observed in periods as short as three months. However, these risk factors are modifiable and this early mortality is potentially preventable.

This presentation will describe the interventions incorporated into a youth mental health service (Orygen Youth Health - Melbourne, Australia) in order to prevent the development of physical health conditions. These interventions include the integration of exercise physiologists and dietitians into the clinical program and the use of medication with a lower propensity for weight gain as first-line agents, in clinical situations in which medications are indicated. The presentation will also describe newly developed clinical guidelines on physical health screening and interventions for the youth mental health model.
“It gives me so much each time”: a mixed methods study exploring how youth have benefitted from psychosis

Tuesday, 26th September - 14:15 - Lightning Presentations - Herbert Room - Lightning Presentation - Abstract ID: 463

Mr. Gerald Jordan (Douglas Mental Health University Institute (CIUSSS ODIM)), Ms. Tovah Cowan (Douglas Mental Health University Institute), Dr. Ashok Malla (McGill University), Dr. Srividya Iyer (McGill University, ACCESS Open Minds)

Introduction: A first episode of psychosis (FEP) is arguably the most serious mental health problem affecting youth. However, through the suffering caused by FEP, youth may experience positive, transformational changes, an area which has received very little attention. This presentation will address two questions: 1) What are the positive changes youth experience following FEP, and 2) What factors and processes facilitate such changes? Methods: A mixed methods approach combining qualitative and quantitative methods guided this project. For the qualitative component of the study, semi-structured interviews were conducted with 11 youth (n = 11) receiving early intervention services for a FEP. Interviews were transcribed verbatim and subject to thematic analysis using inductive and deductive methods by two researchers. For the quantitative component of the study, we measured overall positive change using the Posttraumatic Growth Inventory (PTGI), which assesses positive change across five domains (e.g., personal strength, relationships, spirituality, life appreciation, new possibilities); social support using the Multidimensional Scale for Perceived Social Support (MSPSS), which assesses perceived support from friends, family, and a special person; and willingness to ask for mental health support using three items from the Recovery Assessment Scale (RAS) (e.g., I know when to ask for help; 2) I am willing to ask for help; 3) I ask for help when I need it). The questionnaires have been well-validated, and were administered between six and 24 months of follow-up. Pearson correlations were calculated between PTGI, MSPSS and RAS scores. Qualitative results: Youth described how FEP led them to feel stronger, more grounded, and more authentic; gain self-awareness, maturity, purpose in, and perspective on life; develop stronger, wiser connections with others; become more spiritually aware; give back to the community through political activism and artistic expression. Youth identified relational and practical processes inherent in the services they received as the most important facilitators of their positive change, including receiving treatment by humane, empathetic and competent clinicians who emphasize their personal and creative strengths; as well as receiving psychotherapy and medication. Finally, participants identified having strong social support, usually from a family member, as key. Quantitative results: Overall PTGI scores were highly correlated with the friends r(18)=.55, p = .02 and special person r(18) = .52, p = .02 domains of the MSPSS, and with knowing when to ask for help on the RAS r(9)= .70, p = .03. Conclusions: In addition to causing suffering, FEP can be a transformative experience which can be facilitated by the services youth receive, and social support, and knowing when to ask for help. While family were identified as the most important source of support in the qualitative component, friends were found to be important in the quantitative arm. These findings provide an evidence base that services can draw from in order to better provide positive, hopeful, strengths-based services to youth experiencing FEP.
Jack.org: A Nationwide Model for Youth Capacity Building and Action

Tuesday, 26th September - 14:21 - Lightning Presentations - Herbert Room - Lightning Presentation - Abstract
ID: 371

Ms. Sarah Mughal (Jack.org), Mr. Eric Windeler (Jack.org)

Introduction
Symptoms of mental illness most commonly present before age 25, and youth are a key constituency when it comes to mental health awareness and advocacy. However, young people are rarely asked for meaningful input to guide the interventions that target them. Jack.org is fundamentally dismantling youth exclusion by empowering tens of thousands of young people to create real and relevant mental health change across Canada. This work is essential to future-proofing youth mental health, and Jack.org is eager to bring its learnings to the international community.

Objectives
Jack.org works to build youth capacity to effectively and safely lead mental health promotion and advocacy efforts across Canada. By putting youth at the forefront, Jack.org is looking to integrate the diverse concerns of young people into national and international youth mental health conversations.

Approach
Jack.org has three main programs. In Jack Talks, trained youth speakers give contact-based, mental health education presentations in hundreds of schools across Canada. In Jack Chapters, hundreds of young leaders are trained to identify the main barriers to help-seeking in their communities and take action against them in ways that will resonate with their peers. In the Jack Summit program, young leaders come together at both national and regional events to elevate their skills and unify their voices. By training students in three distinct ways to identify goals and take action, Jack.org is able to support youth-driven work, and also understand what changes youth most wish to see.

Practice Implications
Jack.org focuses on safety, best practices, youth leadership, and effective scaling. By reversing the top-down approach to youth mental health and developing a scalable, nation-wide model for youth capacity building, Jack.org has effectively put youth at the centre of the mental health conversation. Insights from this approach have strong implications for organizations endeavouring to integrate youth engagement into their work on both large and small scales.

Conclusion
To date, we have 2,500 student leaders (aged 15-24) involved in our network, 120 active Chapters, and 50 trained Talks speakers. Jack.org has reached over 100 000 young people by training thousands of peer leaders in each of Canada’s provinces and territories. Through five years of rigorous evaluation, data collection, and program design, Jack.org has learned how to effectively build youth capacity for mental health work and has also learned what young people most care about in this conversation. Any effort to future-proof youth mental health must listen to youth in this way.
Age-specific brain structural changes in Major Depressive Disorder (MDD): findings from the ENIGMA-MDD Working Group

Background
Most brain imaging research in depression focuses on adult depression, leaving a gap between pediatric and adolescent studies on the one side and adult studies on the other. Results from studies based on adult brain imaging studies have been influenced by disease chronicity, co-morbidity and long-term treatments. These models hardly take into account the neurodevelopmental aspects involved in disease vulnerability and variation in the developmental stage at disease onset. A better insight into the variation in disease characteristics related to age and course since disease onset could pave the way to more targeted interventions tailored to the specific neurodevelopmental stage and/or disease stage of the individual patient.

Objective
To elucidate alterations in brain structure across different stages of brain development or brain aging using data from the ENIGMA MDD consortium.

Method
ENIGMA MDD provides a unique framework to examine alterations in brain structure associated depression with across different stages of life and illness, because it includes structural MRI data from depressed people and people without depression capturing (almost) the entire lifespan (age 12-80, N=10,197). Structural T1-weighted MRI scans from ~2,500 people with an MDD diagnosis and 8,033 non-depressed people from 31 research samples worldwide were analyzed locally using FreeSurfer. Measures on cortical thickness and cortical surface area were shared and analyzed using fractional polynomial regression models. Specifically, we examined whether different patterns of structural brain alterations could be observed associated with depression at different stages of life (age by diagnosis interaction).

Results
Different patterns of structural brain changes were observed in young people with depression versus adults with depression. Specifically, an association between widespread lower cortical surface area and MDD was observed during adolescence, both in early and more advanced stages of the illness. These surface area alterations were absent in adult MDD. Interestingly, lower surface area in depressed adolescents seems to catch up with those of controls when transitioning into adulthood, with relative preservation of surface area later in life. Cortical thickness of some brain regions showed a pattern of increased thickness in adolescents with MDD, but decreased thickness in adults with MDD compared to age-matched controls.

Conclusion
Cortical thickness and surface area represent distinct features of the brain's cortex that are genetically independent, and emerge and develop from different neurobiological processes. Our study suggests that these measures may be differentially affected by depression at different stages of life and stages of illness.
Eating disorders (ED) are most prominent in young adolescents and early adulthood, although can have long lasting and serious outcomes if not adequately addressed. Milder forms are also common (10%) in Irish youth (McNicholas et al, 2010) Research highlights the importance of early intervention, the existence of increasing number of evidenced based treatment approaches and the need for continuity of care. However, accessing services remain elusive from both the perspective of health professionals (McNicholas et al, 2015) and families (O’Connor et al, 2016) predominantly driven by perceived stigma and lack of knowledge. Even youth who attend CAMHS, and requiring ongoing MH care, both international (Singh et al 2010) and national (McNicholas et al, 2015) data have found that youth with ED are least likely to make the transition from child to adult services. With this in mind a Clinical programme for ED, was established in 2010 as a joint initiative between Irish Health Service Executive and College of Psychiatry of Ireland (CPsychI) placing the young person and their families at the center, spanning childhood and adulthood, and being responsive to previous experiences and suggestions by families, stakeholders and support organisations. The programme is transdiagnostic, rooted in an evidenced based approach, and has a research and training component. This presentation by the CPsychI Clinical Advisory Group will give an overview of the current state of the programme and future direction.
LifeSkills: Implementation and Outcomes

Tuesday, 26th September - 14:39 - Lightning Presentations - Herbert Room - Lightning Presentation - Abstract ID: 67

Ms. Lauren Spiers (Barnardo’s), Dr. Helga Sneddon (Director, Outcome Imps)

Introduction
LifeSkills is a highly effective early intervention and prevention programme which prevents risk taking behaviours in children and young people aged 8-14 years. LST is a universal programme, designed for whole-class in school delivery. Studies testing its effectiveness have found that LST can reduce the prevalence of risk taking behaviours by up to 75% and effects can last up to 12 years. LST is one of the most evaluated programmes in the world. It has been independently assessed and shown to have the highest standards of evidence of effectiveness. LST has three core components: self-management skills which help students with problem solving, decision making, critical thinking and how to regulate emotions; social competence which involves teaching students how to communicate clearly, make friends and develop healthy relationships; and drug resistance training to help students develop strategies for resisting peer pressure. Preventing risk taking behaviours is a crucial issue and LST meets this need by building knowledge and resilience in young people.

Barnardo’s have been championing LST since 2012 through Realising Ambition. Barnardo’s has adapted the successful US manuals and training to develop an effective and culturally relevant programme for UK schools. This also enabled LST to complete the first UK evaluation highlighting the impressive learning outcomes from the programme.

Objectives
- Did LST show the same improvements in outcomes for children and young people as observed in previous evaluations?
- Was each programme delivered consistently well across each of the sites (i.e. with high levels of fidelity)?
- What did the teachers think about the style and delivery of the programme and its fit with educational settings in the UK?

Methods
A simple pre-post repeated measures design was used. This used data which was already being routinely collected as part of service delivery, in addition to undertaking focus groups with staff to explore implementation. The outcomes measures used were standardised questionnaires developed by the programme developer to assess changes in outcomes. Participants were drawn from 4 regions across the UK.

Policy Implications/Conclusion
LST has already been established as an effective programme that leads to significant improvements for children and young people. The findings from this evaluation show that LST can be implemented in the UK with high levels of fidelity. Teachers and students report improvements in the expected areas with the content and style of delivery appealing to both. They liked the variety of activities, the range of topics, interacting with their peers and they saw the programme as a fun way to learn important skills.

LST should be considered as a cost effective way to prevent children and young people from engaging in risk taking behaviours. As well as preventing risk taking behaviours it also leads to improvements in other core skills which are key for healthy development amongst young people. These include self-esteem, communication, social skills and ability to cope with stress. Investing in and effectively implementing this programme should improve skills, knowledge and resilience. This will help children and young people have healthier and more enjoyable lives.
Can social media play a positive role for young adults with eating disorders? An investigation of the mixed impact of social media use

Tuesday, 26th September - 14:45 - Lightning Presentations - Herbert Room - Lightning Presentation - Abstract ID: 83

**Ms. Anna-Sophia Warren (King's College London), Dr. Nicola Byrom (King's College London/Student Minds)**

Introduction: Research has found a link between the use of social media and symptoms of eating disorders in young women, however it is not clear what it is that underlies this relationship. Factors such as amount of time spent on social media, and viewing appearance related content have been linked to more severe symptoms, however findings have been inconsistent. Research has not asked sufferers themselves which factors are most important to them. Additionally, research has only focused on the negative impact of social media on eating disorders.

Objective: The present study aimed to establish which aspects of social media use play a role in eating disorders by asking those who have experience with eating difficulties. The study also aimed to determine whether there can be a positive impact of social media.

Methods: Female university students with experience of eating difficulties \( N = 92 \) commented on how social media use impacts on their symptoms. These comments were grouped into themes. A subset of participants \( N = 61 \) then rated the impact (positive/negative/both/none) of each of these themes. The association between these ratings and a measure of eating disorder severity was assessed.

Results: The most frequently mentioned negative aspects of social media were comparison with others, and viewing ‘thinspiration’, ‘fitspiration’, and diet posts. Those perceiving a negative impact of certain types of posts had more severe symptoms than those perceiving no impact. Positive aspects were also frequently mentioned, including the ability to use social media to access support networks and recovery groups.

Conclusions: Use of social media can have both a positive and a negative impact on eating difficulties. Research should focus on how we can utilise the positive aspects to develop interventions which could reach a large number of young people through social media. In particular, peer support interventions could be utilised to capitalise on the positive impact identified of using social media to access peers through existing support networks and through recovery-focused groups.
General practitioners’ clinical expertise in managing suicidal young people: implications for continued education.

Tuesday, 26th September - 13:15 - Lightning Presentations - Meeting room 6 - Lightning Presentation - Abstract
ID: 63

Dr. Maria Michail (University of Nottingham), Dr. Lynda Tait (University of Nottingham), Dr. Dick Churchill (University of Nottingham)

Introduction
Suicide is the second leading cause of death for young people worldwide. General practitioners (GPs) are ideally suited to facilitate early identification and assessment of suicide risk. However, GPs’ levels of competence, knowledge, and attitudes towards suicidal young people have not yet been explored.

Objective
To examine GPs’ clinical expertise in assessing, communicating with, and managing suicidal young people aged 14-25 to inform the development of an educational intervention for GPs on youth suicide prevention.

Methods
A cross-sectional survey on GPs’ levels of confidence in assessing and managing young people at risk of suicide; knowledge of risk factors and warning signs of suicide in young people; attitudes towards young suicidal people; and training preferences on managing suicide risk.

Results
Seventy GPs completed the survey (30 males). The majority of GPs reported high levels of confidence in assessing and managing suicidality in young people. Experienced GPs demonstrated high levels of knowledge of suicide risk factors in young people but low levels of knowledge of warning signs that might indicate heightened risk. Although 48% of GPs disagreed that maintaining compassionate care is difficult with those who deliberately self-harm, GPs perceived communication with young people to be difficult, with one-third reporting frustration in managing those at-risk of suicide. 75% of GPs said they would be interested in receiving further training on assessing and managing young people at-risk of suicide.

Conclusion
The study has important implications for providing specialist training to support GPs in assessing and managing youth suicide risk and facilitating attitudinal change. GP education on youth suicide risk assessment and management should promote a holistic understanding and assessment of risk and its individual, social and contextual influences in line with clinical recommendations to facilitate therapeutic engagement and communication with young people.
**I AM BEAST - Engaging young people in a dialogue about mental health through drama**

**Tuesday, 26th September - 13:21 - Lightning Presentations - Meeting room 6 - Lightning Presentation - Abstract**

ID: 494

**Dr. Nick Barnes (University College London), Mr. Lawrence Illsley (Sparkle and Dark (theatre company))**

**Introduction – using creativity to engage young people in a dialogue about mental health**

With heightened awareness about young people's mental health needs it's increasingly evident that we need to find creative and meaningful ways of engaging young people in a dialogue about emotional wellbeing and mental health. The I AM BEAST project was co-created to explore and evidence the possibility of drama and theatre being a place where a dialogue about mental health and emotional wellbeing can evolve.

**I AM BEAST - the show**

I AM BEAST is a new play by Sparkle and Dark Theatre Company that explores trauma loss through puppetry, new writing and visual story telling. The story follows the experiences of a teenage girl called Ellie, her father and a mysterious wild stranger known as Beast. After Ellie loses her mother, her world falls apart. She seeks solace in the comic books she has loved since before she can remember. Drawn to their flickering pages of colour and adventure, Ellie creates a new world for herself. A world of seductive strangers. A world of endless possibility.

I AM BEAST the play was produced in collaboration with London teenagers who have experienced the loss of a parent as well as guidance from psychiatrists, neurologists and researchers of teenage trauma, and was performed at Edinburgh fringe festival for a residence in summer 2015. But this work has now been developed further to co-create a day for student engagement and participation in dialogue about emotional wellbeing through the themes raised in this performance.

**A Youth engagement and participation day – 22nd March.**

At the Pleasance theatre in London is has been possible to offer a whole day's engagement for young people in workshops, drama and activities to explore young people's concerns about emotional wellbeing and support, and for them to offer suggestions about how this support might be best be delivered.

The workshops will develop an understanding about young people's mental health as things currently stand, followed by a workshop that seeks to find solutions from a young person's perspective. The day then offers a showing of the performance of I AM BEAST followed by a debate about how we might be able to offer support to the lead character in the play – interconnecting this with ideas of support that the young people will have developed through the workshops from earlier in the day.

**Demonstrating impact**

Online mental health stigma surveys before and after the day will also seek to demonstrate the impact of this day and the performance on young people's thoughts and ideas about mental health. But most importantly, having invited local significant stakeholders – from commissioners to providers, from councilors to politicians – we will have ensured that the young people involved in the day will have had their voices heard and their ideas taken notice. For this is a day of empowering young people to be able to address their mental health needs and making the cry – “nothing about us without us”!
Introduction
Young people born with the rare genetic disorder called 22q11.2 Deletion Syndrome (22q) are at high risk of developing a range of mental health disorders (Schneider 2014) as well as medical illnesses and learning difficulties. Despite this knowledge, there are no early intervention or mental health treatment pathways in Ireland specific to this group with such complex needs. Moreover the voices of young people living with 22q regarding their mental health care needs have not traditionally been included in research papers, due to the dominance of biomedical research about this population. This collaborative project sought to address that gap by creating the world’s first ‘22q Young Experts by Experience Panel’, or 22q YEEP.

Objectives
This research project aimed to support young people with 22q to express their lived experience of mental health and to consider how best to support the mental health needs of children and young people with 22q. Our objective was to communicate our findings to parents, clinical service providers, researchers and policy makers so that the mental health needs of children and young people with 22q could be better understood and that early intervention and mental health treatment services could be put in place.

Methods
We used ‘Participatory Action Research’ (PAR) to empower a youth panel of six young women with 22q aged 19 to 35 to express their lived experience. The group were facilitated to explore their past and current experiences of mental health, their perceptions of the mental health needs of children and youth with 22q, as well as their recommendations for future service development. Creative arts, somatic and narrative methods were used such as guided relaxation, body mapping, lifelines, photo elicitation, visual collage, focus group discussion and digital storytelling.

Results
The young participants reported increased awareness and self-confidence in discussing their mental health experience and needs, greater acceptance of their unique genetic condition, a sense of belonging to a rare community and stronger supportive peer friendships with each other. Their key recommendation was that a multidisciplinary clinic is urgently needed to support both the mental health and the medical needs of children and young people with rare genetic disorders. This recommendation is being actively progressed by the research team through advocacy, a collaborative clinical initiative in the children's hospitals and further research on transitional needs supported by the IRC. The project's digital story and the research findings have been presented at several national and international conferences attended by parents, researchers and policy makers.

Conclusion
This project sought to hear the lived experience and mental health needs of young adults with 22q11.2DS. Participants reported the participatory research process enhanced protective factors such as mental health literacy and peer support. They strongly recommended the future development of multidisciplinary services for children and young people with rare genetic disorders to include tailored mental health early intervention and integrated care pathways.
Exploring mental health and technology use among hard to reach groups of young people

Tuesday, 26th September - 13:33 - Lightning Presentations - Meeting room 6 - Lightning Presentation - Abstract
ID: 505

Ms. Roisin Doolan (ReachOut Ireland)

**Introduction**
There are groups of young people across Ireland who are not involved in mainstream education, who live in isolated, rural areas or who have unique perspectives that are seldom sought after or heard. ReachOut Ireland wanted to connect with these young people to explore what life is like for them as a young person in Ireland and to seek their thoughts around mental health and their use of technology.

**Objectives**
ReachOut Ireland proposed to use the data collected through a series of focus groups to inform service delivery, in addition to informing the national youth mental health knowledge base.

**Methods**
ReachOut Ireland facilitated six focus groups with young people around Ireland, between November 2014 and February 2016. The focus groups comprised two groups of young men in rural areas, two groups of male and female young migrants, one group of young male travellers and one group of male early school leavers. Each focus group followed the same discussion guide developed by ReachOut Ireland, and which included questions on everyday life, the meaning of mental health and technology usage. All six focus groups were audio recorded with consent from participants and their parents or guardians.

**Results**
The focus groups provided rich and insightful data into the lives of these young people in Ireland. When discussing everyday life, common themes such as technology, pressure, education, money and employment emerged. Although the general sense was that the term “mental health” did not resonate, groups had different things to say about what caused them stress and negatively affected their mental health. Causes of stress included: pressure, judgement, loneliness, isolation, drinking, bullying and family tension. Almost all participants had smartphones, on which they used apps and went online daily. They were very considered in their reflection about technology and could identify advantages and disadvantages. These results and further insights will be shared during the presentation.

**Conclusion**
It is vitally important that we create opportunities to consult with, and listen to, young people, especially those who are hard-to-reach or whose perspectives are seldom sought after or heard. The rich insights gathered through this research helped ReachOut Ireland to identify and fill content gaps on ReachOut.com, improved staff awareness of the issues facing young people and formed the basis of a project report, which has been shared with the Health Service Executive and partner organisations.
ADHD: IS THERE AN APP FOR THAT?

Mr. David Hogan (School of Medicine, University College Dublin), Dr. Blanaid Gavin (Department of Child and Adolescent Psychiatry and Geary Institute, University College Dublin), Prof. Fiona McNicholas (Department of Child Psychiatry, Our Lady’s Hospital for Sick Children, Crumlin, Dublin 12, Lucena Clinic Rathgar, Geary Institute and University College Dublin)

Introduction
There is increasing focus on the role and potential benefits of smartphone software applications (Apps) across a wide range of health conditions. Attention Deficit Hyperactivity Disorder (ADHD) is most commonly diagnosed in school-aged children. Smartphone and social media usage in this demographic, especially amongst adolescents, is increasingly ubiquitous. There is thought to be significant potential to apply this to good clinical effect in ADHD through the development and promotion of Apps to augment existing treatments and improve self-management. Despite this, there is a paucity of published research on the potential role of App usage in ADHD and little is known regarding existing Apps specifically designed for this population.

Objectives
We sought to establish the range of Apps currently available for ADHD as well as assessing the current extent of App utilisation in the management of the condition amongst online ADHD discussion forums users.

Methods
The Google App store was systematically searched using the keyword “ADHD” and relevant apps designed or targeted for ADHD were identified and evaluated. These existing available Apps were further categorised according to functionality. Separately, the three most active online discussion forums for ADHD were identified and systemically searched for posts relating to the usage of Apps in ADHD. Reports by forum users of positive usage of a particular App for managing ADHD were quantified.

Results
Thirty-four available Apps specifically for ADHD were identified and these were each compared across review ratings, usage level, functionality and cost. The twelve most frequently reported Apps by positive usage on the forums were separately identified and evaluated in terms of their functionality. Forum users frequently reported these Apps to be very beneficial to them in managing ADHD.

Conclusions
The majority of ADHD specific apps currently available have poor user reviews and/or low usage levels. Despite this, online discussion forum users report extensive usage of widely available non-ADHD specific Apps to assist in managing the condition, particularly for productivity, time and task management. There appears to be a gap for the development of an ADHD specific App incorporating some of the functionality of the most successful existing apps that are in use. Such an App could then be trialed in a patient population. As a highly cost effective intervention, clinicians should consider whether it may be appropriate to recommend the usage of the most popular Apps as identified in their practise. Though there is not yet an evidence base, individuals report significant benefits in their usage and their functionality often mirrors that of existing recommended psychological strategies already in use for the management of ADHD.
Project Synergy: providing the right care, at the right place, first time, every time

Ms. Tracey Davenport (Brain and Mind Centre, University of Sydney), Prof. Jane Burns (The University of Sydney), Mr. Shane Cross (Brain and Mind Centre, University of Sydney), Prof. Ian Hickie (Brain and Mind Centre, University of Sydney)

Background
Developed initially by the Young and Well CRC (2011-16) and The University of Sydney's Brain and Mind Centre, Project Synergy is a web-based series of technical capabilities (i.e. a ‘platform’ of modular components) that link integrated and interoperable resources (e.g. apps, etools, data sharing, access to online and in-clinic health services). The system operates through existing health providers to promote 24/7 access to high-quality and cost-effective mental health services.

Methods
Between 2014-16, Project Synergy included six research trials that aimed to create, design, develop and test a new and innovative online person-centred system for Australian mental health care. These trials worked in partnership with local communities (Trial 2 – Central Coast, Western Sydney and Far West NSW), specific population groups (Trial 1 – University of Sydney students, Trial 5 – Veterans), service providers (Trial 0 and Trial 4 – headspace centres), and at-risk groups (Trial 3 – those expressing suicidal ideation). While developed initially for young people, it is now (2017-19) being trialed for all age groups across the lifespan, including children and ageing populations as a means to continue building the technology and the evidence-base.

Results
Evaluation outcomes from each of the initial six trials will be discussed including engagement with, efficacy and effectiveness of the technology. Preliminary evaluation outcomes from the next set of trials will also be presented as well as analyses regarding social and economic return on investment. Importantly, outcomes will be presented for the end-user as well as health professionals and participating service providers.

Conclusions
Through the use of highly-protected, personally-controlled data capture and transfer systems, the Synergy Online System moves the centre of care from service providers to the person and family seeking mental health care. Evaluation outcomes collected through Project Synergy trials support this change in behaviour and demonstrate the system’s ability to provide the right care, in the right place, first time, every time.
Risky sex behaviours among college students in Ireland: The psychosocial profile

Prof. Barbara Dooley (University College Dublin), Dr. Louise Dolphin (University College Dublin), Dr. Amanda Fitzgerald (University College Dublin)

Introduction: Risky sex behaviours among college students are a growing public health concern. However, few studies have profiled these behaviors using a large range of psychosocial correlates. Objectives: The objectives of this paper are to profile risky sex behaviour in young adults and determine the associated psychosocial correlates, in both males and females.

Method: Participants were 6,874 undergraduate and postgraduate college students (64.7% female, age range 17-25 years, \(M = 20.43\) years, \(SD = 1.86\) years) drawn from 13 higher-level institutions in Ireland.

Results: Regarding prevalence, 75% of the sample report that they have been, or are currently sexually active. Of this sexually active cohort (\(n = 5,111\)), 27.2% report early sexual initiation, 29.5% reported five or more lifetime sexual partners and 12.1% report two or more sexual partners in the past three months. Additionally, 47.7% of students report inconsistent condom use and 39.5% report inconsistent use of other contraceptive methods in the past three months. Using multivariate logistic regression analyses, significant correlates of risky sex behavior are identified across five groups of psychosocial predictors (demographic, sexuality and relationships, substance use, mental well-being, and personal resources). Differences between males and females and between different sexual orientations are highlighted.

Implications: Suggestions are made for sexual education and intervention programs to specifically target subgroups of the student population.
The physical health and lifestyle of young people at ultra-high risk for psychosis

Tuesday, 26th September - 13:57 - Lightning Presentations - Meeting room 6 - Lightning Presentation - Abstract ID: 563

Ms. Rebekah Carney (University of Manchester), Mr. Jack Cotter (University of Manchester), Dr. Tim Bradshaw (University of Manchester), Prof. Alison Yung (University of Manchester)

Emerging evidence suggests young people at ultra-high risk for psychosis (UHR) are also at-risk for poor physical health, and display high rates of modifiable cardiometabolic risk factors. However, before we can develop effective interventions there is a need to understand the factors affecting lifestyle in the UHR group. We conducted semi-structured qualitative interviews with 20 UHR individuals (50% male; mean age 21.7), 5 parents (4 mothers, 1 father), and 6 clinicians from early intervention services in the Northwest of England to identify barriers and facilitators to living a healthy lifestyle. Young people reported many difficulties with trying to live a healthy lifestyle, often describing poor dietary habits, low levels of physical activity and frequent alcohol or tobacco use. Thematic analysis revealed the main barriers to living a healthy lifestyle related to psychiatric symptoms, beliefs about self, social withdrawal and practical considerations such as accessibility and cost. Provision of social support and promoting autonomy emerged as the two main themes which would facilitate a healthy lifestyle. Promoting better physical health in people with emerging psychological difficulties is an important, yet neglected area of mental health practice and warrants further investigation. UHR individuals experience numerous barriers to living a healthy lifestyle, and interventions should focus primarily on targeting autonomous motivation and providing social support to facilitate this change.
Young men’s access to community-based mental health care: Qualitative analysis of barriers and facilitators

Introduction: Young men experiencing mental ill health report the lowest rates of professional help-seeking of any demographic group across the lifespan. This phase of life (i.e., adolescence and emerging adulthood) also corresponds to a period of disconnection from healthcare services for young men. For young men, the trajectory of disengagement with healthcare services often continues throughout early and middle adulthood, and has the potential to cascade into more significant physical and mental health problems. Given the low rates of help-seeking, and high rates of suicide and other adverse outcomes for this group, greater research and clinical attention is needed in the area of young men’s mental health.

Objectives: The present exploratory qualitative study aimed to identify barriers and facilitators to mental health care, as identified by a sample of young help-seeking men and staff involved in mental health service provision.

Methods: Interviews and focus groups were undertaken with 25 young males (mean=18.80 years, SD=3.56) and four service providers. Participants were recruited from headspace enhanced primary care early intervention centres in Australia. The research followed the Consolidated Criteria for Reporting Qualitative Research.

Results: Thematic analysis indicated four key barriers and four key facilitators for young men’s engagement with community-based mental health services. The identified barriers were male role expectations, talk therapy as unknown territory, difficulties navigating the system and intake processes. The identified facilitators were positive initial contact, effective cross-sector partnerships, availability of male practitioners, and use of targeted messaging.

Conclusion: Given the ongoing low rates of help-seeking, high rates of suicide and other adverse outcomes for young men, priority research and clinical attention is needed for this group. It is possible that a set of well implemented targeted strategies for better engaging young men may have a large impact on numbers presenting to, and engaging with care. The process to achieving this is likely to benefit from close input, and consultation with representative groups of young men (i.e., youth participation), and ensuing rigour in the implementation and evaluation of new initiatives. Recommendations are offered for future research, including suggestions for implementation of targeted strategies addressing gender-based health needs.
Language function in adolescents with subclinical psychotic symptoms

Language disturbance was among the first clinical features described for schizophrenia and is considered by some investigators as central to the aetiology of the disorder. The language dysfunction associated with schizophrenia is likely to have a developmental aetiology. Abnormalities in receptive language processing have been reported in patients with schizophrenia, adolescents who later develop psychotic disorders, and non-psychotic family members. This makes it a possible endophenotype in schizophrenia. The goal of this study is to elucidate the relationship between receptive language processing deficits and early psychotic symptoms. Functional deficits can elucidate which areas of the brain are being affected and the underlying networks. This insight can then be used to guide further research for the development of early intervention strategies. The hypothesis is that there will be a positive correlation between early deficits in receptive language ability, with a deficit in receptive but not expressive language, and later development of psychosis.

The study was created as a case-control design where children who answered ‘yes-definitely’ to more than one of the psychosis screener questions in a self-report screening questionnaire were recruited, followed by a clinical interview using the Schedule for Affective Disorders and Schizophrenia. Interview transcripts were reviewed by a consensus committee to determine if the psychotic symptoms reported were genuine. A control group was recruited from the same primary schools as the risk group and matched for age, gender, and parental socioeconomic status. Children were then given a test battery that tests motor, attention, memory, receptive language, and executive functions lasting approximately one hour. Functional imaging data was also taken. Receptive and expressive language was tested using the Clinical Evaluation of Language Fundamentals (CELF). Data will be analyzed using multivariate analysis and imaging data will be analyzed with focus on the anatomy of the superior longitudinal fasciculus.

Key outputs will be insights into the earliest affected areas of the brain for the neurotrajectory to psychosis. Underlying functional deficits that are discovered can provide clues to psychosis development and guide further research for early intervention and treatment.
Youth Peer Support: Lived Experience as a Basis to Employment

Tuesday, 26th September - 14:15 - Lightning Presentations - Meeting room 6 - Lightning Presentation - Abstract ID: 589

Ms. Sarah Irving (Foundry), Dr. Steve Mathias (Foundry)

Introduction
Peer support is based on the belief that those who have experienced adversity can provide support, encouragement, hope, and mentorship to others facing similar situations. The research shows that young people feel more supported when they have access to peers with lived experience. In Canada, many mental health organizations have demonstrated early leadership in peer support, and evidence is now emerging around its effectiveness in reducing hospitalization and symptom distress, and improving social support and quality of life. Currently, most youth peer support training in Canada is based on curriculum designed by, and for, adults over the age of 19. However, young people experience mental health, substance use, and accessing health services in very different ways than adults do. Foundry acknowledged the need for a new curriculum and training program that is designed with, and for, youth.

Objectives

• Together with our partners and youth with lived experience, Foundry co-developed a provincial peer support training curriculum that reflects the unique lived experience and learning needs of young people aged 12-24.
• This peer support training will be implemented in the network of Foundry sites, which will ensure that peer support and navigation are an integral piece of service delivery.
• The curriculum development process, implementation of the training, and successful employment of youth peers will be measured.

Approach

• In depth interviews were conducted with youth peer support workers and youth with lived experience from across the province of BC, which informed the curriculum development process.
• Experts in peer support service delivery were engaged locally, provincially, nationally and internationally to support the development of the curriculum and best practices for implementation and employment.
• Youth peer support training was implemented and facilitated by youth with lived experience.
• A youth peer researcher co-led the evaluation of the development and implementation of the provincial peer support training, putting youth with lived experience at the centre of the project.

Practice Implications

• Foundry integrated youth and family services centres will offer peer support and navigation services as a core component of service delivery, which is a culture shift from how our youth mental health system has traditionally looked.
• Through the creation of a provincial training, more young people with lived experience will be trained as peer support workers, which will empower them to recognize and build upon their existing skills and abilities and will provide them with employment experience.
• A provincial Community of Practice for youth peer support will be created for continuing knowledge exchange and professional development in the peer field.

Conclusion
Youth peer support provides young people with hope for recovery and helps destigmatize their experiences, increasing the probability that they pursue and receive services. Additionally, young people engaged as peer support workers benefit from employment experience, confidence built through meaningful work, and an opportunity to reframe their lived experience as an asset. Through the development of a youth specific peer support curriculum and training program, Foundry is putting youth with lived experience at the centre, acknowledging their crucial expertise through meaningful youth engagement.
Good practice in the provision of mental health services and supports for children and young people and the role of e-mental health in responding to these needs

Ms. Kate Mitchell (Mental Health Reform), Ms. Lorna Kerin (Love Knowledge Consultancy), Mr. Manus Hanratty (Mental Health Reform)

Mental Health Reform (MHR) is the national coalition on mental health in Ireland, promoting improved mental health services and supports and the social inclusion of people with mental health difficulties. MHR also coordinates the Children’s Mental Health Coalition (CMHC) which is made up of over 60 member organisations and independent professionals, committed to promoting improved mental health service delivery for children and adolescents in Ireland.

In 2015, the CMHC published a report on meeting the mental health support needs of children and adolescents living in Ireland. The report, launched by the Ombudsman for Children, incorporated a literature review on national and international best practice in the provision of child and youth mental health services (Kerin, L. 2014). Moreover, the report sets out key recommendations for Government in Ireland on improving mental health services and supports for children and young people.

This conference workshop will firstly discuss the key findings and recommendations of this published report, which include:

- developing mental health promotion programmes to increase protective factors and decrease risk factors for developing mental health difficulties
- enhancing capacity in mental health in primary care
- developing specialist mental health and out of hours/crisis services
- improving inter-agency collaboration
- establishing participatory structures for children and their families in the design, development, delivery and ongoing evaluation of child and adolescent mental health services and supports

One finding was that e-mental health presents a significant opportunity to transform mental health care for children and young people, with the potential to enhance service delivery and expand service reach, ultimately improving capacity to meet the mental health support needs of this group. This must, however, be considered in the context of the development of a range of other measures, as detailed in the CMHC’s report.

As part of its remit to pilot (evidence-informed) innovation in mental health service delivery, Mental Health Reform is currently involved in a European e-mental health project. The project, funded by Interreg Europe and the HSE seeks to further the development of the e-mental health sector in Ireland and across Europe. It seeks to promote e-mental health within nationalservice structures and develop e-mental health policy at both national and European level.

Moreover, the project will explore the potential for e-mental to

- improve accessibility to mental health supports
- address unmet need in a time of changing demographics/increasing demand on overstretched services
- provide a range of choice in terms of mental health care
- empower individuals
- provide more cost effective measures
Teacher capacity to respond to student mental health issues: An Irish perspective

Tuesday, 26th September - 14:27 - Lightning Presentations - Meeting room 6 - Lightning Presentation - Abstract ID: 634

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

Background: School-based prevention and intervention practices have become commonplace in treating the incidence of mental health in young people. In particular, given their high contact with students, research has focused on encouraging and supporting teachers to assess and refer students for mental health issues. In Ireland, teacher preparation programmes have undergone significant changes but the development of teachers' capacity in this area and the extent to which initial teacher education programmes prepare them to effectively fulfil this role remains unclear. Aim: The current study sought to first, survey graduating teachers' capacity to identify and respond to student mental health issues and second, to determine how initial teacher education influences intention to assess and refer students for mental health issues. Method: Two hundred and fifty-three graduating teachers from across Ireland completed an online survey assessing mental health education in relation to six areas of mental health (attention deficit hyperactivity disorder, anxiety, depression, disruptive behaviour disorder, stress, suicide), attitude and intention towards assessment and referral, and self-efficacy in managing student mental health. Results: The vast majority of pre-service teachers reported no or brief mental health education throughout their initial teacher education. Results from mediation analysis revealed that initial teacher education did not directly influence pre-service teachers' intention to assess and refer but rather indirectly influenced it through its effect on attitude towards assessment and referral and self-efficacy in managing student mental health. Specifically, pre-service teachers, who reported greater mental health education during initial teacher education, felt more confident managing student mental health, which in turn influenced their intention to assess and refer students. Surprisingly, those who reported greater mental health education held more negative attitudes towards assessment and referral, however, a more positive attitude towards assessment and referral was associated with greater intention to assess and refer students. Conclusion: Teachers receive vastly inadequate mental health education during initial teacher education. Educators should consider the benefits of incorporating more extensive mental health education as part of initial teacher education programmes. Specifically, educators should endeavour to influence pre-service teachers' self-efficacy in managing student mental health as well as their attitudes towards assessment and referral in order to increase pre-service teachers' capacity to support school-based prevention and intervention practices. Keywords: Initial teacher education, pre-service teachers, youth mental health
Title Effects of early life adversity on immune function and cognitive performance in youths with and without experience of psychotic symptoms.

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Abstract

Background: Early life adversity (ELA), including physical abuse or neglect and emotional abuse or neglect, is a significant risk factor for a range of mental health disorders. Changes in cognitive function, and in particular social cognition, are also associated with many of these disorders. In psychosis, ELA and cognitive deficits have, separately, been associated with an increased immune response. In this study we sought to determine whether ELA's might affect social cognitive performance and if so, whether these affects were mediated via an impact on immune response.

Methods: We investigated the relationship between ELA, immune response and cognition in the Avon Longitudinal study of parents and children (ALSPAC; n~5,000). ELA was defined in terms of the experience of physical abuse or neglect, emotional abuse or neglect, witnessing domestic violence, and harsh parent before the age of 5 years. Social cognition was defined in terms of performance on theory of mind while general cognitive ability was defined in terms of IQ. Immune function was measured using C-reactive protein and Interleukin-6. Analysis was run both for the full sample and for individuals presenting with a history of psychotic symptoms at age 12.

Findings: Early life adversity was associated with poorer performance on a range of both general and social cognitive measures. Increased immune activation was associated with both early life adversity and cognitive performance, but was not observed to mediate the effects of ELA on cognition. Comparable findings were observed in children presenting with and without psychotic symptoms.

Discussion: While increased immune response has been associated with both early life adversity and cognitive impairment, this response was not observed to mediate the relationship between these two variables. Alternative hypothesis for the mechanism by which ELA may result in poorer cognitive performance, including attachment related effects, will be discussed.
Little Things Can Improve Your Mental Health

Tuesday, 26th September - 14:39 - Lightning Presentations - Meeting room 6 - Lightning Presentation - Abstract
ID: 660

Mr. Emer Clarke (HSE)

Little Things Can Improve Your Mental Health
Youth Participation in Action: An organisation-wide approach


Ms. Jacqui Faliszewski (Orygen), Ms. Kerryn Pennell (Orygen, The National Centre of Excellence in Youth Mental Health), Mr. Craig Hodges (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Magenta Simmons (The University of Melbourne), Mr. Nicholas Fava (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Gina Chinnery (Orygen, The National Centre of Excellence in Youth Mental Health), Mr. Brendan Pawsey (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Helen Nicoll (Orygen, The National Centre of Excellence in Youth Mental Health)

Introduction
Youth participation is a universal right, protected by the Convention on the Rights of the Child. Young people have the right to have an active voice and to be involved in decisions that affect their lives. It is essential to involve young people in decision making at all levels to improve mental health services and improve the lives of young people who experience mental ill-health.

As the National Centre of Excellence in Youth Mental Health, Orygen has as its strategic objective, to partner with young people to ensure that they remain at the forefront of everything we do. We recognise that young people, families, and the community are key partners in improving young people’s mental health.

As a commitment to this, Orygen has developed a three-year Youth Engagement and Participation Strategy to promote youth engagement and participation across the organisation. The Plan requires an organisation-wide commitment to working in partnership with young people and sets the expectation that young people will be meaningfully engaged in activities across Orygen programs and divisions.

Objectives

This Youth Engagement and Participation Strategy has been developed to provide an overarching framework for the design and delivery of a range activities that will facilitate youth engagement across the National Centre of Excellence in Youth Mental Health.

The Strategy aims to:

- Outline Orygen’s organisation-wide commitment and approach to youth engagement and participation;
- Build an appreciation for the importance of, and great potential for, meaningful youth engagement across our programs and services; and
- Provide practical guidance and strategies for working in partnership with young people.

The Strategy aims to foster a cultural commitment to youth participation that remains flexible and accommodating of young people’s ideas and emerging needs.

Approach

The Strategy is the culmination of research and consultations with a variety of stakeholders, including other youth-focused organisations, staff from across Orygen, senior executives, and importantly, young people involved in our programs and those from our national partner organisations.

The Strategy has been implemented in partnership with two key National groups of young people; Orygen’s Youth Advisory Council & Youth Research Council.

Outcomes

More than one hundred young people have connected with youth participation programs across Orygen since May 2015. This presentation will provide an overview of the implementation of the Strategy and its programs to date.
Conclusion

Providing diverse opportunities for young people to have a voice at all levels of the organisation alongside taking a whole of organisation approach to meaningful youth participation & engagement can benefit both young people and organisations beyond expectation.
Addressing health inequalities: Co-producing mental health services with excluded young people in the community: the INTEGRATE approach

Introduction
Evidence shows that excluded young people, such as those labelled ‘gang members’, experience vast social and health inequalities in their communities. This is exacerbated by mental health and other services that are ‘hard-to-reach’ by such groups. This presentation will report an innovative approach to try and tackle these inequalities by both transforming services and empowering communities.

Objectives
The INTEGRATE approach is an evidence-based and co-produced approach to mental health service delivery developed by MAC-UK, excluded young people and partners to address these health and social inequalities (Zlotowitz et al., 2016) and has been recognised as best practice in multiple UK NHS and Youth Justice policy reports (eg Future in Mind, 2015).

Approach
The presentation will give a brief overview of some of the key features of the INTEGRATE approach which is a whole systems, prevention and early intervention approach to mental health service transformation, made up of three key components:
1. outreach;
2. co-production; and
3. psychologically informed services and environments, including the importance of building longer term, safe and trusted relationships.

INTEGRATE projects incorporate both mentalization-based clinical practice (AMBIT) and community psychology practice, such as social action, to transform the systems around young people. The projects have engaged with London’s most excluded young people in their community, such as those labelled as ‘gang members’. The projects are multi-agency, working in partnership with the local NHS Trust, the police and the local authority and of course young people.

Clinicians and youth employees from MAC-UK will share some core aspects of our learning about co-producing services with young people. We will include a short piece of film that has been written and directed by young people about their perspective on their life experiences, services and communities.

Practice and Policy Implications
The INTEGRATE approach has been shown to be an effective method of engaging excluded young people who find other services hard-to-reach; improving their mental health and well-being and creating wider systems change. Use of co-production, psychologically-informed environments and social action are core to the INTEGRATE approach.

Conclusion
We wish to encourage other statutory and voluntary sector organisations to draw on these principles of service transformation and community building to help overcome the social and health inequalities of excluded groups.
‘If I could see on a piece of paper options for treatment that would just be insane’: Shared decision making in youth mental health

Background
Implementing shared decision making is challenging in youth mental health for a number of reasons, including the age and developmental stage of the young person; the legal and structural context of their care; perceived and actual decisional incapacity; the varying involvement of caregivers; and the paucity of relevant, high quality research available to communicate probabilities of treatment benefits and harms to young people and their families. In an attempt to address these complex issues, a suite of studies have been undertaken. When considered together, this research provides a blueprint for how to maximize treatment decision making in youth mental health.

Aims
To describe a series of studies investigating optimal ways to support young people with emerging or established mental disorders to be involved in shared decision-making processes. Specific study aims included:

• To explore the experiences of young people, caregivers and clinicians about treatment for: a) major depressive disorder; b) young people at increased risk of developing a psychotic disorder; and c) first episode psychosis;
• To measure decisional capacity in young people diagnosed with major depressive disorders, with first episode psychosis, and those with no history of mental disorder;
• To develop and pilot test a generic, multi-purpose decision aid for any youth mental health treatment;
• To develop and pilot test an online decision aid for young people at risk of developing a psychotic disorder;
• To develop and evaluate an online decision aid for young people diagnosed with major depressive disorders;
• To evaluate a combined peer work and shared decision making intervention.

Methods
A variety of qualitative and quantitative methods were used.

Results
Qualitative data revealed enthusiasm for shared decision making across a number of treatment decisions. This included the consideration of how decision aids and advance statements could be combined. The online decision aids that were tested were all feasible and well received; the only decision aid to be tested using a full evaluation demonstrated promising results in terms of decision support (e.g. reduced decisional conflict, perceived involvement) and outcome (e.g. helping young people to choose a guideline concordant treatment option, depression scores). It was possible and beneficial to combine peer work and shared decision making. However, the assessments of decisional capacity highlighted that some young people diagnosed with major depressive disorder, and many young people with first episode psychosis will need significant support to be fully involved in decision-making processes.

Conclusion
Shared decision making is desired and feasible for a range of young people with emerging and established mental disorders. However, feasibility testing of online decision aids does not provide adequate data to ensure
the young person is fully involved in the decision-making processes. Future decision aids should address the complex needs of young people who suffer from cognitive deficits related to the emergence of mental ill health. Additional research is needed to more comprehensively understand treatment decision making within the legal and structural context of youth mental health services.
Youth voice, community engagement and collaboration with the justice system: Key ingredients in tackling urgent youth-related challenges in remote Inuit communities in Canada

Tuesday, 26th September - 14:15 - Oral Presentations - Youth participation in practice - Ulster Suite - Oral - Abstract ID: 587

Ms. Aileen MacKinnon (ACCESS Open Minds Puvirnituq), Ms. Minnie Grey (ACCESS Open Minds Puvirnituq), Prof. Ashok Malla (McGill University, ACCESS Open Minds), Dr. Srividya Iyer (McGill University, ACCESS Open Minds)

Rationale: The condition of youth in Canada's remote Indigenous communities is precarious. At 11 times the national average, Inuit youth suicide rates are among the highest in the world. Suicide is particularly concerning in 14 remote Inuit communities in Nunavik, Quebec, that are accessible only by air. 40% of Nunavik's population is under the age of 15. Youth suffer very high rates of school dropout, unemployment, violence and involvement with the justice and youth protections systems. These are compounded by intergenerational trauma resulting from prior generations having been forcibly sent to residential schools and ongoing cultural fragmentation. Psychosocial services, if available, are limited, fragmented, discontinuous and often offered by providers who are unfamiliar with local histories, languages and contexts. Improving youth mental health and well-being in such a context requires a community-sensitive, collaborative approach that builds local capacities. ACCESS Open Minds Puvirnituq is attempting such an approach.

Objectives: This presentation will describe ACCESS Open Minds Puvirnituq's key principles, approaches and partnerships. It will outline challenges faced in implementing this project and ways forward. In doing so, its objective is to illustrate how ACCESS Open Minds Puvirnituq can inspire other remote Indigenous communities committed to positive youth development and well-being.

Approach: ACCESS Open Minds is a pan-Canadian youth mental healthcare transformation and research initiative. Puvirnituq is one of its sites. ACCESS began slowly in Puvirnituq due to numerous obstacles. Nonetheless, the community's overall reaction has been positive. A key facilitating factor has been partnering with Saqijuq, an ongoing project that uses community intervention to reduce rates of involvement with the justice system and promote well-being. Partnering with Saqijuq, ACCESS Open Minds Puvirnituq is improving, optimizing and integrating existing mental health, social and other services and resources. Among the project's principal strategies is hiring and training a lay community worker to conduct early identification, intakes and liaisons with mental health and other services. The project prioritizes local youth participation and community ownership, both of which are critical in a context like Puvirnituq.

Practice/Policy implications: To promote youth well-being in Indigenous communities, practices and policies must be informed by the communities themselves, and involve collaborative efforts where health, psychological, social, legal and community issues are addressed as a whole. Conclusion: Saqijuq in Inuktitut means “a change in wind direction.” In partnership, Saqijuq and ACCESS Open Minds hope to live up to this promise by improving services and ensuring strong community involvement.
ACCESS Open Minds: Thriving in a National Youth Council

Tuesday, 26th September - 14:35 - Oral Presentations - Youth participation in practice - Ulster Suite - Oral - Abstract ID: 526

Ms. Alyssa Frampton-Fudge (ACCESS Open Minds Youth Council), Mr. Clifford Ballantyne (Sturgeon Lake Health Centre), Mr. Jimmy Tan (ACCESS Open Minds Youth Council), Ms. Emma Castanier (ACCESS Open Minds Youth Council), Ms. Brittany Dalfen (ACCESS Open Minds Youth Council), Ms. Haley Marion Mclean (ACCESS Open Minds Youth Council), Ms. Kendra Richardson (ACCESS Open Minds Youth Council), Ms. Alicia Raimundo (ACCESS Open Minds Youth Council), Ms. Shasini Gamage (ACCESS Open Minds Youth Council), Ms. Chantelle Mireault (ACCESS-Open Minds), Dr. Srividya Iyer (McGill University, ACCESS Open Minds)

Introduction: ACCESS Open Minds (ACCESS OM) aims to improve the mental health outcomes of Canadians aged 11 to 25 by providing faster, more engaging access to appropriate mental health services to a greater number of young people. The youth-adult partnership within ACCESS OM is unique. A key part of ACCESS OM is the inclusion of youth voices throughout the project (nationally and in local communities) to co-create relevant transformed mental health services based on perspectives of those who are affected: us, youth.

Objectives: As representatives of ACCESS OM National Youth Council, we seek to share our experience with youth engagement and the lessons we have learned as this pan-Canadian project continues to evolve. By sharing our vision and highlighting our strategies, we hope to inspire and challenge all who are invested in improving youth mental health services (youth, family, researchers, stakeholders, etcetera) to engage youth in mental health initiatives, and demonstrate that involving youth is essential to future-proofing youth services.

Approach: We began as a small group of engaged youth and have grown into a strong forum of young leaders from various communities across Canada. We have become key members of the project with a shared vision, priorities, and values. The creation of the council has not been easy; we have overcome challenges and have forged new ways to engage members from across the country while embracing diversity. We are involved in all levels of governance (executive, steering, advisory groups) and all stages of the hiring process (reviewing applications, interviews, decision-making); and are co-creating different aspects of the project (e.g.: community mapping toolkit, e-mental health strategies, training modules, youth space design, qualitative research strategy, etcetera). Engagement from our national team and ACCESS OM communities continues to increase. We have flourished in more than just numbers; we have grown into a diverse group and have become an engaged team that is eager to share its achievements in creating more inclusive, youth-driven services.

Practice/policy implications: Our work, as the National Youth Council of a pan-Canadian youth mental health transformation initiative, can inspire youth from across the globe to get involved in their communities. Our accomplishments have implications for all stakeholders engaged in youth mental health, as they serve as demonstrated evidence of the importance and feasibility of youth inclusion to enact change in mental health initiatives. Conclusion: Future-proofing youth mental health services starts with empowering the voice of youth with lived experience.
The impact of adolescent cannabis use, mood disorder and education on attempted suicide in young adulthood.

Background: Suicide is one of the leading causes of death worldwide among young people. Aim: We used a prospective cohort study design to determine what factors measured at ages 12-15 years are associated with attempted suicide reported at ages 19-24 years. Method: Using a stratified random sampling technique, 743 students in eight mainstream schools in Dublin were screened for psychopathology. 140 adolescents who scored above threshold on the screening instruments, or who indicated the presence of significant suicidal ideation, were invited to attend for interview along with a group of 174 controls matched for gender, school and school year. All 212 young people who were interviewed as young adolescents were invited to take part in a follow-up interview eight years later. Follow-up information was obtained on 168 participants (79% follow-up rate). Results: Adolescent mood disorder and cannabis-use, young adult mood and anxiety disorders and a low level of education were strongly predictive of making a suicide attempt when the effects of family psychiatric history, childhood trauma, alcohol-use and other psychopathology were taken into account. Adolescent mood disorder and cannabis-use both independently increased the odds of a suicide attempt 7-fold, while young adult mood and anxiety disorders both independently increased the odds of an attempt 11-fold. Young adults with secondary-level education had an 8-fold increase in the odds of a suicide attempt compared to those with tertiary-level education. Conclusion: We need a more tailored approach to youth mental health and a greater awareness of the different contingencies involved in the pathway to suicidal behaviours such as accumulating risk from adolescent cannabis use and mood disorders.
Who presents to the Emergency Department with self-harm and what are the barriers to delivering optimal care?


Dr. Jo Robinson (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Amy Donaldson (Orygen, The National Centre of Excellence in Youth Mental Health), Prof. Sarah Hetrick (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Chris Davey (Orygen, The National Centre of Excellence in Youth Mental Health), Prof. Jane Pirkis (The University of Melbourne), Prof. Matt Spittal (The University of Melbourne), Prof. Greg Carter (University of Newcastle, Australia)

Self-harm is common among young Australians, and those who present to emergency departments (EDs) are at increased risk of repetition and suicide. However when young people do present they often report negative experiences and sub-optimal treatment. Limited data are collected with regard to who presents for self-harm and what the barriers are to delivering optimal care.

Aims are to:

- Investigate self-harm presentations to EDs in 3 hospitals in North-West Melbourne
- Examine the barriers to delivering optimal care.

Method
1. Self-harm presentations have been investigated via a retrospective file audit of all presentations to 3 EDs from 2012 – 2016. An analysis of demographics, methods and rates of repetition, assessment and discharge destination have been conducted.
2. An analysis of the barriers to delivering optimal care is underway. This involves a consultation with ED staff members.

Results
26.7% of all self-harm presentations were by young people aged 12-24 (mean age 19.52); 65.3% were female. Most present outside of business hours (70.5%). The most common method used by young people was self-poisoning, however a greater proportion of young people used injury compared to all ages. Approximately half of the young people presenting with self-harm were assessed by mental health and a similar proportion were discharged back home.

The barrier analysis activity will be complete in July. Data will be presented with regard those factors that impact on clinical care, including training; staff attitudes to young people who self-harm; resource limitations; and the availability of guidelines.

Discussion
Findings suggest that self-harm is a common ED presentation among young people. Those who present tend to be in older adolescence, use self-poisoning and arrive after hours. A full set of results will be presented along with the barriers to delivering optimal care to young people in this setting. The implications for both clinical practice and policy will be discussed.
Raising the bar for youth suicide prevention

Tuesday, 26th September - 13:55 - Oral Presentations - Suicide & self-harm intervention and prevention - Pembroke room - Oral - Abstract ID: 197

Ms. Vivienne Browne (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Jo Robinson (Orygen, The National Centre of Excellence in Youth Mental Health)

Introduction or Rationale:
The recent Australian Bureau of Statistics data on suicide in Australia in 2015 showed an increase in suicides among young people. For both young men and women aged between 20-24 years the rates are as high as they have been in 10 years. Increasing rates were particularly evident among young women aged 15-24 years and young people under the age of 14. The data were concerning. In the context of over two decades of Australian Government suicide prevention policy efforts, they indicate possible gaps in effective and appropriate responses for young people

Objectives (of project and or research):
In 2016, Orygen, The National Centre of Excellence in Youth Mental Health released a report titled: Raising the bar for youth suicide prevention. The report which describes:

- The national and international research and evidence base for existing and emerging youth suicide prevention programs and activities.
- The key themes which emerged from consultations with the sector and young people regarding the gaps and opportunities for effective youth suicide prevention responses in policy and practice.
- How evidence-based youth suicide prevention responses could be included in the key activities of the Australian Government's mental health reforms which have been rolled out since July 2016. This includes: online gateways into mental health care; school-based mental health programs; and the regional service commissioners across the country who are tasked with trialling new approaches and building the evidence base in youth mental health and suicide prevention.

Methods or Approach:
The report was developed in partnership with young people, with a young person on the key project group and young people from Orygen's youth advisory mechanisms and other organisation's youth reference groups engaged at various stages of the reports development.

Results or Practice/Policy Implications:
A summary of the key findings of this report and the process of engaging young people in its development will be presented. These include:

- The need for a reinvigorated Australian suicide prevention strategy with improved actions and activities targeted to young people. This should be delivered through the development of a youth specific suicide prevention plan.
- Embedding youth advisory mechanisms and processes to support the Australian Government to design and evaluate youth suicide prevention activities.
- Prioritise a commitment to using technology in a proactive way being mindful though to only develop online platforms that add value to young people's engagement with support services and not present an additional step/barrier to accessing help.
• Reflect emerging evidence that suicide prevention programs can be delivered safely to students in education settings. All government funded mental health education programs should include the delivery of evidence-based suicide prevention activities and extend these programs to tertiary education settings.

Conclusion:

Responding to suicide among young people requires a different approach than for other age groups. Directly involving young people in the development of policy, service and program responses in suicide prevention is required.
Emerging trends in hospital-treated self-harm among children, adolescents and young adults

Tuesday, 26th September - 14:15 - Oral Presentations - Suicide & self-harm intervention and prevention - Pembroke room - Oral - Abstract ID: 293

Dr. Eve Griffin (National Suicide Research Foundation), Dr. Elaine McMahon (National Suicide Research Foundation), Prof. Fiona McNicholas (Our Lady’s Children’s Hospital, Crumlin), Prof. Ivan Perry (Department of Epidemiology and Public Health, University College Cork), Prof. Ella Arensman (National Suicide Research Foundation)

Introduction: Self-harm is a significant public health issue. In particular, the highest rates of self-harm are recorded among young people. Few studies have examined specific differences in self-harm across children, adolescents and young adults.

Objectives: The aim of this research was to examine patterns of hospital-treated self-harm among young people aged 10-24 in Ireland. Specifically, the objectives were to identify age and gender-specific secular trends in rates of self-harm among young people between 2007 and 2015; to examine gender and age differences in relation to choice of self-harm method and to examine trends in methods over time.

Methods: Data on presentations to hospital emergency departments as a result of self-harm by persons aged 10-24 for the period January 2007 to December 2015 were obtained from the National Self-Harm Registry Ireland. Annual incidence rates per 100,000 were calculated using annual population estimates. Chi-square analyses were performed to test for any univariate associations.

Results: During the study period 2007-2015 there were 34,226 presentations by persons aged under 25 years; the majority of these were by females (n=19,433; 57%).

Between 2007 and 2015, the age-standardised self-harm rate among males increased by 53%, 14% and 34% for 10-14, 15-19 and 20-24 year-olds, respectively. The corresponding increases among females were 90%, 18% and 32%.

The most common method of self-harm was drug overdose (66%) followed by self-cutting (30%). There was significant variation in method of self-harm according to gender. Across all ages, self-cutting was more prevalent among males (24% vs. 20%) as were presentations involving attempted hanging (7% vs. 2%). Presentations involving drug overdose increased with age and were most common among 20-24 year-olds (56%). Self-cutting was more common among 10-14 year-olds (26%). One in six (15%) of attendances by boys aged 10-14 years involved attempted hanging. Since 2007, there have been significant increases in attendances following self-cutting (+39%) and attempted hanging (+87%).

Conclusion: Large increases in the rate of hospital-treated self-harm have been seen among children in the 10-14 age group since 2007 and in particular among girls. These increases in rates of self-harm have been accompanied by large increases in the use of self-cutting and attempted hanging among children, adolescents and young adults. Further examination of these trends is needed to identify mental health service needs and deficits for young people in the key transition stages between childhood and adolescence and adulthood.
Integrated youth mental health care: Doing more with what we know

Tuesday, 26th September - 13:15 - Oral Presentations - Future Directions & imperatives for policy and action - Meeting Room 1 & 2 - Oral - Abstract ID: 212

Dr. Ian Manion (Institute of Mental Health Research), Dr. Steve Mathias (Foundry), Dr. Joanna Henderson (Centre for Addiction and Mental Health), Dr. Amy Cheung (University of Toronto), Dr. Srividya Iyer (McGill University, ACCESS Open Minds), Ms. Alicia Raimundo (ACCESS Open Minds Youth Council), Ms. Emma Mccann (Centre for Addictions and Mental Health), Dr. Tanya Halsall (Institute of Mental Health Research), Dr. Maryann Davis (University of Massachusetts), Prof. Patrick McGorry (Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne, Australia; Centre for Youth Mental Health, The University of Melbourne, Australia)

Rationale:
Mental health and addictions have become the dominant health challenge for youth globally. Adolescence is critical for the development of mental disorders with approximately 90% of all ill-health in this age group being attributable to mental disorders and 75% of all adult mental disorders having onset before age 18. Evidence shows that early identification and intervention have significant positive impacts on the costs, trajectories, and outcomes of youth mental health and addiction (YMHA) disorders. Effective treatments exist for many disorders but only 25-30% of ill youth access specialized treatment.

Globally, YMHA services are fragmented, difficult to access, stigmatizing, lack sufficient resources, and fail to fully capitalize on the latest evidence. Disparate jurisdictions are tackling YMHA transformation independently, often investing limited resources to gather and assess knowledge already reviewed by others, experiencing challenges that other jurisdictions have already overcome, and implementing initiatives that duplicate instead of leverage existing knowledge.

In order to thrive, youth need access comprehensive service systems. Models that tailor integrated services can address youth needs across multiple domains (e.g., mental health, substance use, health, education, employment). This can be achieved through multi-disciplinary collaborations among primary, community and tertiary mental health resources where youth and family members’ needs are at the core of the service decision-making process and evaluation.

Objectives:
The International Knowledge Translation in Youth Mental Health Care Network (The Network) is a global platform designed to advance YMHA policy/practice by:

1. Deepening understanding of the evidence from existing and emerging research on integrated youth mental health and addictions (IYMHA) with a focus on integrated stepped care models (ISCM’s) while identifying gaps that can direct future strategic research investments;

2. Establishing strategic international partnerships to co-create an online data integration platform for knowledge exchange;

3. Expanding implementation of ISCM’s across platforms, including primary care, schools, community hubs and technologically-driven services;

4. Applying an implementation science framework targeting critical factors for successful uptake and sustainability of evidence into practice and policy;

5. Enhancing system integration across jurisdictions through purposeful, authentic engagement with youth, family members, service providers, policymakers and other stakeholders across sectors, disciplines and contexts
Method:
The Network has representation from across Canada and internationally. Over 100 individuals, organizations, and networks across disciplines and jurisdictions have joined. Objectives are being met by focusing on integrated care, strengths-based approaches, youth and family engagement and youth-friendly technology within care. Some examples of Network key activities include the identification of current best practices in the YMH system, the creation of an online resource hub and the facilitation of forums to share research recommendations for policy and practice.

Implications:
Our current systems of youth mental health care are not sustainable. Jurisdictions are craving evidence to guide their efforts to build systems that better meet the holistic needs of youth. They also need support in the implementation and sustainability of such efforts. The Network represents an important bridge between research policy and practice. There has never been a better time for us to unite under a shared purpose to influence youth well-being and to enhance our future.
Prevention of Mental Illness: what do we know and how far can we go?

Tuesday, 26th September - 13:35 - Oral Presentations - Future Directions & imperatives for policy and action - Meeting Room 1 & 2 - Oral - Abstract ID: 527

Dr. Paul Patterson (Forward Thinking Birmingham & University of Warwick), Ms. Gabriela Ramos (Forward Thinking Birmingham), Ms. Claire Rigby (Forward Thinking Birmingham), Mr. Neil Mortimer (West Midlands Academic Health Science Network), Dr. Peter Lewis (West Midlands Academic Health Science Network)

Introduction

‘Prevention of Mental Illness’ is a theme that would have seemed remarkably aspirational even five years ago but as advances in research, innovative service models and earlier interventions have demonstrated, there are very real benefits to such proactive strategies. In recent years there have been clear convergences of evidence and understanding from neurological, public health, economic and social psychiatry research that demonstrate common risk factors for mental illness alongside opportunities for multi-agency working that appropriately combine expertise and resources. Youth is the period of greatest risk for emerging mental conditions and we now understand a great deal about the role of childhood adversity in sensitising the brain to chronic stress and sowing the seeds of pathological anxiety and mood responses – progenitors of many mental disorders. The sense of urgency in how to ensure robust service provision in the current era of increasing needs and intense fiscal pressures underlies prevention as a multi-agency ‘must do’ priority. Knowing that we can clearly identify the factors that are driving at least 30% of mental disorders allows us to set our sights to target accordingly.

Method

A rapid review of research literature and policy documents related to prevention of mental illness was carried out in 2016 - 2017 funded by the Birmingham Mental Health Strategy Board alongside a best practice review of interventions and services provided regionally and nationally in the UK as well as internationally. Two prevention-themed professional seminars were hosted in Birmingham UK and interviews with senior service leads were carried out to explore opportunities and experiences of multi-agency partnership working across related mental health and social care specialisms. Recommendations for current and future prevention strategies were developed and reports completed.

Conclusion

This presentation describes the results of a nine-month scoping project to examine the current evidence base and propose optimal strategies to enable a preventative approach to mental ill-health. Informed by the fields of attachment & early years parenting; childhood adversity; schools wellbeing and resilience; models of youth mental health services; digital technology, and predicated on multi-agency partnership working - we argue that there has never been a more appropriate time to plan and instigate well-evaluated and coordinated prevention, risk-identification and early intervention approaches. Implications for service planning and design, expected challenges to implementation and cost-benefits are described.
A National Research Priorities and Implementation Framework for Youth Mental Health Research in Australia: An Update

Tuesday, 26th September - 13:55 - Oral Presentations - Future Directions & imperatives for policy and action - Meeting Room 1 & 2 - Oral - Abstract ID: 638

Ms. Jo Fitzsimons (Orygen, The National Centre of Excellence in Youth Mental Health), Mr. John Moran (Orygen, The National Centre of Excellence in Youth Mental Health), Mr. Matthew Hamilton (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Cassie Redlich (Orygen, The National Centre of Excellence in Youth Mental Health)

Australia is recognised as a world leader in youth mental health research and innovation. Australian research conducted over the last three decades has been translated into clinical practice and service reform both nationally and internationally. This has led to improved access, care quality and outcomes for young people with emerging mental illnesses and their families (McGorry, Goldstone et al. 2014).

However, the personal, social and economic burdens of mental illness remain unacceptably high, and there is an urgent need for discoveries that transform lives, enhance communities and strengthen economies. More and better research, smarter priority setting, and new ways of thinking and working are needed to continue to improve services and treatments for young people and achieve better outcomes.

As one of its early strategic activities as the National Centre for Youth Mental Health, Orygen developed a National Research Priorities and Implementation Framework (the Framework) for youth mental health research in Australia.

The Framework has been developed in order to identify priorities and objectives consistent with enabling Australian youth mental health research to address the following goals:

- Contribute to better understanding the causes and impacts of mental ill-health in young people and the further development of a holistic, staged and pre-emptive paradigm for prevention, diagnosis and treatment.
- Meet the needs and preferences of young people and their families.
- Discover novel treatments and supports to appropriately respond to emerging mental illnesses in young people at different stages of illness and with varied personal attributes.
- Support the development of accessible, effective, equitable and sustainable service responses to improve the mental health of young people.
- Maximise the potential of youth mental health services to undertake the types of large-scale studies that might significantly improve treatments and models of care.
- Align with Australia’s national policy directions and service system priorities.

In order to support Australian research to meet these goals, the Framework identifies a number of priority research themes and explores measures that can be taken to develop an appropriate infrastructure base to undertake such research. It also provides recommendations for the development and support of a highly collaborative, well-networked research workforce that is able to attract and retain the best and brightest innovative researchers from a range of domains wishing to contribute to this new and exciting field.

This presentation will provide an update on the Framework and what might be accomplished in the next five years.
The next stage for early intervention: Transdiagnostic, Personalized, Universal.

Tuesday, 26th September - 14:15 - Oral Presentations - Future Directions & imperatives for policy and action - Meeting Room 1 & 2 - Oral - Abstract ID: 650

Prof. Patrick McGorry (Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne, Australia; Centre for Youth Mental Health, The University of Melbourne, Australia)

AIM
To describe the conceptual basis, logic and evidence for early intervention.

METHOD A review of the literature and reform with proposals for the next stage.

RESULTS
Guided by an international wave of research and inspired by new clinical service models with optimistic, stigma-free cultures of care, early intervention is transforming the morale and goals of psychiatry. While comprehensive upscaling has not yet occurred, the scientific evidence is increasingly clearcut. The clinical staging model may enable us to translate the principles of early intervention to the treatment of a wide range of mental disorders.

CONCLUSIONS
Early intervention for mental ill health in young people requires not only a substantial increase in spending in mental health care but also a major redesign of the way mental health care is delivered. We can no longer be expected to merely fit in to standard medical environments as if mental illness were exactly the same as physical illness. Reform and investment in youth mental health, uniquely in health care, will deliver a major return on investment.
TeachMentalHealth.org: A Mental Health Literacy Curriculum for Pre-Service Teachers

Tuesday, 26th September - 13:15 - Table Top 4 - Experiences, needs & support - Lansdowne Room - Table Top -
Abstract ID: 42

Dr. Susan Rodger (Western University), Dr. Wendy Carr (University of British Columbia), Dr. Chris Gilham (St. Francis Xavier University), Dr. Stan Kutcher (Sun Life Financial Chair in Adolescent Mental Health, Dalhousie University/IWK Health Centre), Ms. Yifeng Wei (Dalhousie University/IWK Health Centre), Ms. Vanessa Bruce (Dalhousie University/IWK Health Centre), Ms. Robyn Masters (Western University)

School Mental Health (SMH) is rapidly gaining attention both in North America and across the world. One of the key issues arising from discussion with educators, both in-service (currently teaching) and pre-service (studying to gain professional licensing), is concern that existing pre-service teacher education programs do not adequately provide the necessary educational foundations in mental health literacy (MHL). As a result, new teachers enter the workforce with insufficient capacity to understand the student mental health challenges they face in their everyday work.

MHL has been identified as a key competency that is critically important to all to promote mental wellbeing and address mental health problems and may be especially relevant to those who work with children and youth in schools. However, a recent national survey of Canadian teachers' perspectives on mental health indicated that, although there was almost unanimous agreement about the importance of understanding mental health in the school setting, 7 out of 10 had never received professional training regarding MHL and felt that they were unable to sufficiently understand or appropriately address students' mental health concerns (Canadian Teachers' Federation, 2012). The consensus is that teachers need to be better prepared for the mental health demands of the classroom. These findings are further substantiated by data derived from in-service teacher training in the application of a MHL resource, the Mental Health & High School Curriculum Guide (the Guide) in a number of provinces across Canada, including Nova Scotia, Ontario, British Columbia and Alberta (Kutcher, Wei, et al., 2013; Kutcher, Wei, & Hines, 2013; Kutcher, Wei, Shea, & Hines, 2013), where the level of baseline teacher MHL was found to be low.

Promising work by the researchers investigating the effects of professional development for in-service teachers in the use of a MHL resource (the Guide) suggests that such education significantly and substantively improves their MHL, specifically increasing their knowledge about mental health, mental illness, decreasing stigma and increasing help-seeking efficacy. These findings suggest that a similar resource for pre-service teachers may be of considerable value.

This presentation will offers an overview of the development of TeachMentalHealth.org, a modular curriculum resource that focuses on MHL education for teacher candidates. The development process included a scan of existing MHL courses in teacher education programs across Canada, as well as completion of a needs assessment with more than 30 educational institutions and organizations from coast-to-coast in order to determine how best to design the curriculum to meet the needs of pre-service teachers. This resource can be used as needed by any teacher education program and includes the best evidence-based knowledge and information, theories, and strategies that are most relevant to pre-service teachers for addressing MHL, contextualized for the school setting. It is available in discrete modular components that can be used in ways that best fit the teacher education programs' individual context. How these materials were used to develop the curriculum, the content of the curriculum modules, early field tests (in multiple modalities) at several universities, and results of evaluations will be discussed.
Novel open innovation approach for community engagement to tackle research challenges on mental health of children and adolescents

Ms. Raphaela Kaisler (Ludwig Boltzmann Gesellschaft), Mr. Patrick Lehner (Ludwig Boltzmann Gesellschaft)

The Austrian Ludwig Boltzmann Society (LBG) took a novel open innovation approach towards creating highly interdisciplinary Research Groups in the field of “Mental Health of Children and Adolescents”. “Tell Us!” was Europe’s first crowdsourcing project in the discipline that aims at treating mental illnesses. Patients, family members and health care professionals from 83 countries defined topics related to mental illness to be studied by researchers. LBG received more than 400 high-quality contributions that were analysed and clustered by an expert jury and ranked by the community regarding their importance: “Children of mentally ill parents” emerged as the highest-ranked challenge.

LBG took up that challenge and announced a research call representing an interactive workshop, known as Sandpit/Ideas Lab, to bring together 30 researchers for a multi-day event, during which researchers are specifically encouraged to think out-of-the-box and dissolve disciplinary boundaries. This innovative approach aims to build interdisciplinary Research Groups that strongly connect with the community. The Research Groups will be hosted by Austrian universities with a funding of EUR 6 million over 4 years. To encourage more unusual disciplines to contribute and increase innovation potential, a broad range of disciplinary areas were targeted, both close to the research topic e.g. psychiatry, psychology, paediatrics and neuroscience, and more distant disciplines e.g. sociology, health sciences, arts, computer sciences, educational sciences, law, media and communication sciences. To ensure a strong interaction between the researchers and the community at the Ideas Lab and beyond, LBG committed to its mission by employing a liaison manager to bridge the science-to-society gap. The community was engaged during all process stages to build Research Groups, e.g. patients were invited to the Ideas Lab to inspire scientists with their personal experience, a partner network including patient organisations and user crowds was established to stay in close contact with patients and family members and encourage them to take part in the research process.

Regarding the Ideas Lab, open Innovation methods were employed to identify and target a very diverse range of potential applicants for the Ideas Lab using specifically designed evaluation criteria. More than 900 key players in research from the aforementioned disciplines were targeted internationally and advertisements made in a range of networks, universities, institutes, and well-known journals. A total of 136 applications from 27 countries in Europe, America, Asia and Australia were received, where half of all applicants were reached directly via the search activities of LBG, supported by the Open Innovation specialist winnovation. The success of this method is demonstrated in the volume of quality international applications received and in the spread of disciplinary areas: 51% of applications come from core disciplines such as psychiatry, 26% from linked disciplines such as health sciences and sociology, and 23% from distant disciplinary areas such as arts and computer sciences.

This novel multi-disciplinary and community engaging research approach enables innovation potential to find new solutions tackling societal relevant challenges. Moreover, it secures that the community stays an integral part of research to benefit from applied solutions.

www.ideaslab.lbg.ac.at
www.openinnovationinscience.at
Young People’s Concept of Treatment Pressures in Mental Health Care Settings

Tuesday, 26th September - 13:15 - Table Top 4 - Experiences, needs & support - Lansdowne Room - Table Top - Abstract ID: 259

Ms. Rikki Battersby (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Magenta Simmons (The University of Melbourne), Dr. Brian O donoghue (Orygen, The National Centre of Excellence in Youth Mental Health), Prof. Sarah Hetrick (Orygen, The National Centre of Excellence in Youth Mental Health)

There is currently limited literature around what young people perceive to be treatment pressures in mental health settings, and a lack of scales and measures to assess when these treatment pressures are being used in relation to young people's definitions of these pressures.

Evidence suggests that treatment pressures are sometimes employed by clinicians or organisations in an attempt to persuade an individual into a certain course of action, such as a particular treatment. Treatment pressures range from relying on a person's reason and understanding to follow the best course of action, as determined collaboratively by the clinician and patient (persuasion), through to a clinician or organisation giving a patient an ultimatum of “if you do not follow/do this, we will no longer provide a service” (coercion). Another gap in the literature is that it is not known if the current measure of leverage and coercion is relevant to young people, or if it measures what young people conceptualise as leverage and coercion. Further, it is not known in what circumstances young people think treatment pressures are/are not appropriate to be employed by clinicians.

The objectives of this youth-led study are to: 1) explore the beliefs of young people around the definition of ‘coercion’, ‘leverage’ and related concepts in relation to treatment for mental ill health; and 2) to explore the beliefs of young people about the current ways in which constructs such as ‘persuasion’, ‘leverage’ and ‘coercion’ are measured (e.g. scales).

This presentation will present data from five focus groups conducted with youth reference groups from four enhanced primary care services (headspace Centres) and one tertiary mental health service (Orygen Youth Health). The beliefs of young people gained from this research will be used to: 1) fill a significant gap in the literature, including basic definitions of treatment pressures, as defined by young people themselves; 2) develop a tool to assess the prevalence of treatment pressures used against young people accessing youth mental health services; and 3) outline clear boundaries around behaviours (treatment pressures) that are or are not acceptable for clinicians to use when working with young people.
What Helps Young People During and Following a Mental Health Inpatient Stay?

Tuesday, 26th September - 13:15 - Table Top 4 - Experiences, needs & support - Lansdowne Room - Table Top - Abstract ID: 37

Ms. Claire Hayes (The University of Melbourne), Dr. Christine Simons (Albert Road Clinic), Dr. Magenta Simmons (The University of Melbourne), Prof. Malcolm Hopwood (The University of Melbourne)

Background
Knowing what works for young people during an inpatient stay is essential to ensure appropriate and effective treatment is provided. Mental health units offer intense interventions for serious problems in a young person's life. Inpatient care is complex, where understanding 'how' it works is difficult to measure. Although we know that inpatient care does work for most young people, little is known about 'how' and 'why' it helps. Therefore, we need to explore how it effects young people and their mental health. This study explored the experiences of young people and their caregivers attending the 'Pathways Unit', a private youth inpatient unit in Melbourne, Australia.

Methods:
Aims: To understand 'if', 'how' and 'why' an inpatient stay helps young people at admission and discharge. This longitudinal study used qualitative and quantitative methods, including semi-structured interviews and questionnaires.

Findings
Findings show how young people view their mental health problems on admission and discharge from the inpatient unit. Similarities and differences between the views of young people and caregivers are also described. Young people described factors that influenced their mental health problems at admission and discharge, including how they changed over time. Caregivers also described 'if', 'how' and 'why' their child's inpatient stay was helpful. Finally, comparisons were made between those who found their admission helpful and those who did not.

Conclusion
Knowing what works for young people during a critical point in their lives is significant. This study shows how certain factors can maximise positive experiences during an inpatient stay. Understanding how to make inpatient stays more helpful for young people can improve care and guide the management of future inpatient youth services.
Swords Youth Study: distinct clinical profiles of young versus older adults referred to a general adult community mental health service

Tuesday, 26th September - 13:15 - Table Top 4 - Experiences, needs & support - Lansdowne Room - Table Top - Abstract ID: 181

Dr. Eric Roche (Department of Psychiatry, Royal College of Surgeons in Ireland, 123 St Stephen's Green, Dublin 2), Dr. Sashini Gunawardena (College of Psychiatrists of Ireland), Prof. Mary Cannon (Royal College of Surgeons), Dr. John Lyne (Department of Psychiatry, Royal College of Surgeons in Ireland, 123 St Stephen's Green, Dublin 2)

INTRODUCTION
Neuropsychiatric disorders are the leading cause of disability in young people and early intervention with appropriate services may reduce long term functional disability. A North Dublin Community Mental Health Service with a rapidly growing young population is seeking to establish an embedded tailored youth-specific mental health service. To inform this service development we compared the clinical profile of young (18-24 years) and older (25-65 years) adults referred to the service.

OBJECTIVES
To compare clinical characteristics at initial assessment of young vs. older adults referred to a general adult community mental health service. It was hypothesised that young adults would be more likely to be urgently referred, diagnosed with anxiety or substance use disorders and not to be in employment/education/training (NEET).

METHODS
Evaluation of referrals and initial assessments completed in a North Dublin Community Mental Health Service between 1st January and 31st December 2016. Provisional data, including chart SCID diagnosis, is presented for 7 months of the study period; 150 referrals and 100 initial assessments occurred during this period, 29% of whom were young adults.

RESULTS
Source of referral for the whole group (GP 80%, Emergency Department 10%, Other 10%) and engagement rate with initial assessment (66%) did not differ significantly between young and older adults. Young adults were not more likely to be referred with parasuicidal behaviour (33% vs. 34% respectively, Chi Square, 0.02, P=0.89) although waiting time to initial assessment tended to be shorter (mean 35 days vs. 42 days respectively, t=1.53, P=0.13).

Young adults were significantly less likely to be in a relationship (8% vs. 52%, Chi Square 15.57, P<0.001) and more likely to be living with their family of origin (89% vs. 15%, Chi Square 45.60, P<0.001). Both groups were equally likely to have NEET status.

Young adults more frequently presented with anxiety disorders (30% vs. 11%, Chi Square 5.52, P<0.05); lifetime substance use disorders were similarly prevalent in both groups. Young adults were significantly less likely to have been prescribed any psychotropic medication before initial assessment (63% vs. 90%, Chi Square 10.52, P<0.01). However, neither group differed in relation to initial treatment plan, both for psychotropic medication and psychosocial interventions.

CONCLUSION The study indicates there are significant differences between young and older adults in relation
to some key clinical indices, but not others. Improving our understanding of these distinctions will help to inform the development of youth-specific services in Community Mental Health Teams.
Demonstration of Experience Mapping from Child to Adult Mental Health Services: Interactive Table Top Presentation

Tuesday, 26th September - 13:15 - Table Top 4 - Experiences, needs & support - Lansdowne Room - Table Top - Abstract ID: 227

Dr. Gillian Mulvale (McMaster University), Mrs. Ashleigh Miatello (McMaster University), Ms. Christina Roussakis (McMaster University), Ms. Alison Mulvale (OCAD University)

Introduction
Future proofing youth mental health systems means paying attention to processes that promote continuous improvement predicated on the experiences of young people themselves. ‘Touch points’ – the crucial moments in a young person’s journey that make a difference (positive or negative) to their own care experience, and that of their family or service provider – must be handled well, particularly during periods of vulnerability (e.g., transitions between providers) and among the most vulnerable (e.g., youth with mental disorder). One approach that seeks to empower youth, family members and service providers that can help in future proofing services is Experience-Based Co-Design (EBCD). In this approach youth, family members and service providers work together to design system improvement based on their collective experiences.

Objectives
In this table top presentation, the objective is to share the methods we used and invite participants to reflect on our findings in an interactive discussion about the touch points in youth mental health service transitions. Based on the findings of an EBCD study to co-design improved mental health transitions in Hamilton Ontario Canada, we will present a combined experience map that reflects 17 common touch points across participant perspectives. These touch points served as the basis for subsequent co-design of system improvements. We will use a dotmocracy approach where participants will vote (using dot stickers) on the listed touch points and suggest others based on their own experiences. In this way, participants will experience this stage of the participatory co-design effort in practice, as we obtain a more complete sense of the essential touch points that are common and those that differ across participants from a broader range of jurisdictions.

Methods
The combined experience map was derived in several stages. We first identified touch points by participant type drawn from an interpretive phenomenological analysis of interview data from youth (n=16) aged 16 to 24 receiving mental health services, their family members (n=9) and services providers (n=10) during the transition from child to adult mental health services gathered in Ontario over the period August 2014 to December 2015. We then presented these touch points (45 for youth, 65 for family members and 66 for service providers) to separate focus groups of youth (n=8), family (n=10) and service providers (n=15) for validation and to create an experience map for each group. The research team then sought and identified common touch point moments in the service journey across the three perspectives.

Results
The results offer a tangible way to harness the experiences of service users, families and service providers in identifying priorities for youth mental health transitions. This research facilitates a shared understanding of the different experiences across the participant perspectives.

Conclusion
Our experience with the EBCD approach suggests it is highly effective in both addressing power imbalances across stakeholder groups in youth mental health and in fostering eagerness to learn together how to design services that will work for everyone and to adapt them to future needs.
Introduction
Early adversity and trauma is determined a risk factor for severe and enduring mental health difficulties, such as personality disorder and psychosis, in children and young people. Other disorders categorised as ‘neurodevelopmental’ i.e. ASD and ADHD are still largely misunderstood in young people, particularly when these present as co-morbid with other difficulties such as emotional dysregulation.

Method/Approach
The Pathways study is an on-going feasibility study in Glasgow recruiting young people from clinical services across child, adolescent and adult teams, to look at the overlap between personality disorder, psychosis and neurodevelopmental difficulties. Currently the study is still within the early stages of recruitment; however, interesting preliminary findings are suggestive of a degree of overlap between these three areas. Whilst statistical results cannot be presented at this time, the study has incorporated a ‘pathways to care’ tool to map the timeline throughout the participant’s journey to present day symptoms. This largely qualitative tool looks at the length of untreated illness and early symptomology for each participant.

Results
Case studies of three young people in the study will be presented to show examples of their pathways into mental health intervention and the development of their symptoms over their lifespan.

Conclusion
Findings from this tool will highlight the impact of mental health services, particularly the timing of mental health intervention, and the impact for young people in need.
Service Disengagement in Minority Groups Receiving Treatment for Psychosis

Tuesday, 26th September - 13:15 - Table Top 4 - Experiences, needs & support - Lansdowne Room - Table Top -
Abstract ID: 357

Dr. Anika Maraj (McGill University), Dr. Srividya Iyer (McGill University, ACCESS Open Minds), Mr. Franz Veru (McGill University), Ms. Kathleen MacDonald (McGill University), Ms. Laura Morrison (Douglas Mental Health University Institute (CIUSSS ODIM)), Prof. Ashok Malla (McGill University), Dr. Ridha Joober (McGill University), Dr. Jai Shah (McGill University)

Introduction: Psychosis often has its onset in young adults and can have a devastating impact. Fortunately, early intervention programs for psychosis (EIP) have demonstrated successes in symptom reduction and improving long-term functioning for young people who have experienced a psychosis. The success of EIP is dependent on the engagement of young clients in their own care, something EIP emphasizes heavily. Despite this emphasis, EIP programs continue to have substantial dropout rates. Furthermore, rates of disengagement may be higher in certain vulnerable populations including immigrants, visible and linguistic minorities.

Objectives: We aimed to better understand the rates and predictors of disengagement amongst ethnocultural minorities including immigrants, visible minorities and linguistic minorities receiving EIP services in the bilingual and multicultural city of Montréal, Canada.

Methods: We included 492 clients who consented to and participated in a 2-year program for EIP, PEPP-Montréal. Time-to-event analyses determined whether there were differences in disengagement rates within immigrant groups (first-generation, second-generation or third-generation), visible minorities (White, Black, Asian, or Other) and linguistic minorities (Anglophones, Francophones or Allophones). Covariates including age, sex, education status, substance abuse, social and material deprivation indices, family contact and medication non-adherence were included in the models. Cox Proportional Hazards regressions were conducted to determine predictors of disengagement overall and for each sub-group.

Results: Overall, rates of disengagement were similar between immigrant, visible and linguistic minority sub-groups (approximately 25%). However, in each case the predictors of disengagement varied by sub-group. For immigrants, age and material deprivation were predictors for first- and second-generation immigrants only, respectively. For visible minorities, education level was important for “White” and “Black” clients, while material deprivation was significant for “Black” and “Other” clients. For linguistic minorities, social deprivation was a predictor for both Anglophone and Allophone clients. Interestingly, Allophones were the only sub-group for which family contact was a predictor of disengagement. Immigration, visible minority and language status were important for some sub-groups but not others. Medication non-adherence was a predictor for most sub-groups.

Conclusion: Though rates of disengagement do not always differ for immigrants, visible and linguistic minorities, our findings point to the need to better understand drivers of disengagement, which vary across sub-groups. Since “one size fits all” interventions are unlikely to be sufficient, a multi-pronged approach to service provision will be required to address the gaps in care experienced by these vulnerable populations and to optimize their outcomes.
The characteristics and service needs of youth with mental health and/or addictions issues and their families: A survey in Ontario, Canada

Tuesday, 26th September - 13:15 - Table Top 4 - Experiences, needs & support - Lansdowne Room - Table Top - Abstract ID: 316

Dr. Roula Markoulakis (Sunnybrook Health Sciences Centre), Ms. Samantha Chan (Sunnybrook Health Sciences Centre), Ms. Kendyl Dobbin (Sunnybrook Health Sciences Centre), Ms. Staci Weingust (Sunnybrook Health Sciences Centre), Dr. Anthony Levitt (Sunnybrook Health Sciences Centre)

Estimates indicate that over 20% of children and youth in Canada experience mental health and/or addictions concerns (MHA), yet approximately 75% of children and youth with these concerns do not access appropriate treatment. Families of youth with MHA issues experience significant strains associated with access to services, the complexity of the MHA system, the nature of the youth’s issue, the time involved in caring for the youth, and the impact of these strains on family functioning and dynamics. Understanding the nature and extent of youth MHA issues, factors that create strain for youth and caregivers, service needs, and family preferences in service access can inform health systems and services that address youth and families' needs. A cross-sectional survey study investigated the characteristics and service needs of families with youth with MHA issues across the province of Ontario, Canada. We surveyed 860 caregivers and 259 identified caring for youth with MHA issues.

This presentation will outline findings from this study including demographics and diagnoses, concerns of caregivers with respect to their youth, and barriers to services perceived by caregivers. Mean caregiver age was 45.9 (range=35-63, SD=7.1) with 71% female respondents. The mean age of the youth was 16.7 (range=4-29, SD=5.3) with 63% male youth and 1% transgender youth. The youth concerns most frequently reported included difficulties with academics (49.6%), outbursts of anger/rage (41.3%), and difficulty sleeping (40.6%). The most frequently reported youth diagnosis was Depression (30.1%), ADHD (27.8%), and Generalized Anxiety (21.2%). Caregivers identified the most common barriers to accessing services as: the youth's motivation to participate in treatment (54.5%), the cost of services (42.9%), and the availability of appropriate service options (38.2%). Satisfaction with prior services, service types accessed or sought, and perceptions of what could be helpful for finding appropriate services will also be presented. By discussing existing needs and issues across MHA services for youth and families, we can explore future directions in service provision and planning. Such future directions may include service access and navigation programs that address families' needs and lend vital support for accessing services within the complex youth mental health and addictions care system.
Rationale: Since most mental illness begins in youth, addressing the mental health needs of young people would seem to be 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 (OM) 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 multiple levels of 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 ACCESS OM service transformations might impact upon costs and benefits in YMH services, and (2) discuss the policy implications of economic evaluations of YMH service transformation, particularly in the Canadian context.

Approach: Three ACCESS OM 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. Using these sites as examples, we will explore how such transformations could impact overall costs and benefits, and how they have shaped the three purposefully designed economic evaluations now underway.

Practice/Policy Implications: From the perspective of health planners and policy-makers, the ACCESS OM 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 defense against cuts when policy priorities change – thereby sustaining and “future-proofing” these initiatives for the long-term.
Young people at ultra-high risk (UHR) of developing psychosis often exhibit marked and persistent impairments in social and occupational functioning. Quantitative studies have identified factors associated with and predictive of poor functioning in this group; however, there has been no examination of patient’s subjective experience of these difficulties and their causes. We conducted semi-structured interviews with twenty UHR individuals recruited from Early Detection and Intervention Teams in the Northwest of England. Thematic analysis was used to examine the prevailing themes.

Problems in functioning were due to a combination of interacting factors. These included mental health symptoms, cognitive difficulties, and psychosocial factors, such as self-stigmatising attitudes and dysfunctional metacognitive beliefs. Previous adverse life experiences also impacted on individuals’ ability to interact with peers and family. We propose a model that attempts to explain how these factors interact to drive and sustain functional disability in the UHR group. This will assist in the development of clinical interventions aimed at promoting functional recovery among UHR individuals.
Predisposition to aberrant experiences: An investigation using transcranial direct current stimulation

Tuesday, 26th September - 13:15 - Table Top 4 - Experiences, needs & support - Lansdowne Room - Table Top -
Abstract ID: 549

Ms. Rachel Marchant (Birmingham University), Dr. Jason Braithwaite (Lancaster University)

Introduction: “Aberrant experiences” (AEs), such as perceptual distortions and hallucinations, are common in several psychological and neurological disorders. They are also experienced with surprising frequency by many individuals from non-clinical populations. A comprehensive understanding of the neurocognition underlying these striking experiences awaits clarification. One factor thought to underlie predisposition to AEs is known as “cortical hyperexcitability”. A recently-developed measure, the Cortical Hyperexcitability index (CHi; Braithwaite et al., 2016), seeks to provide a proxy measure of cortical hyperexcitability and associated AEs. Having now been established, an important avenue of future research is to examine the utility of the measure alongside objective measures of cortical hyperexcitability.

Methods: Sixty-two psychologically-normal participants (77% F, x̄ age=20yrs, screened for psychological or neurological conditions) completed three trait-based questionnaire measures exploring predisposition to AEs. These were (i) the “Cardiff Anomalous Perceptions Scale” (CAPS; Bell, Halligan & Ellis, 2006), (ii) the CHi, and (iii) the “Cambridge Depersonalisation Scale” (CDS; Sierra & Berrios, 2000). Participants underwent single-blind anodal (20 mins, 1.5mA) and sham (30s, 1.5mA) tDCS (anode at Pz, cathode at Cz). Twenty minutes after stimulation onset, participants completed a computerised pattern glare (PG) task which involves rating the intensity of anomalous visual distortions (AVDs) experienced when viewing striped gratings (medium/high frequency). Positive medium-high differences (M-HΔ) in intensity ratings index increased degrees of cortical hyperexcitability.

Results: Mean CHi, CAPS, and CDS scores were 51 (16%), 49 (10%), and 28 (10%) respectively. Correlations between all questionnaire measures were strong and significant. CHi scores correlated significantly with measures of cortical hyperexcitability (M-HΔ AVD intensity ratings: r=0.31, p<0.001) under anodal stimulation of Pz only.

Conclusions: Questionnaire scores indicate that even non-clinical samples can have complex AEs. Correlations suggest that predisposition to some types of AEs, e.g. visual, are related to predisposition to other types of AEs, i.e. those in other sensory modalities. However, results also indicate that only the CHi is useful for predicting actual online, state-based experiences of AVDs (associated with cortical hyperexcitability), as no other questionnaire scores significantly correlated with PG M-HΔ AVD intensity ratings. This study lends validity to the CHi as a measure of predisposition to AEs, and suggests the CHi may be useful in screening participants in any future research related to AEs.
**Angry Young Men: Using an interpersonal formulation of anger to help bring about change**

Tuesday, 26th September - 13:15 - Table Top 4 - Experiences, needs & support - Lansdowne Room - Table Top - Abstract ID: 162

**Dr. Peter Cairns (Norfolk & Suffolk NHS Foundation Trust), Dr. Lawrence Howells (NSFT)**

We will argue that anger in many young men arises as a result of masculine ideals around ways of responding to interpersonal conflict. Evidence will be reviewed that suggests that young boys and men are encouraged to express anger and suppress other emotions in response to interpersonal difficulty. Anger may also be a means of managing other difficult underlying feelings, such as shame.

A formulation will be outlined in which interpersonal conflict – either real or imagined – leaves the young man feeling devalued, undermined or taken advantage of in some way. This gives rise to feelings of anger which are expressed in one of two ways. Either the young man suppresses them and submits to others, which leads to short-term resolution but in the longer-term a sense of being devalued and ‘walked over’ by others, resulting in a ‘simmering’ and enduring anger. The other route involves the acting out of the anger, bringing a brief sense of power and dominance which is strongly reinforcing and addictive. In the longer-term, this strategy can lead others to judge, criticise and devalue the ‘irrational’ nature of the angry behaviour, which can bring powerful feelings of exposure, humiliation or shame. This can be easily triggered again in interpersonal situations, thereby starting the cycle again.

A case will be outlined to illustrate this model of anger in young men, and implications for intervention and treatment will be discussed.
Strength and Skills for Wellness - An adapted DBT approach for Youth Mental Health

Tuesday, 26th September - 13:15 - Table Top 4 - Experiences, needs & support - Lansdowne Room - Table Top - Abstract ID: 520

Ms. Miriam McLaughlin (Stella’s Place), Ms. Stephanie Mather (Stella's Place), Ms. Kayla Cowen (Stella’s Place)

The Strengths and Skills for Wellness Program (SSW) is an adapted Dialectical Behavior Therapy (DBT) skills program for young adults (YA) with mental health challenges. DBT has been shown to have a significant impact on individuals with psychosocial challenges, behavioral challenges related to emotion regulation, who self-harm or who have substance use issues (Linehan & Dimeff, 2008). This adapted SSW program is designed to improve mindfulness, emotion regulation, distress tolerance, interpersonal effectiveness, and to encourage healthy coping strategies.

This program utilizes an integrated peer-clinician facilitation model, which is a unique integration that only exists at Stella’s Place. The SSW is a 10-week intensive program consisting of 2 skills-training groups per week, an individual skills coaching session, home practice along with drop-in peer support available. Groups are facilitated by YA Peer Supporters and Mental Health Clinicians. YA Peer Supporters also facilitate the ongoing weekly drop-in Refresher for graduates of the SSW program. This group encourages young adults to support each other, review and practice skills and provide feedback which leads to measuring long term outcomes of SSW. Additionally, this innovative integrated delivery approach helps the application of skills to specific situations by providing the support of YA Peer Supporters who have lived experience and can have age-relevant conversations.

This program is aimed at young adults between the ages of 16-29 who are in need of emotion regulation and who are engaging in harmful behaviors. A significant amount of SSW participants report they regularly self-harm (83%), had a visit to the Emergency Department in the previous month for mental health reasons (66%) and use alcohol and drugs as a coping mechanism (75%).

Quantitative Analysis: Research from current programming shows a significant improvement in CORE self-evaluations (thinking positively of themselves and being confident in their own abilities). Participants also reported significant increases in Resiliency scores after completion of the program, leading to healthy coping strategies and decision-making. Crucially, our results thus far show a significant decrease in Emergency Department visits due to mental health, as well as reduced dependence on alcohol and drugs as a coping mechanism and lower levels of self-harm.

Qualitative Analysis: Participants indicated clearer understanding of emotion regulation strategies, as well as distress tolerance coping mechanisms. Participants also identified the benefits of availing of YA Peer Supporters for support and increased understanding of implementing the skills in everyday life. YA Peer Supporters were also identified as encouraging positive role models throughout the process. Participants also recognized the importance of the Peer Refresher Group as a way to practice skills and find community support.

Implications of the successes of the SSW program are crucial in delivering mental health programming to young adults. The incorporated YA Peer Coaching has been identified by participants as a unique and dynamic aspect of this program. The results of this innovative Peer driven program of will shape future mental health provision.
Developing the effectiveness of clinical and cognitive assessment with personalised feedback: A pilot study of young people with mood disorders in an inpatient facility

Tuesday, 26th September - 13:15 - Table Top 4 - Experiences, needs & support - Lansdowne Room - Table Top - Abstract ID: 241

Ms. Ashleigh Tickell (Brain and Mind Centre, University of Sydney), Dr. Daniel Hermens (Brain and Mind Centre, University of Sydney), Dr. Elizabeth Scott (Brain and Mind Centre, University of Sydney), Ms. Tracey Davenport (Brain and Mind Centre, University of Sydney), Mr. Frank Iorfino (Brain and Mind Centre, University of Sydney), Dr. Laura Ospina-Pinillos (Brain and Mind Centre, University of Sydney), Prof. Ian Hickie (Brain and Mind Centre, University of Sydney)

Introduction: There is growing evidence to support the need for personalised intervention and feedback in the early stages of a major psychiatric illness. Furthermore, in such patients cognitive impairment is one of the most important predictors of long-term function. Thus, there is a great need for patient-focused research that assesses clinical services, the use of computerised technology, and interventions that focus on function and integrate information in order to improve outcomes. This pilot study assessed clinical and cognitive profiles, and feedback of young inpatients with severe mood disorders, as part of clinical service.

Objectives: Our aim is to improve the way we can predict and classify the trajectory and impact of emerging psychiatric disorders. Additionally, to assess the feasibility of a collaborative clinical service within an inpatient facility that uses cognitive and clinical assessments to assist monitoring and planning of treatment paths, as well as promoting engagement between patients and clinicians, via structured patient-centred feedback.

Methods: 50 participants (16-25 years (M=18.8±3.0), 74% female) at the Young Adult Mental Health Unit (USpace), St Vincent's Private Hospital completed two computerised assessments (touchscreen device): self-report questionnaire (demographic and clinical information) and cognitive testing (for example, motor skills, attention, and concentration). Participants and clinicians received feedback of their results as part of a personalised intervention and routine clinical care.

Results: Cognitive complaints were very high with 66% of patients reporting concerns with their memory and 97.6% their concentration/decision-making. One third (32%) of participants were currently Not in Education, Employment, or Training (NEET status); and, 90% reported psychological distress in the severe range (Kessler 10 score; M=36.5±4.9). High-risk suicidal behavior (indicative of a SIDAS score >21; M=24.8±14.7) was found in 56.5% of patients. Mental flexibility (concentration) had the highest proportion of impairment with 82% performing significantly less than expected (M=-3.6±1.65). Verbal learning (memory) had the highest proportion of participants performing less than expected (22%, M=1.4±0.9).

Conclusion: This pilot study highlights that both self-reported cognitive complaints and objective cognitive impairments are prevalent in young inpatients with mood disorders; furthermore, common impairments were validated through feedback, for all patients. Thus, the cognitive status of young psychiatric inpatients is important in the context of treatment planning, monitoring, and personalised care. Likewise, feedback should lead to a specific intervention incorporating symptoms and functioning. Our next step is to quantify the longitudinal effects of cognitive profile feedback (to both patients and clinicians) on clinical outcomes.
What do young people at risk for psychosis need?

Tuesday, 26th September - 13:15 - Table Top 4 - Experiences, needs & support - Lansdowne Room - Table Top -
Abstract ID: 483

Ms. Sarah McIlwaine (McGill University), Dr. Manuela Ferrari (Douglas Mental Health University Institute), Dr. Srividya Iyer (McGill University), Dr. Ashok Malla (McGill University), Dr. Jai Shah (McGill University)

Introduction: Some young people who seek mental health services are deemed to be at clinical high risk for psychosis (CHR): a term used to summarize experiences of low-level psychotic symptoms (e.g. hearing noises instead of voices). Specialized services have been created to prevent or reduce the risk of transition from CHR to a first psychotic episode. However, many youth at CHR also experience low mood or anxiety, as well as problems with school, work, friends or family; problems that persist regardless of whether psychosis develops or not. Moreover, given that only 20-40% of youth at CHR will develop psychosis, it remains unclear whether specialized services should be designed based on psychosis prevention, whether the needs of these youth are in some ways distinct from those who have experienced a first psychotic episode, and indeed, what the service needs of youth at CHR actually are.

Objectives: Although many of the interventions offered to youth at CHR are symptom-based, there is a movement towards tailoring these services to not only address symptoms, but to also address other needs that may be equally important. However, clear gaps in our knowledge exist surrounding the lived experiences of youth at CHR, highlighting a stark need to examine the subjective experiences of such youth, the appropriateness of current interventions for CHR states, and to hear directly from the youth themselves about what their service needs are.

Approach: Our project aims to address these gaps in our current knowledge through individual interviews with youth attending the Clinic for the Assessment of Youth at Risk in Montreal, Quebec.

Practice: Attendees will be invited to critically explore the terminology currently used to describe the CHR state (e.g. converter versus non-converter), to discuss whether psychosis prevention is a useful intervention goal in this group, and where research on the subjective experience of CHR should go from here.

Conclusions: Understanding the lived experience and needs of youth at CHR should be integrated into the design and development of specialized services for this vulnerable population.
An examination of the relationship between physical activity, mental health, perceived health and happiness in a representative sample of third level students in Ireland.

Mr. Joseph J Murphy (University of Limerick), Dr. Ciaran MacDonncha (University of Limerick), Prof. Marie H Murphy (Ulster University), Dr. Niamh Murphy (Waterford Institute of Technology), Prof. Catherine B Woods (University of Limerick)

University life can be a period of increased risk of poorer mental health and depression, with several studies noting significantly worse mental health among students than the general population norms. Physical activity is a fundamental means of improving peoples’ mental health, yet almost 40% of Irish third level students reported not achieving the physical activity guidelines even though they have both the time and opportunity to be physically active. The objective of this study was to investigate the clustering patterns of physical activity domains in Irish third level students and examine whether these clusters differ based on self-reported mental health, perceived health and happiness.

Students from 31 tertiary level institutes completed a supervised online survey as part of Student Activity and Sports Study Ireland (SASSI). Two-Step Cluster analysis was carried out to identify any groups of students that took part in forms of travel and leisure physical activities. ANOVA with Bonferroni post hoc were used to note any differences between clusters for age self-reported mental health and happiness. Chi-square test of independence was used to note the differences between clusters for perceived health.

Students (N = 6,951 49.0% male; 23.19 ± 6.74 years) participated in leisure physical activities through their institutions (14.3%), through organisations outside of their institutions (32.5%), through organisations both in and outside of their institutions (18.3%) or not at all (34.8%). Students were more likely to use motorized transport to get to university (59.9%). Males reported significantly higher mental health scores (males = 68.36 ± 20.42; females = 65.04 ± 19.41; t(6315)=6.63, p<0.01) and better (i.e. good or very good) perceived health (males = 59.1%; females = 52.2%; X² = 33.32, P<0.01), with no difference for happiness (males = 6.86 ± 2.07; females = 6.76 ± 2.02; t(6274) =1.958, p = 0.05). Five clusters were identified in this student population. These included the ‘Not Active’ (i.e. took part in no transport or leisure physical activities), ‘Active Transport (i.e. only active thorough walking and/or cycling)’, ‘Active only in University’, ‘Active only outside University’ and ‘Active Everywhere (i.e. active both inside and outside institutions)’ clusters. Members of the ‘Not Active’ cluster were significantly older and reported poorer mental health scores than the majority of the other clusters. Members of the ‘Active Everywhere’ cluster reported significantly higher levels of happiness compared to the ‘Not Active’ cluster. Members of the ‘Not Active’ and ‘Active Transport’ clusters reported poorer perceived health, while members of the remaining three clusters reported greater perceived health.

Self-reported mental health, perceived health and happiness scores were higher among members of clusters containing a form of leisure physical activity. There is a need to understand what determines a student to fall into these individual clusters, which can then assist with the development of interventions to promote an active third level lifestyle that benefits the overall health of students.
It has long been assumed that athletes are less vulnerable to mental health issues than the general population due to their regular participation in physical activity. However, research is emerging to contradict this assertion, suggesting that athletes may be at equal or increased risk of encountering psychological distress. Prolonged exposure to the physiological, psychological, competitive and organisational stressors associated with high-level sport can be potentially detrimental to athletes’ mental well-being. A large proportion of athletes will also fall into the most at-risk age group for the onset of mental health issues (16-25) further increasing their susceptibility. Research has suggested that approximately one quarter of athletes will suffer from a mental health disorder during their career. A major barrier to improving the well-being of athletes is the perception of stigma towards mental health issues. Evidence that athletes are ‘service averse’ and possess negative attitudes towards help-seeking is accumulating. A large proportion of athletes actively avoid seeking professional psychological help out of fear of being labelled as “weak” by their peers or other relevant stakeholders, e.g. coaches. This study aimed to measure Irish athletes’ attitudes towards mental health issues and to determine how their attitudes affect subsequent help-seeking behaviours. A large-scale online survey of over 500 athletes and non-athletes found that athletes who had previous experience of consulting with psychological service providers viewed help-seeking behaviours more favourably. It was also found that female athletes held more positive attitudes towards mental health issues and were more open to seeking help than male athletes, reflecting previous research findings. Also in line with previous research, there were significant positive correlations between athletic identity and attitudes towards mental health help-seeking. Competitive level was not a significant predictor of stigma, however. This study is the first of its kind to be conducted on an Irish sample, adding to the limited knowledge base of mental health stigma within a sports context. Using sport as a natural laboratory, we can apply lessons learned from this subgroup of young people about mental health stigma to help move towards its reduction in the overall population.
Moving beyond gamification to video game use in the design of new and emerging technologies for mental health and wellbeing

Tuesday, 26th September - 13:15 - Table Top 4 - Experiences, needs & support - Lansdowne Room - Table Top - Abstract ID: 458

Ms. Vanessa Wan Sze Cheng (University of Sydney), Dr. Daniel Johnson (Queensland University of Technology), Dr. Kellie Vella (Queensland University of Technology), Ms. Tracey Davenport (Brain and Mind Centre, University of Sydney), Prof. Jane Burns (The University of Sydney), Prof. Ian Hickie (Brain and Mind Centre, University of Sydney)

Introduction: eHealth and mHealth technologies mitigate geographical and stigma barriers towards accessing mental health care, increasing their accessibility and reach. They represent the potential for a connected hub of self-directed, young person-centred mental health education and care. However, in practice the majority of eHealth and mHealth technologies face low uptake and high attrition rates. Gamification is a popular strategy to increase user retention, most commonly via basic reward systems such as achievements and badges that encourage the user to engage with the app. However, poor implementation of gamification can potentially have the opposite effect of decreasing intrinsic motivation to engage. Rather than challenges and competition, eHealth and mHealth technologies may find the immersive, interactive, and cooperative aspects of video games more helpful to appropriate.

Objective: To explore more nuanced implementations of video game mechanics and how they may be applicable to eHealth and mHealth technologies.

Approach: We present data on online video gaming in Australian young people and describe multiple approaches towards implementing video game concepts, ranging from gamification to serious games, in new and emerging technologies for mental health and wellbeing. We also demonstrate a potential application of virtual reality technology in mental health and wellbeing.

Implications: Video game concepts and technologies hold great potential in increasing the interactivity of mental health education and care, potentially allowing users a deeper level of understanding and greater autonomy over their mental health and wellbeing. However, care must be taken in the usage of video game concepts and technologies so as not to alienate the target audience and trivialise the eHealth and/or mHealth technology.

Conclusion: Incorporating highly interactive and immersive gamified experiences and games in eHealth and mHealth may greatly aid user engagement, particularly for the purposes of mental health education and care.
Seeing the gap: Improving organisational knowledge about Aboriginal and Torres Strait Islander perspectives on mental health through engagement with health professionals

Tuesday, 26th September - 13:15 - Table Top 4 - Experiences, needs & support - Lansdowne Room - Table Top - Abstract ID: 237

Mr. David Baker (Orygen, The National Centre of Excellence in Youth Mental Health), Dr. Jo Robinson (Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne, Australia), Dr. Sarah Bendall (Orygen, The National Centre of Excellence in Youth Mental Health, Melbourne, Australia), Dr. Simon Rice (Orygen, The National Centre of Excellence in Youth Mental Health; Centre for Youth Mental Health, The University of Melbourne, Australia)

Introduction: Aboriginal and Torres Strait Islander young people (Australia’s indigenous peoples) experience poorer mental health outcomes and are at significantly higher risk of suicide and self-harm than the balance of the population. Aboriginal and Torres Strait Islander young people report higher levels of psychological distress and are hospitalised more often for a mental health related condition.

Objective: Orygen, The National Centre of Excellence in Youth Mental Health has recognised that it could be more involved in supporting the development of novel treatments, early interventions and targeted service models for Aboriginal and Torres Strait Islander young people and strengthening the mental health workforce working with them. To this end, Orygen is undertaking a medium-term engagement project to increase the organisation’s understanding to enable it to play a constructive role.

Method: The engagement project involved interviews with a small group (n=9; 2 participants identified as Aboriginal) of academics, health professionals, public servants and managers from around Australia. Interview questions covered three topics: (1) the location of mental health in a wellbeing context, (2) service acceptability, and (3) appropriate program evaluation.

Results: Draft interview findings and research conclusions were reviewed and ratified by participants. Generally, common themes were evident in the responses to interview questions. Themes included locating mental health within a broader wellbeing context, the usefulness of clinical language, and the ideal environment for working with young people. Within some themes there were different perspectives reflecting variation in the experiences and contexts of interview participants. Selected findings and conclusions will be presented.

Future direction: The next stage of engagement will be focused on how to engage with young people. The perspectives of Aboriginal and Torres Strait Islander Elders, communities and health organisations will be sought in preparation for engagement with young people and a co-design project.

This abstract has been submitted for consideration for table top presentations to provide an opportunity for conference participants who identify as indigenous/First people or have experience working in this field to contribute to the design of the next stage of the engagement project.
Making it Work: Maximising internal networks to create job opportunities for young people

Tuesday, 26th September - 13:15 - Table Top 4 - Experiences, needs & support - Lansdowne Room - Table Top - Abstract ID: 566

Ms. Gina Chinnery (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Kerryn Pennell (Orygen, The National Centre of Excellence in Youth Mental Health), Mr. Dan Kneipp (Orygen, The National Centre of Excellence in Youth Mental Health), Ms. Petula Frantz (Orygen, The National Centre of Excellence in Youth Mental Health), Mr. Wayne Mallia (Orygen, The National Centre of Excellence in Youth Mental Health)

Orygen has successfully embedded an Individual Placement and Support (IPS) vocational program into two of the Orygen managed headspace centres in Victoria, Australia. The Victorian state government funds the IPS program and Orygen is now identified as part of the Jobs Victoria Employment Network (JVEN), providing a new platform to develop connections with employers interested in supporting young people with mental ill health.

Finding employment is consistently identified as one of the primary goals of young people with mental ill health however; one of the biggest challenges for vocational specialists providing IPS is the development of new employer connections that result in sustainable jobs.

In addition to the standard approach used in IPS programs to connect young people to employers, Orygen’s vocational recovery team has strategically aligned itself with other internal divisions, most notably key decision makers in Orygen’s fundraising, finance and building redevelopment teams, to harness existing employer connections and build internal capacity to support young people into work.

Results to date include:

- Introductions to executives at a major Australian retailer, a national transport company and a large engineering firm identified by the fundraising team from their donor list. This has resulted in the development of direct referral pathways to key human resource personnel and resulted in two young people obtaining employment with plans for further recruitment as suitable jobs become available.
- Development of a preferred referral and recruitment point for apprenticeship and traineeship opportunities on the Orygen building site redevelopment project. The building redevelopment team has instructed firms tendering for the redevelopment project to prioritise young people from Orygen’s JVEN program in the required 10% quota as part of the Major Projects Skills Guarantee through Victorian state government.
- Creation of a new entry-level traineeship opportunity in Orygen’s finance and corporate services department. After identifying an opportunity for increased staffing within the finance division, the vocational team negotiated with divisional management to create a full time, entry-level traineeship role suitable for young people with limited work experience.

The presentation seeks to demonstrate how Orygen has utilised available internal structures to enhance IPS vocational outcomes and influence internal recruitment policies to ensure our organisation is doing everything it can to support the career aspirations of young people. It offers an opportunity for other services to consider how their own unique organisational settings could be used to develop job opportunities for young people.
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