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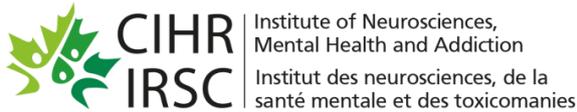
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“That’s the end result if you cannot get better: Adolescents’ perceptions of mental health services”

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 14

Dr. John Goodwin (University College Cork), Prof. Eileen Savage (University College Cork), Dr. Aine O’Donovan (University College Cork)

Introduction

Adolescence is a peak period for the onset of mental distress, yet adolescents may not seek help from mental health services. While studies have been conducted on perceptions of mental distress from the perspectives of adolescents with no prior experience of accessing mental health services, little research has been conducted on their perceptions of mental health services.

Objectives

The aim of this study was to explore adolescents’ perceptions of mental health services.

Methods

An interpretive description approach guided this study. Data were collected through individual interviews with 30 students in secondary (high) schools. To complement interviews, participants drew images of mental health care environments and mental health staff members. Interview data were analysed using qualitative content analysis. Manifest (surface level) data are presented in categories and sub-categories. Latent (underlying meaning) data are presented in themes.

Results

Five themes were identified. “Mental health” and “psychiatric” were perceived as different concepts. Participants were aware of mental health issues and associated services but held more stigmatising perceptions of psychiatric services. Participants were uncertain about how to access services, and about what form such services take. Mental health care environments were positively regarded, as were the staff who worked there; less positive attitudes were noted for psychiatric care environments and staff. It was suggested that, to work in mental health services, one would need to have completed a vast amount of study. It was also suggested that the experience of mental distress may influence people to pursue a career in mental health services. Perceptions of services were influenced by multimedia, in particular, television programmes and film. This mode of influence (i.e. multimedia) was also recommended as an education strategy that could be used to enhance adolescent awareness about mental health services.

Conclusion

Adolescents hold stigmatising perceptions of mental health and are uncertain about how mental health services operate. Adolescents need to be educated about mental health services. It is suggested that traditional modes of education, such as leaflets and posters are ineffective, and a more modern format (i.e. multimedia) would enhance this education. It is expected that provision of education in this area would reduce stigma and improve help-seeking behaviours. This education may also help to demystify the role of mental health staff and enhance service recruitment at a time when staff issues are a major service concern.

The Best We Have To Offer: A Look Into the Review into Youth Mental Health Services in New Brunswick

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 25

Ms. Stacie Smith (Co-Chair - Youth Advisory Council), Ms. Sue Duguay (Co-Chair - Youth Advisory Council)

The NB Office of the Child, Youth and Seniors' Advocate released its final report on youth suicide prevention and mental health services, entitled *The Best We Have To Offer* in September. This report stems from the minister of health's request for an independent review following the death of 16-year-old Lexi Daken from Fredericton, New Brunswick. This investigation has allowed us to make certain factual findings in relation to the chronology of events, as are set out below, as well as some material observations in relation to gaps in services and failings to fully respect Lexi's right to life and right to health. The final report and recommendations were informed by review of the extensive documentary disclosure by government, then expanded by literature review and research. It was also informed by extensive public consultation, via over 4000 online survey responses, over 10 community online consultations, key informant interviews, expert dialogue sessions, individual citizen feedback and formal submissions. The final report finds that acute care youth mental health settings lack appropriate mental health training and adequately resourced specialized services, both in terms of physical infrastructure and human resources. This will detail the process of the review and how the youth perspective helped inform the process throughout. We will touch on the recommendations made to the province and provide an update on the progress made towards implementing these recommendations. It will also allow other countries/organizations to see the impact it can make on their own youth mental health services.

Co-Production in Child and Adolescent Mental Health: A Systematic Review

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 28

Mr. Michael John Norton (University College Cork)

Introduction: Mental health services are currently undergoing a shift from a biomedical to a recovery orientation. One concept essential to this shift is that of co-production. Currently there is no universally agreed definition for the concept. This may have resulted from its short but colorful history in a variety of different services. However, despite this, it is agreed that co-production is the highest rung on the ladder of participation as it allows for full and equal involvement regardless of one's role, knowledge base, experience or status. The evidence base for the utilization of this concept is growing. However, a synthesis is required to identify the scale of its development within child and adolescent mental health.

Objectives: To provide a synthesis of peer reviewed literature on co-production within child and adolescent mental health so that recommendations can be created for future research, policy and practice within this sector.

Methods: The review conformed to the updated PRISMA standard reporting guidelines for systematic reviews and meta-analysis. The question for investigation was created using the PICO method, which also supported the creation of the various search strings. Three rounds of screening occurred using eight databases, an inclusion/exclusion criteria and a process of reference screening. Once completed, risk of bias, quality assessment and process of data synthesis were explored.

Results: Two studies were included in this review. One qualitative paper exploring co-production to regain power after childhood sexual abuse and one mixed method study exploring co-production within a Discovery College. The synthesis of data resulted in two broad themes "road less traveled" and "co-producing equality". Each of which demonstrates the exploration of powerlessness and how co-production can have a positive impact on mental health and sense of self through regaining this lost power.

Conclusion: This review highlighted the paucity of literature currently available for co-production in child and adolescent mental health. However, despite this, the present review does suggest considering the environment and mechanism employed when using the principles of co-production in implementing the concept in such a service. The review demonstrated poor quality of evidence currently available on the concept. However, the type of review used may have limited the amount of evidence available into the topic. Therefore, future reviews should employ a scoping methodology to examine whether such paucity identified here actually exists within the literature. Additionally, more comprehensive and rigorous research is required in order to build a strong evidence base, built on theoretical and practical elements of co-production in mental health.

Young People's Experiences of Completing a Trauma and PTSD Screening Tool When Attending an Early Psychosis Program.

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 56

Mrs. Tracey Dryden-Mead (Orygen), Prof. Sarah Bendall (Orygen), Dr. Barnaby Nelson (Orygen)

Introduction: It is well established that many people with psychosis have experienced trauma in childhood, and in particular young people who have a service from an early psychosis program, have been identified as having high levels of trauma exposure in their childhood. For these young people who access an early psychosis service up to 82% report some kind of trauma. Best practice guidelines identify that screening for trauma occurs at introduction to mental health services to provide tailored clinical interventions, however the reality is many services do not routinely conduct these assessments and one of the main reasons cited for this is that clinicians are concerned about the potentially distressing and destabilising effect screening would have on the young person.

Objectives: Explore how young people experience the screening process when completing questionnaires relating to their lived experiences of trauma and possible PTSD symptoms.

Methods: This research explored how young people experienced the screening process when completing questionnaires relating to their lived experiences of trauma and possible PTSD symptoms. The researcher conducted interviews with the young people and then analysed this rich data using an interpretative phenomenological analysis (IPA) approach to collect data and relay these findings.

Results: Results from this study indicated that young people expected to be asked about their trauma experiences, acknowledged that this was challenging for them but due to the relationship they had built with the clinician over a few sessions, this allowed them to develop trust in being able to share this information. Young people reported feeling nervous both before and during the completion of the questionnaires but a sense of relief and satisfaction once they had completed them.

Conclusion: Young people expect to be asked about their trauma experiences when entering a mental health service. For this to routinely occur clinicians need to feel comfortable, skilled and able to sensitively screen for trauma experiences and the organisations that they work within must invest in supporting this training.

Practice Implications: To the best of our knowledge this is the first study to qualitatively explore young people's experiences of completing routine screening for trauma experiences and PTSD symptoms. These findings will assist with service development around early identification and treatment of trauma symptoms with an emphasis on organisations investing in the principles of a trauma-informed framework.

Improving mental health research: a qualitative analysis of youth perspectives

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 82

Ms. Zeynep Akcaoglu (KU Leuven), Dr. Robin Achterhof (KU)

- Introduction

Adolescence is a crucial period for the start of mental health issues. It's also the time when social identity and relationships change and develop. To study this process, we set up the SIGMA study in 2018 as a longitudinal look into the mental health of Flemish youth, with special attention paid to the role of social interactions. We study the continuous interactions and fluctuations with mental health through Experience Sampling Methodology (ESM), a structured daily diary method. Over the course of 6 days, participants are prompted 10 times per day to answer short questionnaires about their current feelings, thoughts, behavior and (social) situation. However, the SIGMA study faces challenges often experienced in longitudinal research, such as drop-out and underrepresentation of vulnerable groups. To gain more insights into these challenges, we organized focus groups where youth shared their view on mental health and research.

- Objectives

The objective of this research is to improve youth mental health research. We hereby focused on methodology as well as potentially relevant research questions from the point of view of youth. We also wanted to tackle the issue of accessibility in research. Certain groups with a higher risk for mental health issues are often underrepresented, such as youth from a low socioeconomic background and a history of non-suicidal and suicidal self-injury.

- Methods or Approach

We set up three different semi-structured focus groups. The first consisted of previous participants of the SIGMA study. The other two are groups often underrepresented in research: youth with a low socioeconomic status (SES) and youth with a history of non-suicidal and suicidal self-injury (NSSI). This last group also previously participated in SIGMA. Each group met three times to talk about following themes: mental and social well-being, methodology of the SIGMA study (i.e. ESM) and procedural aspects of research (e.g. recruitment). Each group consisted of 8 participants between the ages of 16 and 22. The results were analyzed using thematic analysis.

- Anticipated results

The focus group with low SES youth was in progress at the time of submission. The other two groups were still in preparation. Early findings indicate disadvantaged participants perceive well-being as context-dependent. Spirituality/religion and social connectivity were highly valued as coping methods for mental health issues. Participants indicated school stress and interpersonal conflict as risk factors. We expect similar findings in the general SIGMA and NSSI groups. Furthermore, there were doubts regarding the meaning of certain psychopathology ESM items, which we also expect in other groups. Lastly, financial compensation and genuine interest were listed as important motivators for participating in research. We anticipate similar motivators in

the other samples, though participants from higher socioeconomic backgrounds may express more intrinsic motivation due to higher financial security.

- Preliminary conclusion

Results from the study are used to improve accessibility and relevance of youth mental

health research. Further research into the validity of ESM questionnaires is needed, as well as into the individualization of mental health care.

Exploring impact of social media on young people's emotion: SHIELD Project

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 87

Ms. Gloria Cheung (University of York), Dr. Clare Fenton (University of York), Dr. Ioana Varvari (Tees Esk and Wear Valley NHS foundation Trust)

Social media has become part of young people's life and development. It was developed to improve social connections and reduce loneliness. However, social media could also adversely affect one's emotions. Studies found that there is an increasing association between social media usage and emotional problems in young people. This could be due to young people changing their ways of using social media as well as changes in features of social media platforms. Hence, it is crucial to understand what aspect of social media causes these disturbances in young people's emotions to adapt interventions to them. The primary aims of our study are to explore how social media can affect young people's emotions and how this could be improved. An online questionnaire was distributed to young people. Qualitative data were collected through open questions and analysed using reflexive thematic technique. Addictiveness of social media was developed as the overarching theme. Three themes were developed, including sense of social connectedness, self-exploration, comparison, as they all contribute to the overarching theme. Social media makes young people feel more socially connected to others through being part of an online community. A healthy community attracts users that share the same positive traits and interests, which would encourage positive interactions between users. Online communities promote exploration and can help young people mould their self-identity. However, features of social media can make online exploration addictive and promote 'endless scrolling'. Balancing time on social media could mitigate this and encourage young people to explore their identity offline. As young people are exposed to more social media content, they start to make comparisons between themselves and others. This promotes fear of missing out, which creates a compulsion to constantly check others' social media content to relieve the fear. To improve their self-worth, young people gain popularity on social media by idealising their lives. This leads to upward comparison and insecurity. We could help young people reduce comparison by reminding them that others also idealise their lives on social media and promoting honest communication. This could reduce upward comparison and the number of idealised posts on social media. Young people should also learn to be more self-compassionate to improve their well-being and reduce comparison. On an interpersonal level, interactions on social media allow young people to keep in contact with friends and exchange ideas with people they met online. However, these interactions could be unhealthy, due to the pressure to reply to messages and cyberbullying. Young people should be taught about recognising toxic contents and users. They should feel comfortable setting online boundaries. This could be through utilising settings on social media platforms, such as blocking and unfollowing others. They should also be taught to be empathetic towards others to reduce negative interactions. Social media can have both positive and negative effects on young people's emotions. Future interventions should aim to educate young people about online safety, how to deal with stressful situations and how to enhance positive aspects of social media.

HEADSTRONG: Youth anti-stigma and mental health leadership

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 94

Ms. Sandra Koppert (Mental Health Commission of Canada)

Introduction or Rationale

HEADSTRONG is the Mental Health Commission of Canada's anti-stigma, mental health leadership program designed to inspire and empower Canadian youth.

Objectives

Launched in 2014, HEADSTRONG was developed after five years of research to address stigma among youth aged 12-19, a priority population in 2009 and now. The program is uniquely designed to build leadership competency among youth in support of their mental health for long-term change in attitudes and behaviour around mental health and illness.

Approach

HEADSTRONG is a two-part: Part 1, the summit, is an experiential learning event teaching youth about mental health, stigma, recovery and the power of personal and collective action. In part 2, youth design and deliver activities and events to raise awareness and promote mental wellness in their schools and communities. Youth are inspired and empowered by the HEADSTRONG program to create genuine change through their leadership for peers, teachers, families and their community.

HEADSTRONG is rooted in research and is continually evaluated to ensure quality and fidelity to the efficacy of the program, as well as to track learning trends and emerging mental health concerns for youth.

Results

Since the launch in late 2014, HEADSTRONG has held 168 youth summits across 9 provinces and 2 territories in Canada and has garnered interest internationally:

- 153 in-person summits
- 15 virtual summits (to Feb 28, 2022)
- 2 in-person summits in Dublin, Ireland

HEADSTRONG has directly reached 19,000 youth via a summit, and a cascading reach of over 500,000 youth due to post-HEADSTRONG mental health activities occurring in schools and communities.

The demand for HEADSTRONG summits has grown exponentially in the past five years. In 2016, there were 9 HEADSTRONG summits. In the school year 2019-2020 there were 53. In March 2020, in-person operations of HEADSTRONG were halted due to the COVID-19 pandemic. The HEADSTRONG team successfully adapted the established in-person program into an engaging, evaluated virtual model by Spring 2021, using youth consultation and feedback throughout.

At this time, the HEADSTRONG team is delivering virtual HEADSTRONG summits on a weekly basis across Canada, and currently have 14 summits booked from March 1 to May 30 2022.

Conclusion

HEADSTRONG has built strong and lasting working relationships with hundreds of partners across Canada including with numerous priority populations. Those partners include provincial health and Indigenous health authorities, provincial and local Canadian Mental Health Association chapters, newcomer/immigrant/refugee-serving organizations, university research bodies, school boards, LGBTQ2S+-serving organizations, non-school based youth organizations, provincial and regional First Nations and Métis organizations, Elders, faith-based

organizations etc. HEADSTRONG is trusted by diverse communities to provide a meaningful learning experience for their students because the core of HEADSTRONG is respect, inclusion and authentic care for all youth.

The SAFER Project: Addressing Gender-Based Violence Affecting 2SLGBTQ+ Youth

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 98

Mx. Fae Johnstone (Wisdom2Action), Dr. Dennis Stuebing (Wisdom2Action)

Wisdom2Action, with funding from Women and Gender Equality Canada, created the Safer Access for Everyone in the Rainbow (SAFER) Project. The SAFER Project is a 3-year initiative to address and prevent gender-based violence against 2SLGBTQ+ youth. Through ongoing training for youth-serving, youth mental health and 2SLGBTQ+ community organization, this project will build the capacity of organizations to adequately respond to, address and prevent gender-based violence, while simultaneously equipping service providers with new tools and strategies to address the mental health impact of systemic homophobia and transphobia through an intersectional lens.

The SAFER Project is a unique collaboration between Wisdom2Action and a range of partners, including a national youth mental health organization, ACCESS Open Minds, and Kickstand, a youth mental health hub in Alberta. Through a partner advisory council and youth advisory council, every aspect of this project is co-created and co-implemented by young people and service providers.

The project is grounded in a deep commitment to youth engagement and anti-oppression, striving to respond to the diverse experiences of 2SLGBTQ+ youth and the impact of gender-based violence on their mental health and well-being. Through the project, we are also offering comprehensive bystander intervention training, and undertaking public education efforts to tackle the root causes of gender-based violence; systemic homophobia, transphobia, sexism and other forms of oppression.

We hope to share key lessons from our youth-engaged co-design process and our facilitation and knowledge mobilization approaches, while sharing how other organizations and communities can learn from our efforts to further address impact of gender-based violence on 2SLGBTQ+ youth mental health.

FACT Youth - a promising service model in Norway

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 107

Mr. Tor Helge Tjelta (Inland Norway University of Applied Sciences/City of Oslo/EUCOMS), Mr. Hans Arnljot Heli (City of Oslo/Lovisenberg Diaconal Hospital)

Introduction: FACT - Flexible Assertive Community Treatment is a Dutch service model for people with severe mental illness (SMI) and often co-current substance use disorder (SUD). FACT teams are installed in the Netherlands (>300), Norway, Denmark, Sweden, Ireland, England, Bonaire, Aruba, Belgium, the Czech Republic, Slovenia, Moldova and Canada. The service model is now developed for youth also; age 12-24 years old.

Methods/Approach: Mission-oriented innovation and knowledge based implementation of the service model FACT Youth in a Norwegian context.

Results/Practice Implications: There are several pilots of FACT Youth in Norway and the Government is supporting it with funding and support for implementation. But some of the pilots is struggling and this experience is being used in the establishment of other FACT Youth projects like FACT Youth in the City of Oslo, District Gamle Oslo: FACT Gamle Oslo in cooperation with the largest private hospital in Norway: Lovisenberg Diaconal Hospital.

Conclusion: FACT Youth is a promising service model. The Government are providing a lot of funding to the projects and many teams are starting now here in Norway.

Youth co-researchers in mental health research: Experiences from the InvolveMENT project

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 110

Ms. Maya Ibenfeldt (Faculty of Biology, Medicine and Health, University of Manchester), Mr. Samuel Duerto (Faculty of Philosophy, Theology and Religious Studies, Radboud University, Nijmegen), Ms. Nicole E. Cardenas (School of Psychology, University of Aberdeen), Ms. Laia Meldahl (SHARE – Centre for Resilience in Healthcare, Department for Quality and Health Technology, Faculty of Health Sciences, University of Stavanger), Ms. Lou Krijger (ESCP Business School, Ecole Supérieure de Commerce de Paris), Ms. Julia R. Game (Faculty of Medicine, Pomeranian Medical University in Szczecin), Ms. Maren McLean Andvik (School of Medical, Veterinary and Life Sciences, University of Glasgow), Mr. Oliver Cuddeford (School of Arts and Humanities, Faculty of Art Design and Architecture, University of Huddersfield), Mr. Mathias Tong & Murad Mustafa (Department of Chemical Engineering and Analytical Science, University of Manchester), Dr. Petter Viksveen (SHARE – Centre for Resilience in Healthcare, Department for Quality and Health Technology, Faculty of Health Sciences, University of Stavanger)

Introduction: Youth have a right to be involved in decisions affecting their health and lives. Youth involvement in developing, assessing and improving mental health services, for example through youth advisory boards in hospitals, has become increasingly common. However, they are not so often involved in research and the research literature reporting on such collaboration is limited.

Objectives: To present the experiences and reflections based on collaboration between youth and researchers in a mental health services research project, and to propose guidelines to facilitate such collaboration.

Methods: This study was planned, developed and carried out by ten youth co-researchers and the project lead. We used an auto-ethnographic approach and group reflections to describe the collaborative relationship in the InvolveMENT project. The project was established in 2017 at SHARE – Centre for Resilience in Healthcare at the University of Stavanger, Norway. Youth were involved in setting research priorities, planning, data collection, analysis, and dissemination of results. Reflections and discussions address team members' values and motives, challenges and how we overcame these challenges.

Results: Our collaborative relationship can be described through six themes: 1) Commitment motivated by altruism, personal interests and a common purpose; 2) Inclusiveness and support to reduce social uncertainty and strengthen collaboration; 3) Self-determination – supporting adolescents' involvement in decision-making processes; 4) Reduced power differentials whilst ensuring clarity of roles and tasks; 5) Diversity in representation to expand the perspectives of “the adolescent voice”; and 6) Flexible and systematic project management. We provide examples to illustrate the themes.

Conclusion: This study provides an insight into the collaborative relationship in a youth mental health services research project. The process resulted in the development of ten recommendations for involving adolescents in mental health research. The recommendations could potentially contribute to change the “culture” among researchers and expand involvement of youth in research.

Mental Health Help-Seeking Behaviour of Youths in Lagos Mainland Local Government Area, Lagos State.

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 114

Ms. Temitayo Anthony-Awi (University of Lagos)

INTRODUCTION

Mental disorders contribute significantly to the global burden of disease and youths have the highest prevalence of any age group. This high prevalence among youths however, is also associated with a reduced likelihood to seek help for their mental health concerns. Suicide is a major effect of untreated mental illness and a leading cause of death among youths. Instituting effective interventions targeted at improving help-seeking among youths is important in order to address this public health issue.

OBJECTIVES

This study aimed to assess the mental health help-seeking behaviour of youths in Lagos Mainland Local Government Area of Lagos State, and determine the socio-demographic, literacy and psychological factors associated with their behaviour.

MATERIALS AND METHOD

This was a descriptive, cross-sectional study carried out among young persons aged 18-24 years in Lagos Mainland local government Area. Using a multistage sampling method, a total of 400 young persons were recruited for the study. Data was collected with interviewer-administered semi-structured questionnaires adapted from standard tools. The tools used were the Hospital Anxiety and Depression Scale (HADS), the Mental Health Knowledge Questionnaire, Friend-in-Need vignettes, and the Attitude Toward Seeking Professional Psychological Help Scale (ATSPPH-SF). Data was analysed with Microsoft Excel and Epi-Info 7.1, and level of significance (p) was set at <0.05 .

RESULTS

Scores on the Attitude Toward Seeking Professional Psychological Help Scale indicated a positive attitude towards help-seeking. Results showed that level of education completed and mental health literacy were significantly associated with attitude toward seeking professional psychological help.

CONCLUSION

The general attitude toward seeking professional psychological help is encouraging, however, there is room for growth. Integrating mental health literacy into the secondary school curriculum and provision of low-cost youth friendly services would be effective in improving help-seeking.

Exploring the experiences of fatigue in adolescents with elevated symptoms of depression: A qualitative study

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 127

*Ms. Nina Higson-Sweeney (University of Bath), Dr. Kate Cooper (University of Bath), Dr. Barney Dunn (University of Exeter),
Dr. Maria Loades (University of Bath)*

Rationale: Fatigue and depression are both common issues faced by adolescents and are associated with a range of negative outcomes, such as educational underachievement, interpersonal difficulties, and heightened risk of suicidal and self-harming behaviours. Fatigue can also be a symptom of depression, and in adults has been linked with greater functional impairment, increased economic burden, and reduced quality of life. Much less is known about fatigue within adolescent depression, but preliminary findings indicate that it is common, highly disabling, and often left unaddressed by treatments provided in routine mental health services. In order to effectively treat adolescent depression, it is important that we first understand the presentation of depression within this population, and identify which symptoms are most problematic. Qualitative methods have already been utilised in this field to explore symptoms such as anhedonia and sleep disturbances, and would be beneficial if applied to fatigue.

Objective: The current study aims to qualitatively explore adolescent's experiences and understandings of fatigue in depression, in a mixed clinical and community sample.

Method: Currently, 17 adolescents (11 female, four male, two non-binary) with elevated symptoms of depression have taken part in individual semi-structured interviews, which were conducted online via videoconferencing or over the telephone. Participants are aged 15-18 years old ($M = 16.29$, $SD = .92$), with mean scores of 16.41 on the Short Mood and Feelings Questionnaire and 8.53 on the Chalder Fatigue Questionnaire. We expect a further 4-8 interviews to take place. Data is being analysed using reflexive thematic analysis from an inductive, experiential perspective.

Results: We anticipate that generated themes will provide insight into how adolescents experience and understand fatigue as a symptom of depression. Themes may relate to how adolescents conceptualise fatigue, how they describe and recognise it in themselves and their peers, and how they communicate their fatigue to others. Themes may also encompass help-seeking, coping mechanisms, and the wider impact of fatigue on their lives. Findings will likely include considerations of how adolescents distinguish between fatigue and other symptoms of depression, such as low mood, anhedonia, and sleep disturbances, as well as transdiagnostic aspects and the interaction of comorbid conditions.

Conclusion: The conclusions of this research may hold important implications for future research and practice. Specifically, the findings of this study may provide useful insight into the relative importance of fatigue in the context of adolescent depression, indicating whether this is an area of research that requires further inquiry. Findings may also help clinicians to better identify fatigue within depression in practice, leading to earlier identification and treatment.

A qualitative exploration of youth, family, and provider perspectives on the supports needed for access to and transitions through youth mental health and addictions care

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 130

Dr. Roula Markoulakis (Sunnybrook), Ms. Simran Arora (Family Navigation Project at Sunnybrook), Ms. Hinaya Cader (Family Navigation Project at Sunnybrook), Ms. Sugy Kodeeswaran (Family Navigation Project at Sunnybrook), Dr. Anthony Levitt (Family Navigation Project at Sunnybrook)

Introduction:

Transitional-aged youth (TAY) are at a vulnerable stage of their development in which mental health and/or addiction (MHA) issues tend to manifest and/or increase in severity. These youth also tend to find themselves stuck in the gap between child and adult MHA services, often resulting in sub-optimal access to and transitions through MHA services. This highlights the need for a viable solution to address the concerns of TAY with MHA issues and their families as these youth transition into adulthood. System navigation is one solution to close this and other system gaps and improve service utilization and supports for TAY.

Objectives:

Although there have been efforts made to explore TAY and their families' needs with regard to accessing MHA care, these needs have not been explored in relation to proposed system solutions with perspectives from various levels within the system. The research questions guiding this study were: 1) *What are the perspectives of TAY, family members, and system providers regarding the supports needed by TAY and their families when accessing MHA care?* and 2) *What are the perspectives of TAY, family members, and system providers regarding the support that can be provided by navigation services in addressing these needs?*

Methods:

Focus groups and interviews were conducted with 14 TAY, 26 family members, and 23 service providers. Participants were asked about their experiences with navigating the MHA system, their understandings about the barriers and facilitators to accessing care for TAY with MHA concerns, and their opinions about the role of navigation services in supporting access to and transitions in care. Data was analyzed utilizing a thematic analysis approach.

Results:

Seven themes emerged during the data analysis phase: pathways to care; appropriate and comprehensive care; continuity of care; informed care; family involvement; TAY involvement; and finally, navigation supporting TAY and family care, which encompassed all aforementioned themes. These results provide a better understanding of the needs of TAY and their families in relation to accessing and transitioning through MHA system supports and improving MHA outcomes. They also include the views of service providers on the current state of access to and transitions through MHA care in the Canadian context, including perceived barriers and/or facilitators to quality MHA care, specifically for the TAY population.

Conclusion:

This information reveals the supports needed by TAY and their families along with the challenges they face within the MHA system. It also provides insight into the factors that facilitate effective transitions and positive care experiences. Additionally, this information is useful in examining the role of navigation as a meaningful way to mitigate these challenges and address their needs. Finally, these findings offer valuable suggestions regarding the role of navigation as an integrated care solution that can inform MHA system transformation to enhance access to care.

The Brain on the Curriculum - an intervention for better mental health in special needs education

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 131

Mr. Nørgaard Mikkel (Danish Scholastic Chess Federation)

The Brain on the Curriculum is an intervention designed to improve mental health for pupils with special educational needs using scholastic chess.

1800 special-ed pupils aged 6-16 years is engaged in this intervention across 49 schools in Denmark, from 2021 through 2023. The teaching is carried out by some 200 teachers tenured by the schools involved. Short-term verifiable goals of the intervention are to have at least 60 % of the pupils experience strengthened social & mental skills, have at least 60 % of the students make a new friend, and have teachers verify that the pupils experience new paths of participation.

Long-term objectives are to contribute to the pupils awareness of mental health issues, and to influence public discourse on the subject by having pupils & teachers testament to successful experiences.

A learning program that trains cognitive and metacognitive skills has been designed for the intervention. The core tenet behind the program is *playful learning* - a playful approach to learning, where alternative competencies are actively brought into focus. Playful learning with scholastic chess tends to create a realistic and authentic learning situation, where several competencies are brought into play - including cooperation, problem solving, and self-regulation.

The intervention draws theoretically on the understandings of children's development in Lev Vygotsky, Carl Haywood, Reuven Feuerstein, and uses the profiling tool CAP - Cognitive Abilities Profile as a source of inspiration.

The focus is to increase awareness and understanding of mental health, and especially to train the cognitive skills that are prerequisites for thriving and functioning in everyday life. Lack of cognitive skills is often the basis for a child not functioning well in a traditional school context. Focus on development of the child's cognitive competencies therefore makes the intervention particularly relevant for children with difficulties in school.

Results of the intervention are subject to a mixed methods evaluation by the research institute *Epinion*^[1]. There is reason to believe the results will mimic those of the similar learning-program effort 'SFA – Scholastic Chess For Everyone', where researchers from UCSyd in 2019-20 examined the effects of the learning program on young people with ADHD, autism and general learning difficulties.

Here, the researchers found particularly positive effects of scholastic chess as a method of creating new paths of participation for challenged and vulnerable young people. The fact that many of the participants in SFA went to special schools is relevant in relation to The Brain on the Curriculum, as it strengthens the assumption that the target group will also respond positively to the effect of learning methods and core activities in The Brain on the Curriculum.

No conclusive data are available at this early juncture in the intervention. The preliminary feedback from the schools is very promising, however, and we expect to see interesting results when the first round of interviews and surveys has been conducted by *Epinion* over the summer of 2022.

[1] See <https://epinionglobal.com/cases/danish-scholastic-chess-federation/>

Online Synchronous Chat Counselling for Young People Aged 12-25: A Mixed-Methods Systematic Review.

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 146

Ms. Maria Tibbs (University College Dublin and Jigsaw, The National Centre for Youth Mental Health), Dr. Aileen O'Reilly (Jigsaw, The National Centre for Youth Mental Health), Ms. Maeve Dwan O'Reilly (University Coll), Dr. Amanda Fitzgerald (University College Dublin)

Introduction

Youth mental health is a global issue, with 75% of many serious mental health difficulties emerging before the age of 25. An increase in the provision of online counselling for young people's mental health has been seen in recent years, due to their accessibility, cost effectiveness and reduced stigmatising effects. Online synchronous chat counselling consists of real-time, text-based, one-to-one chats with a mental health professional and/or trained volunteer. Literature to date examining the design features, acceptance and effectiveness of these interventions has not yet been synthesised. In addition, there has been limited focus on the therapeutic processes that contribute to their working. Given the exponential increase in the use of online mental health supports in recent years, it is timely that the salient components and processes within online synchronous chat counselling are identified.

Objectives

This review aims to provide a rigorous synthesis of the available literature on online synchronous chat counselling for young people aged 12-25. This review will highlight crucial design features of online synchronous chat counselling, the acceptance and effectiveness of these interventions as well as the processes thought to contribute to their working.

Methods

This study implemented an initial consultation with young people aged 16-25 ($n = 9$) from Jigsaw – National Centre for Youth Mental Health's Youth Research Council (YRC). Members of this group were asked to provide feedback on the review aims and research questions. This has been incorporated to refine aims and research questions.

PsycINFO MEDLINE, CINAHL, Web of Science and relevant grey literature have been searched for peer reviewed, English language studies between January 1995 and June 2021. Backward and forward reference checking will be conducted. Quality of included articles will be examined using the Mixed Methods Analytical Tool (MMAT). Extraction of study data will be conducted using a combination of the TIDieR checklist and a pre-populated data table. A mixed methods review adopting a convergent integrated design will be employed. Quantitative data will be transformed and analysed simultaneously alongside qualitative data using narrative synthesis.

The review protocol has been registered on PROSPERO, registration number CRD42021256016 and is currently set for publication in BMJ Open in April 2022.

Practice and Policy Implications

Results from this review will provide valuable insight into an under-researched and unique modality of online counselling. By synthesising existing evidence, findings will have utility in assisting mental health professionals, researchers, and policymakers in designing, implementing, and evaluating online synchronous chat counselling with young people.

Youth-Centred Practice: A Toolkit for Service Providers from MINDS of London-Middlesex

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 151

Mr. Alec Cook (Western University), Dr. Arlene MacDougall (St. Joseph's Health Care, London ON), Dr. Renee Hunt (St. Joseph's Health Care, London ON)

Introduction: The Mental Health INcubator for Disruptive Solutions (MINDS) of London-Middlesex, is a social innovation lab focused on developing, testing, implementing, and evaluating disruptive solutions that promote the mental and emotional well-being of transitional aged youth (TAY; ages 16-25) in our community. MINDS works to engage youth in a meaningful and impactful manner. Youth act as co-researchers and are encouraged to be involved with leading all components of the research process, from describing the issue to developing and testing the efficacy and impact of interventions. Interventions focus on developing and supporting innovative solutions that explore the need for system-level change, with an emphasis on the educational and mental health care contexts.

Objectives: The youth-led intervention, Youth-Centred Practice (YCP) project's goal is to translate the tacit knowledge of experienced mental health care providers for the purpose of training service providers to be youth-centred. It is hypothesized that the impact of YCP is that TAY in the community will feel more resilient, develop stronger and deeper quality relationships, and establish or enhance their experience of meaning and purpose.

Methods: MINDS utilizes a three-pronged approach to tackling the complex emotional and mental well-being issues facing youth today. Interventions employ key tenets from Youth Participatory Action Research Approach (Y-PAR), Collective Impact, and Social Innovation approaches to create, implement, and drive systems interventions.

Results: 14 mental health care professionals (8 service providers and 6 senior students from Fanshawe College's Child and Youth Care program) were interviewed. Participants were previously identified by members of the MINDS team as already practicing youth-centeredness. Participants were asked questions relating to how they practiced being youth-centred and what steps they undertook to become youth-centred. A qualitative synthesis from produced from these interviews, and 5 themes and 14 subthemes were identified. YCP is currently being piloted with mental health service providers working in a hospital. Herein, we will present the content used in the pilot of the intervention.

Discussion/Conclusion: The Mental Health INcubator for Disruptive Solutions (MINDS) of London-Middlesex employs a social innovation framework allowing for ideation and prototyping of systems interventions. As well, MINDS trains youth researchers using a Youth Participatory Action Research Approach (Y-PAR) to create and implement these systems interventions. The most pivotal core value informing all MINDS initiatives ensures that youth voice is heard and has a tangible impact on the direction and decisions of the research lab in all of its work to ensure authentic youth engagement. Youth-Centred Practice is a youth-led and youth-informed intervention that seeks to improve mental health outcomes for youth by training service providers in youth-centeredness, thereby enabling them to form more meaningful and supportive relationships with the youth they serve. The expected completion of the Youth-Centred Practice project is Summer 2022.

Physical health conditions among youth receiving mental health services and impact on transition readiness

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 167

Ms. Julia Davies (University of Toronto), Ms. Soha Salman (Hospital for Sick Children), Dr. Kristin Cleverley (University of Toronto)

Introduction: Due to the high prevalence of mental health conditions that emerge during adolescence and persist into adulthood, there is a growing call to better understand the needs of youth as they transition from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS). This includes understanding the factors which impact youths' readiness to transition. Given that adolescents commonly experience physical and mental health disorders concurrently, youth in CAMHS may also be simultaneously receiving physical health care, which may impact their readiness to engage in the skills needed to successfully navigate AMHS. While existing literature has examined transition readiness among youth with chronic physical conditions, there is limited knowledge on the impact of physical co-morbidities and physical health service use on transition readiness in youth receiving mental health care.

Objectives: The objectives of this study are to understand, within a sample of clinical referred transition aged youth (16-18 years old) receiving mental health services:

- 1) The prevalence of self-reported co-existing physical health conditions
- 2) Patterns of physical health service utilization among those youth reporting physical health conditions
- 3) The impact of experiencing concurrent physical health concerns and receiving physical healthcare services on readiness to transition to adult mental health services

Methods: This study is a secondary analysis of baseline data from the Longitudinal Youth in Transition Study (LYiTS), a prospective cohort study following youth across four annual timepoints as they transition out of CAMHS and enter AMHS. Participants at baseline (n=237) completed self-report measures assessing transition readiness, mental health symptoms, and psychosocial functioning. Participants report current and past health conditions as well as where they receive care for their reported conditions using the Adolescent Health History measure.

Results: This study identifies the diverse physical health conditions reported by a sample of transition aged youth, with the most reported conditions including dermatological disorders, migraine/headaches, allergies, asthma, chronic pain, and gastro-intestinal disorders. Health service utilization patterns will be reported, with the family doctor being the most commonly reported service provider following youth for physical health conditions. The impact of co-morbid health conditions and accessing physical health care services on TRAQ scores across each domain of transition readiness will be presented and discussed.

Conclusion: This study will highlight the differences across the domains of transition readiness between 16-18-year-old youth receiving care for both physical and mental health conditions, and youth receiving mental health services only. Findings on differences across the domains of transition readiness may highlight opportunities to tailor transition planning for youth with co-morbid mental and physical health care needs in comparison to youth with mental health conditions only.

Exploring loneliness and social isolation in young adults: a qualitative interview study

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 168

Ms. Emma Kirwan (University of Limerick), Dr. Ann-Marie Creaven (University of Limerick), Dr. Annette Burns (Institute of Public Health in Ireland), Dr. Páraic S. O'Súilleabháin (University of Limerick)

Introduction: Loneliness is the feeling of distress that accompanies the perception that the quantity or quality of one's social relationships is inadequate. Although loneliness is well researched among older adults, evidence suggests that young, or emerging, adults (about 18-25 years) also experience similar, if not higher, levels of loneliness. Loneliness in young adulthood is associated with depression, suicidal ideation, poorer general health, and increased risk of disability. Therefore, research is needed to understand the nature of loneliness and examine young adult's views on what causes and maintains loneliness.

Objectives: There is relatively little qualitative research on understanding loneliness from the perspective of young adults themselves. Informed by multi-disciplinary approaches to loneliness, this qualitative study invited young adults in Ireland to share their views and experiences of loneliness to (a) better understand the experience of loneliness from the perspective of young adults, and (b) identify what young adults believe precipitates and maintains feelings of loneliness.

Methods/Approach: A protocol for a qualitative cross-sectional study was designed and pre-registered on Open Science Framework. A youth Research Advisory Group from members of SpunOut.ie's (Irish youth information website) youth action panels was consulted on the development of the interview schedule and study materials. Participants had the choice of participating in a semi-structured, virtual interview or focus group. Semi-structured, virtual interviews were carried out with 27 young adults (age range 18-25 years) in Ireland. The interview schedule included questions on topics such as the meaning of loneliness, social media, loneliness during the COVID-19 pandemic, group memberships, and social comparison. Framework analysis, supported by NVivo software, will be used to analyse the data.

Anticipated Results: The results will provide an in-depth account of young adult experiences and views of loneliness to inform subsequent research in the area. Understanding young adults' experiences of loneliness and what they believe leads to feelings of loneliness is relevant for mental health policy makers and stakeholders involved in youth mental health.

Conclusion: At present, our knowledge of the experience of loneliness in young adulthood is insufficient. As well as providing an insight into young adults' experiences of loneliness, this presentation will discuss the use of remote qualitative interviews and our experience of patient and public involvement (PPI) in loneliness research with young adults.

The role of advocacy and empowerment in shaping service development for families raising children with developmental disorders. Why empowering families?

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 174

Ms. Zsofia Szlamka (King's College London), Dr. Bethlehem Gebru (King's College London), Dr. Rosa Hoekstra (King's College London), Dr. Charlotte Hanlon (King's College London)

Introduction

Empowerment of and advocacy for families raising children and young people with neurodevelopmental disorders (NDDs) is essential to achieve rights-based service development in health and social care.

Objectives

In this qualitative study we investigated stakeholder perceptions on the role of advocacy and empowerment in developing caregiver interventions for families of children with DDs in a global context.

Methods

Two focus group discussions and 25 semi-structured individual interviews were conducted. Participants had experiences with at least one intervention, namely the Caregiver Skills Training (CST) of the World Health Organization (WHO). Participants were clinicians, caregivers and researchers representing five continents, and representatives of WHO and Autism Speaks. Data were analysed thematically.

Results

Three themes were developed: empowerment as independence and as a right; the role and practices of advocacy; and using evidence to drive advocacy. Many professional participants defined empowerment within the realms of their expertise, focusing on caregivers' individual skills and self-confidence. Caregivers expressed that this expert-oriented view fails to acknowledge their intuitive knowledge and the need for community-level empowerment. Participants discussed the challenges of advocacy in light of competing health priorities. The gap between the rights of caregivers and the availability of services, for example evidence-based interventions, was highlighted as problematic and a key area for advocacy.

Conclusion

Rights-orientated empowerment of families and advocacy may make vital contributions to service development for children and young people with NDDs in contexts worldwide.

Cognitive Predictors of Social and Occupational Functioning in Early Psychosis

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 207

Ms. Megan Cowman (NUI Galway), Dr. Laurena Holleran (NUI Galway), Dr. Edgar Lonergan (HSE), Dr. Karen O'Connor (HSE), Prof. Max Birchwood (Warwick Medical School, University of Warwick), Prof. Gary Donohoe (NUI Galway)

Many individuals with early psychosis experience difficulties with social and occupational function. Identification of modifiable predictors of function such as cognitive performance has the potential to inform effective treatments. Our aim was to estimate the strength of the relationship between psychosocial function in early psychosis and different domains of cognitive and social cognitive performance. We conducted a systematic review and meta-analysis of peer-reviewed, cross-sectional, and longitudinal studies examining cognitive predictors of psychosocial function. Literature searches were conducted in PsycINFO, PubMed, and reference lists of relevant articles to identify studies for inclusion. Of the 2565 identified, 46 studies comprising 3767 participants met inclusion criteria. Separate meta-analyses were conducted for 9 cognitive domains. Pearson correlation values between cognitive variables and function were extracted. All cognitive domains were related to psychosocial function both cross-sectionally and longitudinally. Importantly, these associations remained significant even after the effects of symptom severity, duration of untreated psychosis, and length of illness were accounted for. Overall, general cognitive ability and social cognition were most strongly associated with both concurrent and long-term function. Associations demonstrated medium effect sizes. These findings suggest that treatments targeting cognitive deficits, in particular those focusing on social cognition, are likely to be important for improving functional outcomes in early psychosis.

Mental, physical and sexual health among sexual minority third-level students: What is the interrelationship across these domains in sexual minority youth? Evidence from My World Survey 2.

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 220

Dr. Amanda Fitzgerald (University College Dublin), Dr. Ciara Mahon (University College Dublin), Dr. Aileen O'Reilly (Jigsaw, The National Centre for Youth Mental Health), Prof. Barbara Dooley (University College Dublin)

ED2Foundry: Exploring how to enhance care between the emergency department and integrated youth services for young people with mental health and substance use concerns

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 221

Ms. Madelyn Whyte (Foundry), Dr. Krista Glowacki (UBC), Dr. Skye Barbic (Foundry), Dr. Steve Mathias (Foundry), Dr. David Barbic (UBC), Dr. Frank Scheuermeyer (UBC), Ms. Jade Weinstein (UBC)

Introduction:

Integrated youth services (IYS) provide multidisciplinary care (including mental, physical and social), prioritizing the needs of young people and their families/caregivers. Over the last decade there has been a significant rise in emergency department (ED) visits by young Canadians with mental health and substance use (MHSU) concerns. However, there remains a profound disconnect between EDs and IYS, such as Foundry in British Columbia.

Objectives:

The objectives of this study were to 1) better understand young people's experience in the ED with regards to assessments, treatment and referrals when presenting to the ED with a MHSU concern, 2) explore solutions to improve young people and their families' experience in the ED as well as the transition between EDs and IYS through changes at the policy level, interpersonal levels and community levels, and 3) implement an intervention inspired from the findings in two EDs in Vancouver, British Columbia.

Methods:

We conducted 26 semi-structured video and phone interviews with key stakeholders, including ED staff, parents/caregivers, IYS staff, and individuals with lived experience, in British Columbia, Canada, in the summer of 2020. Snowball sampling was used to reach participants (n=26), including ED physicians (n=6), social workers (n=4), a nurse (n=1), an occupational therapist (n=1), a counsellor (n=1), staff/leadership in IYS organizations (n=4), mental health/family workers (n=3), peer support workers (n=2) and parents/caregivers (n=3). A thematic analysis was conducted using a deductive and inductive approach conceptually guided by the Social Ecological Model (SEM).

Results:

We identified three overarching themes and factors to consider at all levels of the SEM. At the interpersonal level, inadequate communication between ED staff and young people contributed negatively to the care the young person received and their experience in the ED. At the organizational level, we found that appropriate youth-specific MHSU assessments were lacking and inconsistent and that the ED environment (specifically wait times, physical space and staffing issues) was incompatible with the needs of these young people. At the community level, the environment of IYS and other community services were important, including hours of operations and wait times. Policy level factors identified include inadequate communication between services due to different charting systems and documentation between organizations/agencies. We identified possible interventions based on participant suggestions to be implemented in two EDs in Vancouver.

Conclusion:

This study provides insight into important long-term systemic issues and more immediate factors that need to be addressed to improve the delivery of services for young people with MHSU challenges. This research supports intervention development and implementation in the ED for young people with MHSU concerns.

The lived experience of depression in adolescence: a systematic review of the qualitative literature

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 226

Ms. Anna Viduani (Universidade Federal do Rio Grande do Sul), Mr. Daniel Luccas Arenas (Universidade Federal do Rio Grande do Sul), Dr. Silvia Benetti (Universidade Federal do Rio Grande do Sul), Dr. Syed Shabab Wahid (Georgetown University), Dr. Brandon A. Kohrt (George Washington University), Prof. Christian Kieling (Universidade Federal do Rio Grande do Sul)

Introduction: Among the challenges of today's youth, depression may be one of the most relevant mental health-related topics. It often has its onset in late adolescence and has a chronic life course, boring a significant burden to individuals in different communities. Our current conceptualization of depression in adolescents, however, does not adequately capture the co-occurrence of developmental tasks, contextual events, and the adolescents' point of view when facing depression. Therefore, if we want to develop better approaches to the identification and treatment of depression among youth, it is vital to listen to the experiences of adolescents and learn from them. Focusing on adolescents' lived experiences of depression, then, enables us to understand both the features of depression considered most relevant by them, but also the meanings that relate to experience itself.

Objective: This work aims to systematically identify and review studies that explore qualitatively the lived experience of depression in adolescence.

Methods: To identify eligible studies, we searched MEDLINE, PsycINFO, Web of Science, Scopus, Embase, and Anthrosource for studies published up to December 31, 2021. The search strategy included domains: "adolescence", "depression", "qualitative research" and "lived experience". Afterward, features of depression were coded based on content, using the diagnostic criteria for MDD included in the DSM-5 and ICD-10. Then, additional features reported by the authors were also included. This review was registered with PROSPERO (CRD42021218300).

Results: We identified 21,690 unique records through database searches. 15 unique records were added from additional sources. After abstract and title screening, 21,671 records did not meet the inclusion criteria. This resulted in a total of 34 reports that met all inclusion criteria and were included in the full review. Studies included samples from 13 different countries (United States, United Kingdom, Canada, Australia, Brazil, Finland, Sweden, Jordan, Malaysia, France, New Zealand, Germany, and Zimbabwe), seven (20.5%) from LMICs. The total number of participants was 817, with sample sizes ranging from 2 to 92 individuals. Of 789 participants with sex indicated, 529 (67%) were female. Two studies focused specifically on the peri- and post-natal context (5.8%). Dates of publication ranged from 2002 to 2021. A total of 70 codes were identified during feature coding. Depressed mood/sadness ($n = 29$; 85.3%), loneliness/social withdrawal ($n = 26$; 76.5%) and loss and energy/fatigue ($n = 21$; 58.8%) had the three highest relative frequencies. Across all samples, only three diagnostic criteria were between the features endorsed by at least half of the studies (sadness, loss of energy/fatigue, and hopelessness).

Conclusion: The experience of adolescent depression emerges in this systematic review as having a broad range of features and expressions that went well beyond diagnostic criteria. This diversity in manifestations has the potential to inform new approaches to adolescent depression that are more aligned with adolescents' actual experiences. Subsequent steps for the review include synthesizing lived experience reports to further explore the nuances of lived experiences of adolescent depression.

StressLess : The Summer of Fun

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 227

Ms. Shelley Buckley (Mental Health Foundation), Mrs. Julie Cameron (Mental Health Foundation)

The Mental Health Foundation Scotland partnered with Thrive Edinburgh and secured funding from the Scottish Government Get into Summer funding scheme to support the mental health and wellbeing of young people in Scotland during the summer of 2021.

Get into Summer aimed to ensure that children and young people most impacted by Covid-19 were supported to create opportunities to socialise, play and reconnect over the 2021 summer holidays. The Scottish Government cross-agency Covid Education Recovery Group recommended that the focus was on the wellbeing of children and young people.

We reached 2400 young people aged up to 25 from low income households many of which had complex needs and living with challenging social and environmental circumstances. In addition to funding youth work activities across 22 youth organisations, 72 staff were trained to use an enquiry based tool called StressLESS. StressLESS was developed through funding from the Health and Social Care Alliance in 2018, the StressLESS Facilitator Pack was designed by the Mental Health Foundation in collaboration with practitioners and young people from a number of health organisations supporting those with long-term health conditions.

StressLESS is not intended as a crisis or distress management tool. It is a mental health promotion tool designed to support all young people with coping strategies and self-care techniques for maintaining good mental health and managing in times of stress. This includes understanding when and how to ask for help in the right way, should they need it. The programme is based on 7 ways to StressLESS: you do you, have fun, talk it out, stay in touch, take a break, feel good factor and share your care. All staff had one day training, provision of a facilitators handbook and a 'brain box'. The programme was delivered over the 6 weeks of summer in 2021.

The evaluation included pre and post surveys with staff, 3 focus groups with staff and young people. In summary, the Get into Summer experience had impact in the following key thematic areas:

- Having fun
- Developing new friendships and reconnecting
- New experiences and reengaging
- Enabling connection for vulnerable groups
- Challenging perceptions about mental health and wellbeing
- Deepening relationships between organisations
- Mitigating risks associated with poverty for families and young people

“For the young people who participated, impact included increased confidence, new skills and learning, exposure to new activities, improved confidence and team-working skills, enhanced connections with local outdoor spaces and increased understanding of mental health issues.” Youth Worker

“When you feel like you’re stuck, you get stressed and anxious. But since the workshops, I feel like I’ve been out of my house most days of the week.” Young person

The success of the programme has led to a further partnership with Scottish Government and Education Scotland to develop and scale StressLESS as a national programme. It will be coproduced and developed over the next two years with young people, families, youth work and education staff.

Examining Patient-Reported Outcome Measures in Psychosis and Schizophrenia through an Equity Lens: An Umbrella Review of Published Reviews

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 236

Ms. Neha Nair (Department of Psychiatry, McGill University), Ms. Jill Boruff (Liaison Librarian to the Department of Psychiatry, McGill University), Dr. Srividya Iyer (Douglas Mental Health University Institute; Department of Psychiatry, McGill University)

Introduction: Patient-reported outcome measures (PROMs) and patient-reported experience measures (PREMs) can provide valuable information and promote shared decision-making. They are especially valued in youth mental health as a way of ensuring a “youth voice” in care and research. As the use of PROMs and PREMs is increasing in early intervention and youth mental health, it is important to ensure that research to develop and use these measures are inclusive of diverse populations. In this study, we focus on PROMs and PREMs that have been used in early intervention for psychosis, and focus on the extent to which the state of the field has integrated considerations around cross-cultural validity, readability and literacy, and other measures of health equity.

Objective: To conduct an umbrella review by 1.) examining published reviews on PROMs and PREMs in schizophrenia and psychosis and 2.) subjecting the articles within these selected reviews to an equity, diversion, and inclusion framework inspired by OMERACT (Petkovic et al., 2017).

Methodology: Structurally similar searches were built in Medline, EMBASE, and PsycInfo to finalize reviews of PROMs and PREMs in psychosis and schizophrenia and then collate all the individual articles contained within these reviews. An equity, diversion, and inclusion framework was established using the existing OMERACT framework as a guideline, under which the final collection of articles will then be subjected to review. The articles will be screened for many factors, including age, geographic setting, gender distribution, clinical population, language breakdown, readability vs. literacy, and education. Establishing and using this framework will ensure that the articles will be assessed with regards to the diversity of their populations and settings, and the methods they used to establish cross-cultural validity and ensure suitability for contexts with low literacy rates.

Results: Although further data analysis and extraction have yet to be carried out, a preliminary search was done in which four reviews, containing a total of 128 separate articles, were examined. None of the four reviews established any conclusions about the diversity of countries and world regions from which the articles collected their data or commented on the readability or literacy requirements of the patient-reported measures specified in the articles they reviewed. Only one of the reviews focused on examining articles for cross-cultural validity, and then, only found two articles that specifically established this metric.

Conclusions: Even through a preliminary search, it becomes visible that health equity is a prevalent issue within the realm of youth/patient-reported outcome research for psychosis and schizophrenia. If these patient-reported measures are to be more feasibly integrated into youth and early intervention services, cultural context and accessibility are essential factors to consider when evaluating them for their usability.

User involvement in adolescents' mental healthcare: an updated systematic review

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 243

Dr. Petter Viksveen (SHARE – Centre for Resilience in Healthcare, Department for Quality and Health Technology, Faculty of Health Sciences, University of Stavanger), *Ms. Nicole E. Cardenas* (School of Psychology, University of Aberdeen), *Ms. Julia R. Game* (Faculty of Medicine, Pomeranian Medical University in Szczecin), *Assistant Prof. Stig Bjønness* (SHARE - Centre for Resilience in Healthcare, Department for Public Health, Faculty of Health Sciences, University of Stavanger)

Introduction: Involvement of adolescents in their individual mental healthcare and for developing, reviewing and improving the mental health services has become increasingly common internationally. However, there is limited research evidence focusing specifically on adolescents' involvement in mental healthcare at the individual and at systems level.

Objectives: To assess the existing research literature reporting on adolescents involvement in their own mental healthcare and for improving the mental health services.

Methods: Systematic reviews using pre-determined eligibility criteria, extensive search strategies, established guidelines for data extraction and critical appraisal (CASP, STROBE, PRECIS, Cochrane Collaboration risk of bias assessment), synthesis and reporting of results (PRISMA, CASP, STROBE, CONSORT). Eleven databases were used in our search assessing literature (n=4.978) published in six languages in the period from 2002-2019. Results were published in *European Child and Adolescent Psychiatry* in 2021 (1). Since then, an update search for the period from 2020-2022 was carried out using five databases (n=549). Five additional titles were identified through our update search. A meta-synthesis was used to report on qualitative studies (n=28). A narrative report was used to report results of quantitative studies (n=8) due to heterogeneity of publications. Youth co-researchers were involved throughout all phases of this research.

Results: Qualitative research resulted in three themes describing user involvement at the individual level: 1) unilateral clinician control versus collaborative relationship; 2) capacity and support for active involvement; 3) the right to be involved; and two themes at the organizational level: 4) involvement outcomes relevant to adolescents' needs; 5) conditions for optimal involvement. Quantitative research provided limited evidence of the effectiveness of additional support to facilitate involvement in adolescents' own care, and the prevalence and effectiveness of shared decision-making. No studies aimed to assess the safety of user involvement. We provide additional findings from our update search.

Conclusion: The existing research literature provides an insight into experiences with user involvement, in particular at the individual level. Limited evidence exists to determine the effectiveness of user involvement measured using mental health outcomes. Evidence focusing on safety is absent. The findings warrant further research to strengthen the relevance and effectiveness of user involvement to meet adolescents' mental health-care needs, and to support their safety.

References: Viksveen P, Bjønness SE, Cardenas NE, Game JR, Berg SH, Salamonsen A, Storm M, Aase K. User involvement in adolescents' mental healthcare: a systematic review. *Eur Child Adolesc Psychiatry*. 2021. <https://doi.org/10.1007/s00787-021-01818-2>

Digital Relationship- SAFE-app assisting people who self-harm

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 248

Dr. Lene Berring (Region Zealand Psychiatry and University of Southern Denmark), Ms. Line Marie Christensen (Region Zealand Psychiatry)

Background

Self-harm is increasingly prevalent at mental health services. This challenging behaviour creates conflicts and the use of restrictive practices, such as mechanical restraints. There is a need to implement training tool in order for staff members to help people who self-harm and at the same time avoid escalating the risk of selfharm and the (sometimes) following use of restrictive practices. Knowledge from young people experiencing self harming behaviour informed this mobileapplication.

Aim

The aim of this study was to avoid conflicts by co-creating customized interventions that could replace the self-harming behaviour with less damaging behaviour. The interventions had to be helpful for staff and the people who had first-hand experience with the self-harm.

Method

A Co-operative Inquiry (Co-I) work group from a mental health trust included: young adults (3); interdisciplinary staff members from both in- and outpatient settings (6); an engineer (1); and researchers (3). The Co-I was carried out in four stages: 1) generating ideas and deciding research focus through a future workshop, 2) preparing two interventions in repeated workshops, 3) testing the interventions in real life, and 4) evaluating the interventions through a questionnaire and focus groups. Reflexive processes helped the inquiry group to modify the interventions.

Results

The Co-I produced a mobile application: SAFE. This app's target group is people who self-harm and their formal and informal carers (friends, family, health-care professionals and others). Users experienced the interventions as helpful on the primary level, however it was found difficult to use in escalated situations.

Discussion

The area of research is relatively young. People who engage in self-harm experience different reasons for hurting themselves. The Safe-app can provide learning for friends, family, health-care professionals and others. The interventions must be tested in a broader population.

Conclusion

Producing interventions grounded in the experience of young adults engaging in self-harm was rewarding for participants and developed innovative practical skills and changes. Personalized interventions targeting people who self-harm requires changes to traditional practices.

Learning outcomes:

Insights in how:

- Co-I is helpful in co-creating interventions replacing self-harming behaviour with less damaging behaviour
- an mobile application can be co-created in a co-designed venture between different professions and young adults
- people with self-harming behaviour experienced the interventions as helpful
- professionals can learn from young adults

Integrated Youth Services in Rural Canada

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 251

Ms. Jessica Hutton (Camrose Open Door Association), Ms. Morgan Shott (The Open Doors), Ms. Paige Mitchell (The Open Doors)

For almost 25 years, The Open Doors has provided services to youth in rural communities that include mental health system navigation, outreach, homelessness and various other supports. Rural supports for mental health (addiction programming, counselling, etc.), health (physicians, specialist physicians and acute or primary care, etc.), and many other services in the regions are sparse, scattered between communities, are great distances apart and often without consistency. Weather, travel, location of services and various other factors impact capacity to receive services in person. Further to that, centralization of services does not exist, meaning the client may have to do significant travelling, to receive a basic level of care.

Through a pioneered Integrated Youth Hub, the first of its kind in the Province of Alberta, The Open Door has created and operationalized a unique system of approach to mental health, utilizing a blend of integration through technology and staffing response to connect clients to the right service, at the right time, in the right place within the rural regions. Specialized Navigators respond in real time to youth clients, appropriately connecting them to the required and appropriate help. Youth are met where they are at, through low barrier access to care. This simultaneous prevention and intervention model uses a spectrum of supports to wrap around a client holistically, meeting all their mental health needs from the acute, to the long term.

The use of this integration of mental health services over the last 4 years has led to significant reported increases in youth connection, resilience and well being for youth, along with reduced crisis, reduced recurrent use of inappropriate services or crisis services (hospital emergency department, policing, etc.) and increased service provider efficiency in working together. Clients also report an identification of skills development in self-capacity and knowledge in decision making skills. Data is collected utilizing validated assessment tools, and outcomes are measured through the use of this data. The holistic approach targets all of the underlying issues to mental health the youth and family present with in collaboration, rather than providing a time limited, singular approach. Hybrid technology and in person supports have provided youth with easy access through their desired modes leading to immediate supports and connection.

Moving Beyond “Screen Time”: A Scoping Review Investigating the Relationship Between Smartphone Use and Anxiety in Youth

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 254

Ms. Laura Herbert (Western University)

There is growing awareness that a relationship exists between society’s steep increase in smartphone use, and the growing levels of anxiety among children and youth. “Screen time” has become the “catch-all phrase” for defining the range of activities in which children and youth participate online (Brisson-Boivin, 2018), with most studies investigating the frequency and duration of use. However, such studies have generated mixed findings (Vahedi & Saiphoo, 2018), suggesting that a more nuanced investigation is required to clarify this relationship. Understanding the impacts of smartphone use involves understanding much more than how long children and youth spend staring at screens; broadening focus from frequency and duration of use to include an exploration of the roles of content, context, function, and experience may support better understanding of the relationship between smartphone use and anxiety (Scott & Woods, 2019). Indeed, recent research suggests that understanding how youth use their smartphones may provide key clues as to how patterns of use influence well-being; for example, Panova and Lleras (2016) found that the negative mental health effects of technology were increased when technology was used to avoid negative feelings.

This scoping review is guided by the question: “what is currently known from the literature about the content, context, and function of smartphone use by youth in the context of anxiety?” and aims to identify, characterize, and summarize the available literature in this area. The methodology is underpinned by the iterative, six-stage methodology for scoping reviews outlined by Arksey & O’Malley (2005), including the enhancements identified by Daudt et al., (2013). Findings and implications for clinical practice and future research will be discussed. While harms need to be mitigated, technology is an integral part of the lives of youth and offers many benefits that cannot be discounted. Current literature largely positions smartphone use as “problematic” or “addictive” (Andreassen et al., 2017; Elhai et al., 2016, Scott & Woods, 2019; Vernon et al., 2017), conceptualizations that youth have identified as unhelpful and dismissive of their perspectives and the positive benefits of smartphone use (Tzavela et al., 2015, 2017). By better understanding the mechanisms by which smartphone use influences and interacts with anxiety, we may better understand youths’ experiences and instances where smartphone use is beneficial and/or detrimental. Ultimately, these findings may contribute to the development of individual and systemic interventions to help them navigate these technologies in a manner that promotes positive mental health and wellbeing.

The Prevalence of Excessive Exercise in Individuals with Eating Disorders: A Systematic Review and Meta-analysis

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 255

Ms. Ana Ramirez Pineda (University of Calgary), Dr. Gina Dimitropoulos (University of Calgary), Dr. Scott Patten (University of Calgary), Ms. Alida Anderson (University of Calgary), Ms. Chelsea Wong (University of Calgary), Dr. Anees Bahji (University of Calgary), Mr. Joshua Man (Macquarie University), Dr. Dan Devoe (University of Calgary)

Introduction: Eating disorders (EDs) are severe and potentially life-threatening psychiatric conditions that may influence the development of other medical and/or psychological afflictions. Individuals with eating disorders often present with maladaptive behaviours such as excessive exercise. At the clinical level, it has been long acknowledged that excessive exercise is common in individuals that present with EDs in treatment.

Objectives: This systematic review and meta-analysis aimed to: (1) assess the prevalence of excessive exercise in those diagnosed with EDs; (2) assess the prevalence of excessive exercise by ED type, and (3) assess the quality of peer-reviewed literature available.

Methods: Systematic database searches of the peer-reviewed literature were conducted. The quality of each study was rated using the Downs and Black Instrument. We restricted eligibility to peer-reviewed research studies that met the following criteria: (1) research including participants with clinically diagnosed EDs and (2) reported on the prevalence of excessive exercise. Random-effects meta-analysis using Freeman-Tukey double arcsine transformations were performed on eligible studies to estimate pooled proportions and 95% confidence intervals.

Results: Sixty studies met the inclusion criteria for this review, including 20,141 individuals with EDs, with a mean age of 20.98 years. The average Downs and Black score was 9.8/15, demonstrating moderate quality across studies. Pooled estimates demonstrated that excessive exercise had a 51% prevalence in those with an ED ($k=60$; CIs: 0.48-0.54). Excessive exercise had a 51% prevalence in AN ($k=40$ CIs: 0.45-0.57), and when examining AN type excessive exercise had a prevalence of 47% in AN-R ($k=9$; CIs: 0.31-0.64) and 45% in AN-BP ($k=7$; CIs: 0.38-0.53). Finally, the prevalence of excessive exercise was 44% in BN ($k=17$; CIs: 0.37-0.52) and 38% in EDNOS ($k=8$; CIs: 0.29-0.47).

Conclusions: To our knowledge this is the first meta-analysis to examine the prevalence of excessive exercise in those with EDs, and prevalence remained high regardless of ED type (i.e., AN, BN, EDNOS). Screening tools for problematic levels of physical activity and treatments to address excessive exercise in those with EDs are greatly needed.

Improving school staff confidence and preparedness to manage pupil mental health concerns: Results from a pilot study of a scalable, skill-based, digital intervention

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 264

Ms. Emma Soneson (University of Cambridge), Dr. Emma Howarth (University of East London), Ms. Alison Weir (University of Cambridge), Prof. Peter B. Jones (University of Cambridge), Prof. Mina Fazel (University of Oxford)

Introduction. UK schools are taking an increasing role in pupil mental health, yet many school staff members do not feel confident to identify and respond to mental health difficulties. Additional training could help raise confidence and preparedness in this area and ultimately improve pupil mental health outcomes. Short, digital trainings may be particularly valuable in the context of Covid-19, wherein resources are limited and schools are especially concerned about pupils' mental health.

Objectives. We aimed to explore the feasibility of Kognito's *At-Risk for Elementary School Educators* – a one-hour, online, simulation-based mental health training – within UK primary schools. We were specifically interested in whether the training improved identification of mental health difficulties and related risk factors, led to increased support for identified children, improved staff confidence and preparedness, and was practical and acceptable for schools.

Methods. We conducted a non-randomised, pre-post feasibility study of the training in six primary schools that varied in terms of size, geographical location, ethnic composition, and socioeconomic characteristics. Teachers and teaching assistants (TAs) at participating schools were eligible to participate. We measured identification and mental health support outcomes at three timepoints (pre-training (T1), 1 week post-training (T2), and 3 months post-training (T3)), and collected teacher-report Strengths and Difficulties Questionnaires (SDQs) for all pupils at T3. We additionally assessed teacher confidence, preparedness, and perceptions of the training at T1 and T2. We conducted post-training qualitative interviews with eight members of school staff, including teachers, TAs, and strategic stakeholders (e.g. school mental health leads). We examined identification and mental health support outcomes by comparing medians and interquartile ranges across timepoints, but did not perform formal statistical testing in line with established recommendations for feasibility studies. We analysed open-ended survey comments using content analysis and qualitative interviews using thematic analysis.

Results. 108 teachers and TAs completed T1 questionnaires and the training, 89 completed T2 questionnaires, and 70 completed T3 questionnaires (N = 54 completed all three). The proportion of pupils whom teachers/TAs identified as having mental health difficulties or risk thereof stayed relatively constant across timepoints (median_{T1} = 10.0%, median_{T2} = 10%, median_{T3} = 7.4%) though accuracy compared with the SDQ improved post-training. School-level mental health support outcomes improved over time, with increases in formal documentation and communication of concerns as well as provision of in-class and in-school support. More 'downstream' outcomes, including referrals and access to external mental health services, stayed relatively constant. Teachers and TAs reported higher rates of confidence and preparedness to identify and respond to mental health difficulties after the training. Qualitative findings indicated that teachers, TAs, and strategic stakeholders perceived the training as useful, practical, and acceptable. Suggestions for improvements included tailoring the training to the UK context, adding more scenarios, and including a live element (e.g. discussing the training as a school).

Conclusions. Findings suggest that *At-Risk for Elementary School Educators* may be a feasible, acceptable, and scalable way of improving identification of and response to mental health difficulties in UK primary schools. Additional refinement and evaluation are merited.

The MindKind Study: Initial findings from a user led mental health databank in the UK

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 266

Dr. Blossom Fernandes (Oxford University)

Anxiety and depression are burdensome mental health conditions that have a major impact on the lives of millions of individuals. To understand what approach will work for whom and why in relation to prevention, treatment, stopping relapse or managing ongoing difficulties for anxiety or depression in young adults, it is valuable to gather data about the lived experience of individuals with anxiety or depression. We aim to explore whether young people aged 16 – 24 year old are willing to share data regarding their mental health status and management with researchers, and to investigate, how young people choose to share their mental health data. To do this, we explored the feasibility of a mobile app designed to generate a databank with young people, when given the option to select consent and governance options. This app was created alongside a website where young people could learn about the MindKind Study and enrol. As data collection continues, young people's willingness to engage in the databank will be presented, including the impact of data governance and engagement strategies. Additionally, recruitment strategies will be discussed. Using smartphones to gather this type of data from young adults, we have the potential to better understand the factors that modulate mental health for some young people.

Adolescents' Daily-Life Social Withdrawal Experiences During the COVID-19 Pandemic

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 268

Ms. Eva Bamps (KU Leuven), Dr. Robin Achterhof (KU Leuven), Dr. Ginette Lafit (KU Leuven), Prof. Inez Myin-Germeys (KU Leuven)

Introduction: The measures taken to contain the COVID-19 pandemic, including multiple lockdowns in 2020 and 2021, caused a sudden change in Flemish adolescents' social lives. This potentially also led to a change in the amount of time adolescents spent socially withdrawn (i.e. the amount of time they spent alone) compared to before the COVID-19 pandemic, as well as a change in how they experienced these moments of social withdrawal. An increase in social withdrawal during adolescence is part of a normative development. However, the COVID-19 pandemic was an unprecedented situation, which could have affected adolescents' social withdrawal experiences in potentially different ways. In addition, social withdrawal experiences could have been moderated by risk factors, such as COVID-19-related stressors, as well as by protective factors, such as social skills and social support, thereby creating individual differences in the impact of the COVID-19 pandemic on adolescents. The impact of the COVID-19 pandemic is best measured in daily life, as this provides a more accurate representation of how adolescents experienced social withdrawal during this time.

Objective: The goal of this study was to assess whether the restrictions have impacted adolescent social withdrawal, and if so, in what way, and whether some adolescents were more impacted than others.

Method: This study compares ESM data from before the pandemic (T0) to ESM data from during the first lockdown in March 2020 (T1) and ESM data from the later stage of the pandemic in 2021 (T2) in samples of 110 (T0-T1) and 231 (T0-T2) Flemish adolescents. These data were collected as a part of the SIGMA project, a large-scale longitudinal project on adolescent development and mental health. At all time points, adolescents completed an ESM period of six consecutive days in which they received ten notifications per day on their smartphone with a request to complete a short questionnaire on their momentary affect and social context.

Expected results: Firstly, we expect that the amount of time spent socially withdrawn increased from T0 to T1 and from T0 to T2. In addition, we expect that adolescents experienced an increase in negative affect when socially withdrawn and an increase in feeling like an outsider from T0 to T1 and from T0 to T2, while they experienced a decrease in positive affect when socially withdrawn, a decrease in finding it pleasant to be alone and a decrease in wanting to be alone from T0 to T1 and from T0 to T2. Finally, we expect that a higher amount of COVID-19-related stressors reported by adolescents at T1 and T2 and a higher self-reported mean burdensomeness of these stressors would exacerbate these changes, while higher self-reported social skills at T0, higher levels of self-reported social support at T0, T1 and T2, and belonging to a cluster of adolescents who experience social withdrawal more positively would mitigate these changes.

Conclusion: The results of this study will provide an indication of which adolescents were more severely impacted by the COVID-19 pandemic and might be at risk for adverse developmental outcomes.

Identifying Clusters of Adolescents Based on Their Daily-Life Social Withdrawal Experience

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 269

Ms. Eva Bamps (KU Leuven), Dr. Ana Teixeira (KU Leuven), Dr. Ginette Lafit (KU Leuven), Dr. Robin Achterhof (KU), Ms. Noëmi Hagemann (KU Leuven), Dr. Karlijn S. F. M. Hermans (Leiden University; Erasmus University Rotterdam), Ms. Anu P. Hiekkaranta (KU Leuven), Ms. Aleksandra Lecei (KU Leuven), Dr. Olivia J. Kirtley (KU Leuven), Prof. Inez Myin-Germeys (KU Leuven)

Introduction: Social withdrawal, here conceptualized as spending time alone, is often presented as an overall negative experience, focusing on loneliness and peer victimization. However, social withdrawal is also an indispensable part of normative adolescent development, as it aids the developmental tasks of individuation and identity formation. Previous research has also shown that adolescents' attitudes towards social withdrawal also become more positive as they age. At the same time, daily-life social withdrawal experience could also be influenced by a number of contextual factors, such as the activities adolescents engage in when they are socially withdrawn, or the total amount of time adolescents spend alone during a week.

Objective: This study investigated whether different groups of adolescents experienced social withdrawal in daily life as positive versus negative and whether contextual characteristics influenced adolescents' daily-life social withdrawal experiences.

Method: We used experience sampling data from the SIGMA study ($n = 1913$, 63% female), a large-scale study on mental health in Flemish general population adolescents aged 11 to 19 ($M = 13.8$, $SD = 1.9$). Model-based cluster analysis was used to compare the fit of a one- and two-cluster model to the data. Then, logistic regression was used to examine the effect of activity type during social withdrawal, the person-mean level of wanting to be alone and amount of time spent socially withdrawn on cluster membership, controlling for gender and age.

Results: The two-cluster model provided a better fit to the data compared to the one-cluster model. The following two clusters of adolescents were identified: one cluster characterized by high levels of positive affect and one cluster characterized by high levels of negative affect, loneliness and feelings of exclusion. Out of all the contextual predictors, only gender was significantly associated with daily-life social withdrawal experience. Boys had 66% decreased odds of belonging to the negative social withdrawal cluster.

Conclusion: These results highlight the heterogeneous nature of daily-life social withdrawal experiences in general population adolescents, which has implications for how social withdrawal should be viewed by researchers, clinicians and parents. Further research will examine how these social withdrawal clusters are related to the development of mental health problems.

The Prevalence of Self-Harm, Suicidal Ideation, and Suicide Attempts in Bulimia Nervosa: A Systematic Review and Meta-Analysis

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 270

Ms. Claire McPherson (University of Calgary), Dr. Gina Dimitropoulos (University of Calgary), Ms. Alida Anderson (University of Calgary), Mr. Amlish Munir (University of Calgary), Ms. Maya Sohn (University of Calgary), Ms. Ana Ramirez Pineda (University of Calgary), Dr. Scott Patten (University of Calgary), Dr. Dan Devoe (University of Calgary)

Introduction: Individuals with bulimia nervosa (BN) experience episodes of binge eating large amounts of food followed by compensatory behaviours to rid oneself of the food consumed. Purging is one group of these behaviours, which may include self-induced vomiting, diuretics, and laxatives (BN-P). Another subtype is non-purging bulimia (BN-NP) which refer to other compensatory behaviours, such as diet pills, fasting, meal skipping, or excessive exercise. Individuals with BN often present with self-harm, suicidal ideation, and suicide attempts.

Objectives: There are inconsistencies in the literature and uncertainty about the prevalence of these behaviours and their possible association per subtype. Therefore, this systematic review aimed to: (1) assess the prevalence of self-harm, suicidal ideations, or suicide attempts in those diagnosed with BN and (2) assess the prevalence by BN subtype. Literature searches were conducted in several electronic databases. Our eligibility criteria were restricted to studies that met the following criteria: (1) research including participants with BN and (2) reported on the prevalence of self-harm, suicidal ideation, or suicide attempts.

Methods: Random-effects meta-analyses using Freeman-Tukey double arcsine transformations were performed to estimate pooled proportions and 95% confidence intervals (CIs). Heterogeneity was measured using I^2 . One hundred studies met the inclusion criteria, including 15,316 individuals identified as having BN (mean age: 24 years).

Results: The prevalence of self-harm was 40% (CIs:34%-47%, $I^2=93.79%$) in those with BN [BN-P: 36% (CIs:22%-51%, $I^2=91.97%$) vs. BN-NP: 8% (CIs: 0%-20%, $I^2=N/A$)]. The most common type of self-harm was nail biting (45%), followed by hair pulling (33%), scratching (30%), cutting (29%), bruising (28%), and burning (19%). The prevalence of suicidal ideation was 46% (CIs:29%-64%, $I^2=99.41%$) in BN [BN-P: 57% (CIs:40%-74%, $I^2= 91.59%$) vs BN-NP:46% (CIs:30%-63%, $I^2=81.79%$)]. Finally, the prevalence of suicide attempts was 24% (CIs:21%-28%, $I^2=94.17%$) in BN [BN-P:22% (CIs:19%-25%, $I^2=36.77%$) vs BN-NP:13% (CIs:9%-18%, $I^2=33.34%$)].

Conclusion: Self-harm, suicidal ideation, and suicide attempts were consistently more common in BN-P compared to BN-NP. Clinicians should be aware of the high prevalence of self-harm, suicidal ideation, and suicide attempts in individuals with BN. Ultimately, clinicians should consider screening for suicidality and self-harm and integrating treatments that target these behaviours in individuals with BN.

“The more things change...?” Stability of delusional themes across 12 years of presentations for a first episode of psychosis

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 274

Ms. Gil Grunfeld (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Ms. Ann-Catherine Lemonde (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Dr. Ian Gold (Department of Psychiatry, McGill University), Dr. Srividya Iyer (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Dr. Ashok Malla (Department of Psychiatry, McGill University), Dr. Martin Lepage (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Dr. Ridha Joobar (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Dr. Patricia Boksa (Department of Psychiatry, McGill University), Dr. Jai Shah (Douglas Mental Health University Institute; Department of Psychiatry, McGill University)

Purpose.

While the prevalence of delusional themes is relatively consistent across geographic settings, there is little known about the prevalence of such themes over time. We therefore investigated the change or stability in prevalence of delusional themes across 12 years of presentation to a single early intervention service for first episode psychosis (FEP).

Methods.

Systematically collected data from 500 patients at an early intervention program for FEP were analyzed. Four groups of three-year periods, spanning from 2006-2017, were used to compare the frequency of delusion themes across cohorts. Sociodemographic factors such as gender, age, and highest level of education, as well as clinical factors such as anxiety, depression, suicidality, hallucinations, and primary diagnosis (affective or non-affective) were reported at baseline.

Results.

Sex and education level were found to be stable across cohorts, while patient age varied ($p = 0.047$). Clinical anxiety, depression, and suicidality were also found to be stable. Across cohorts, the proportion of patients with affective versus non-affective diagnosis differed ($p = 0.050$), with no difference in global rating of delusion severity or theme prevalence except for delusions of guilt or sin ($p = 0.001$). This single theme difference did not persist once the potential effects of age, cohort, and primary diagnosis on frequency of guilt or sin delusions were adjusted for.

Conclusion.

Our study indicates a relatively stable presentation of delusions themes over a 12-year span, demonstrating the potential utility of studying thematic content for understanding delusions in young clinical populations. Future explorations of the relationships between delusion themes in early psychosis should follow, as well elaborating current work on their phenomenology.

We will also be presenting current ongoing research on the persistence of delusion themes across individual patient episodes, as they do or do not predict positive symptom relapse and remission in early psychosis patients.

Suicide prevention for international students: A scoping review

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 276

Dr. Sam McKay (Orygen and Centre for Youth Mental Health, The University of Melbourne), Ms. Angela Yuen Chun Li (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Eleanor Bailey (Orygen and Centre for Youth Mental Health, The University of Melbourne), Ms. Michelle Lamblin (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Jo Robinson (Orygen and Centre for Youth Mental Health, The University of Melbourne)

Introduction: Suicide is a leading cause of death in young people, and suicide prevention strategies within the higher education context are an important tool that can minimise the risk of suicide in this group. However, some groups within higher education settings may require tailored prevention approaches due to their unique risk factors for suicide-related thoughts and behaviours. International students are a group who face significant stressors (e.g., financial, language, cultural, discrimination, etc.), while also contending with numerous barriers (e.g., lower mental health literacy and help-seeking intentions) to accessing mental health support. This combination of factors may increase the risk of death by suicide for those who could otherwise receive help, and prevention programs and strategies need to address these risk factors and barriers in this cohort. However, to date, no research has systematically assessed suicide prevention strategies for international students.

Research objectives: The current scoping review aims to identify the factors associated with effective suicide prevention strategies specifically targeting international students. The primary objectives of the review are:

- To chart the extent, range and nature of available evidence on prevention strategies for suicide in the international student community
- To identify gaps and limitations in the literature and provide future research recommendations to address them
- To guide suicide prevention policy and best practice guidelines for those working with international students

Methods: The enhanced six-stage methodological framework for scoping reviews of Arksey and O'Malley will be used. Peer-reviewed and non-peer-reviewed articles, reports, and policy documents will be eligible to be included in the review with no limits on publication date. Electronic searches of the CINAHL, ERIC, Medline, PsycInfo and ProQuest will be conducted to identify relevant academic publications. Grey literature searches will be undertaken on relevant databases, as well as government and organisational websites. Screening and data charting of the published and grey literature will be conducted by three reviewers. Relevant stakeholders and experts will be consulted regarding the findings and their input will be integrated into the final report.

Results: An initial search and review of the literature has shown that there is an extensive grey literature that provides specific prevention strategies and program recommendations for international students. Limited research, guidelines, or recommendations are available in the academic literature. The finalised results will afford several important outcomes for the field. Specifically, a clearer picture of the available evidence on the prevention strategies for suicide for international students will be established and enable the identification of current knowledge gaps and research limitations, along with recommendations for future research, policy, and program development

Conclusion: International students are especially at risk of suicide but have rarely been the focus of suicide-related research or prevention efforts. The current scoping review presents a vital first step for guiding suicide prevention research, policy and practice for this vulnerable and often overlooked group.

Impact of Intergenerational Family Conflict on Asian Australian Mental Health

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 277

Ms. Anushka Phal (Umeed Psychology/ Monash Univeristy)

In 2016, the Australian Census revealed that 49% of the Australian population were either born overseas or had a parent born overseas, with a significant increase in the number of people born in Asian countries since 2011

Children of Asian migrant parents acculturate to the mainstream culture at a faster rate than their parents and are often burdened with the responsibility of being a cultural broker, usually called on to act as translators and even family representatives to the outside world. Consequently, these children function in a culture that differs from their parents' culture. Differences in acculturation pace and levels between children and their migrant parents lead to cultural dissonance between generations and subsequent conflict between both parties, which is uncommon in mainstream Australian families. Intergenerational family conflict (IFC), arising from cultural dissonance between generations, is one of the most complicated and serious repercussions of the acculturation process and may lead to psychological distress. Despite global advances in the field of cross-cultural psychology and the ever-growing multi-cultural community in Australia, few studies have explored the link between the sociocultural factors, Asian Values, IFC and its impact on the mental health of third culture Asian Australians. The objective of the current study was to explore the mental health implications of IFC among Asian Australians and the sociocultural factors attributing to the conflict. A Qualtrics questionnaire consisting of AAFCS, DASS-21 and SWLS was used to collect the data which was then analysed using a series of quantitative analyses, including ANOVA, t-tests and Multiple regressions.

The results of the current study indicate that an increase in IFC intensity can lead to increased mental health issues and a decrease in overall life satisfaction in Asian Australians. The demographic factors influencing the relationship between IFC and mental health were also explored. Interestingly, a difference in the overall IFC intensity experienced was higher for females than males. Other factors such as age and birth order were also explored, however, there was no significant effect of these factors on the intensity of IFC. Factors found to influence IFC include stress related to lack of freedom, pressure to study, lack of parental understanding and arguments with parents. Stress related to these factors correlated with increased mental health issues (anxiety and depression) and lower overall life satisfaction.

Overall, the findings of this study have implications for both future research and current psychological practice. Practical implications of the current study include designing mentoring programs, targeted at Asian-Australian youth, and creating group therapy programs, focussing on the key issues identified in the current study. Information can also be used to create workshops for mental and allied health professionals to help improve their cultural competency, and thus, their ability to support Asian Australian clients. Furthermore, the results of the current study may assist existing Asian-Australian organisations such as the SAARI Collective, Shapes & Sounds, IndianCare and SHAKTI Melbourne in expanding on the work they already do within the Asian-Australian community.

Early diversion pathways from justice to mental health support: finding a way forward

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 300

Mr. David Baker (Centre for Youth Mental Health, University of Melbourne), Dr. Simon Rice (Orygen; Centre for Youth Mental Health, University of Melbourne), Prof. Rosemary Purcell (Orygen; Centre for Youth Mental Health, University of Melbourne)

Introduction

Young people face an increased likelihood of encounters with police and a peak in the onset of mental ill-health. These experiences can have a further overlap with crime victimisation. These overlaps are an opportunity for coordinated responses between the justice and mental health sectors. Most progress has been made in supporting young people who reach court, the development of options at first contact with the justice system is required.

Objectives

The available evidence for diversion pathways from justice involvement to psychosocial and mental health support services for young people is inconclusive. This project aims to develop an evidence-informed early diversion option for young people following their first engagement with the police.

Methods or Approach

The project is mapping available evidence for existing programs and trials onto existing service logic models within the justice and mental health sectors. This mapping project will provide direction for further development of a diversion pathway from a first encounter with the police to mental health services for young people who could benefit from this support.

Implications for Practice and Policy

An alignment between justice and mental health service logic models provides an opportunity for the development of an early diversion option. To address evidence gaps input will be sought from program implementers (e.g., police, mental health nurses) and participants (young people and their families) to inform the development of a diversion model. Evaluation of a trial model would add to the available evidence and model refinement to enable expanded implementation.

Conclusion

Young people with emerging or mild symptoms of mental ill-health who have a first encounter with the police could benefit from a diversion pathway to support services. The alignment of service logic models is an opportunity to develop this approach and implement a diversion pathway from justice to mental health services. Engagement with young people and their families and justice and health professionals will inform the development of an early diversion option to mental health support.

Under the Weather? Influences on Climate Anxiety in Childhood and Adolescence

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 303

Ms. Tara Crandon (QIMR Berghofer Medical Research Institute), Prof. James Scott (QIMR Berghofer Medical Research Institute), Prof. Fiona Charlson (Queensland Centre for Mental Health Research), Dr. Hannah Thomas (QIMR Berghofer Medical Research Institute, QLD, Australia)

Introduction: Climate anxiety, which is the fear and anxiety felt about climate change, is a topic of increasing interest in research and clinical practice. While the growing body of research is dedicated to measuring climate anxiety in the general population, less attention has been given to how children and adolescents might experience climate anxiety. There is an urgent need to further the understanding of climate anxiety, particularly how best to support individuals who feel overwhelmed and impaired. This is especially important for children and young people, given that they report elevated worry about climate change, and are more physically and psychologically vulnerable to the negative impacts of climate change over the life course.

Objectives: To consider how children and adolescents may be uniquely predisposed to climate anxiety and examine factors that may increase or decrease this experience.

Methods: Based on Bronfenbrenner's Ecological Systems theory, a socio-ecological framework was developed to identify the social and environmental influences that shape how children and adolescents perceive the threats of climate change, and how they may experience different levels of climate anxiety.

Results: This review identified individual, physical, and systemic factors (in the micro, meso, exo, and macrosystems) that may affect how children and young people perceive the threats of climate change, and thus their experience of climate anxiety. Recommendations are thus structured around these influential systemic factors.

Conclusions: Parents, educators, health practitioners, community leaders and policy makers play a key role in supporting the wellbeing of young people as climate change evolves. Consideration must also be given to how experts may collaborate and engage with youth voices on climate change across education, public health and policy.

Developing long-term sustainable collaborations between welfare providers to support and promote youths' mental health

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 309

Dr. Maria Fjellfeldt (Dalarna University)

- Introduction or Rationale: Globally, policy makers call for collaboration between welfare providers, when addressing youth mental health. The literature show cross-sector collaboration is challenging.
- Objectives: This article aims to scrutinize aspects of sustainability in collaborative work between welfare providers in the strive to jointly support and promote youth mental health.
- Methods or Approach: In a qualitative interview study, 19 key officials involved in collaborative mental health work in three Swedish municipalities were interviewed. Data was analyzed through content analysis. Practice-oriented collaboration theories were applied during the analytical work.
- Results or Practice/Policy Implications: The results showed that informants experienced that collaboration was beneficial for youths. However, following aspects affected sustainability of collaborative work: 1) how the collaborative work was set up, as a project or within ordinary organizational structures, 2) what model of funding used, 3) how many organizational levels that were involved 4) if goals were common, concurrent, or contradictive and 5) if members were experienced as 'missing' or not. Members 'in collaboration' and 'non-members' were understood as ending up even further apart when one member was experienced as 'missing'.
- Conclusion: This article concludes that to develop long-term sustainable collaborative work addressing youth mental health, certain aspects needs to be taken into consideration.

Stakeholder Engagement in Youth Mental Health Research: Insights over the First Year of a Canadian Project on Data and Measurement in YMH

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 312

Ms. Alyssa Frampton-Fudge (Catalyst Grant in Youth Mental Health), Ms. Yvonne Pelling (Catalyst Grant in Youth Mental Health, ACCESS Open Minds), Ms. Brooke Allemang (Catalyst Grant in Youth Mental Health, University of Calgary), Mr. Clifford Ballantyne (Catalyst Grant in Youth Mental Health), Ms. Devanshi Abhishekbhai Desai (Catalyst Grant in Youth Mental Health), Mr. Chris Bose (Catalyst Grant in Youth Mental Health), Dr. Jai Shah (McGill University, Douglas Research Centre, Catalyst Grant in Youth Mental Health), Dr. Gina Dimitropoulos (University of Calgary, Catalyst Grant in Youth Mental Health)

Introduction or rationale

The CIHR-funded Network Catalyst Grant on Youth Mental Health (YMH; Catalyst Grant) aims to explore, understand, and advance knowledge about data-related priorities in YMH services across Canada. This presentation highlights the process of recruiting and engaging a multi-stakeholder team—of youth, family and carers, researchers, and Indigenous council members—within the larger project.

Objectives (of project and/or research)

In Canada, multi-stakeholder engagement within YMH initiatives has become increasingly popular. However, there remains a gap in how the diverse needs of young people and their support systems are represented, in part due to insufficient understanding of intersectional identities and social determinants of health in YMH research across urban, rural, remote, and Indigenous settings.

Approach

To address these gaps, our core multi-stakeholder team undertook a community-focused approach to stakeholder engagement that identified the importance of shared values of equity, diversity, and inclusion. During the year leading up to recruiting our first 13 stakeholders, we held weekly virtual meetings to develop a deeper understanding of collective values. We determined that engagement with stakeholders must be flexible, foster a sense of community, appropriately compensated (per CIHR guidelines), and provide adequate support. We developed an equitable approach to recruitment of youth, family and carers involving a flexible, broad call for applications from across Canada harnessing social media. Youth between ages 15-24 and with lived YMH experience were invited, while family and carer team membership was defined by being either a family member, sibling, grandparent, or carer of a youth with lived experience. We then conducted “get to know you” interviews before inviting 5 youth and 4 family/carers to join the team. The Indigenous research and stakeholder leads identified committee members through their own networks, then expanded the group beyond that nucleus. Following recruitment, each stakeholder team began meeting in parallel to build relationships; more recently, stakeholders have begun connecting across groups to collaborate on shared project goals.

Results or practice/policy implications

To date, 5 youth meetings, 4 family and carer meetings, and 5 Indigenous group meetings have taken place. The core stakeholder and executive teams have been broadened to include additional youth representation. This collaboration challenges conventional power imbalances, governance structures, and creates space for more inclusive practices. In March 2022, 17 stakeholders and researchers came together to discuss the themes of identity, community, and engagement as they relate to Canadian YMH data priorities.

Conclusion

Stakeholder engagement in research is about building trust and relationships in order to further research goals and health outcomes. Central to this is awareness of different worldviews based on experience, and a willingness to iterate different approaches in order to generate collective ownership of the group’s activities. Moving

forward, specific core and specific stakeholder groups plan to undertake a range of research and evaluation projects related to data in YMH services. Concepts and partnerships involved in these projects will be described.

Teaching adolescents to connect thoughts and feelings: Does the Motus Social Emotional Learning Program support secondary school transition

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 314

Mr. Christopher Shum (University of Limerick), Dr. Samantha Dockray (University College Cork), Dr. Jennifer McMahon (University of Limerick)

Introduction: Social Emotional Learning (SEL) programs such as the Motus SEL program have been found to improve adolescent psychological well-being (PWB). It has been theorised that these improvements are supported by the development of emotion regulation. However, there has been little examination of the relationship between emotion regulation and SEL program effectiveness, nor how SEL programs may be useful at developmental transitions such as the transition into secondary school. This particular transition has been evidenced to diverge students into positive developmental trajectories or trajectories related to increased vulnerability to psychological difficulties. Finally, few studies have investigated the relationship between SEL and physiological measures of well-being such as the cortisol awakening response, which have been found to predict negative mental health outcomes across secondary school transition.

Objectives: This study aims to 1) longitudinally investigate the relationship between SEL measures, psychological well-being and the cortisol awakening response across secondary school transition 2) examine the effect of the Motus SEL program on emotion regulation, psychological well-being and cortisol awakening response across secondary school transition through a controlled longitudinal study.

Research Questions: 1) Is there a relationship between SEL measures, psychological well-being and the cortisol awakening response across secondary school transition? 2) Does the Motus SEL program improve emotion regulation, psychological well-being and the cortisol awakening response across secondary school transition.

Method: 6th class students, aged 11 – 14 years old will complete measures of emotion regulation, self-esteem, social support and psychological well-being, and will provide saliva samples to determine their cortisol awakening response. These measures will be collected one week before receiving the program (T1), on 1 month follow-up (T2) and on 6 month follow-up (T3; post transition measure). A matched waitlist control group who did not receive the program will also be tested at these time intervals to compare group differences.

Preliminary/Expected Results: We anticipate that there will be a relationship between emotion regulation, psychological well-being and the cortisol awakening response across secondary school transition, whereby the emotion regulation strategies of cognitive reappraisal and acceptance will improve psychological well-being and demonstrate less fluctuation in the CAR across secondary school transition. In contrast, we expect that the emotion regulation strategies of emotional suppression and rumination will reduce psychological well-being and increase the fluctuation of the CAR across secondary school transition. Based on previous research, we also anticipate that the Motus SEL program will improve emotion regulation and psychological well-being across secondary school transition and also reduce the CAR fluctuation across secondary school transition.

Conclusion: We anticipate that the Motus Social Emotional Learning Program will benefit secondary school transition in the form of less fluctuation of cortisol awakening response and psychological well-being across the transition. This is primarily due to the SEL program's focus on emotion regulation. These findings will have practical implications for youth mental health policy makers and other stakeholders involved in social emotional learning.

Outcomes Reported in Randomized Controlled Trials of Anxiety Disorder Treatments in Children and Youth: A Scoping Review

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 316

Ms. Megan Patton (The Hospital for Sick Children), Mr. Matthew Prebeg (The Hospital for Sick Children), Ms. Riddhi Desai (The Hospital for Sick Children), Ms. Maureen Smith (The Hospital for Sick Children), Dr. Nancy Butcher (The Hospital for Sick Children), Dr. Karolin Krause (Centre for Addiction and Mental Health), Dr. Suneeta Monga (The Hospital for Sick Children)

Background: Pediatric anxiety disorders (AD) are prevalent and persistent mental health conditions worldwide affecting between 10-20% of children and adolescents. Despite high prevalence rates, there is a lack of understanding of best treatments for these disorders. In other areas of health research, heterogeneity of outcomes measured and reported across randomized controlled trials (RCTs) has limited comparability of trials and has hindered the ability to employ trial results in a clinically meaningful way.

Methods: Following the Joanna Briggs Institute scoping review methodology, a comprehensive electronic bibliographic database search was used to identify published pediatric AD trials between 2010-2021. Title and abstract screening, full-text screening and data charting were completed by two reviewers independently and in duplicate.

Results: Title and abstract screening have been completed on the 9,108 identified articles. Preliminary data charting was then conducted on a subset of 20 articles, 16 of which were eligible for inclusion after full-text screening. Ninety-eight outcomes were reported across 16 trials. "Anxiety symptom severity", noted in 31 instances (32%) was the most frequently reported outcome term, while 38% of outcome terms were reported in only one RCT. Further analyses conducted for study characteristics and outcome definitions will be presented.

Conclusions: Preliminary results demonstrate large heterogeneity in selected and reported outcomes of pediatric AD RCTs, significantly impacting the ability to compare trial results. Such heterogeneity highlights a need for standardized outcome selection, allowing for reliable comparison of trial results and leading to better understanding of what treatments work for these prevalent disorders.

Stronger Together: Foundry's Collaborative Fundraising Approach

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 318

Ms. Krista Gerty (Foundry), Ms. Rebecca Sharma (Foundry), Ms. Kyra Faber (Foundry), Dr. Skye Barbic (Foundry), Dr. Steve Mathias (Foundry)

Introduction: Foundry is a network of integrated youth service centres located in British Columbia, Canada. The network has expanded from its first centre opening in 2015 to 11 now open and 12 more in active development in diverse urban, rural, and remote communities spanning a wide geographical area. The Foundry central office leads the network, and each centre is established, opened, and operated by a designated lead agency, a non-profit organization or health authority already present in the community. The Foundry central office and each Foundry lead agency receive core funding from government and must also fundraise – in some cases with a partnering fundraising foundation – in order to complete capital funding requirements or run innovative programs or initiatives. A unique and exemplary collaborative fundraising model is emerging amongst agencies in the Foundry network.

Objectives: To share the approaches Foundry central office has taken to establish a collaborative fundraising model in order to optimize funding opportunities across the network and reduce competition amongst Foundry central office and lead agencies.

Method or approach: Foundry central office quickly realized in its first phase of development that coordination was required amongst the central office, its provincial partner foundation, and five initial lead agencies in order for each organization to meet its Foundry-related funding needs, with a focus on capital establishment, without confusing donors or hindering trust amongst partnering organizations. Some coordination occurred, but the need for a more collaborative approach became even more acute as expansion of the network occurred. The introduction of prospect management and donor recognition guidelines supported a coordinated approach, and an early foundation of relationship development and trust-building facilitated more intentional and intensive future coordination. This includes a Fundraising Community of Practice launched in 2020, as more centres and lead agencies were added to the network.

Results for practice/policy implications: Foundry and its partners have raised over \$32M through philanthropy since its launch in 2015. Foundry central office coordinates the Fundraising Community of Practice to facilitate information-sharing, strategy development, and fundraising coordination amongst lead agencies and fundraising partners. Foundry central office and lead agencies now collaborate to develop shared proposals and grant applications and review funding opportunities to determine which organization is strategically positioned to lead the donor/funder conversation. They also share ideas and examples of how youth, families/caregivers, and local community members can champion and/or participate in fundraising activities. This process identified that this level of collaborative fundraising is extremely rare in health and social services and perhaps unprecedented in the current system, which drives agencies to compete for limited funding opportunities.

Conclusion: Foundry has had success in raising significant amounts of funding, while also maintaining strong and collaborative relationships amongst key partner agencies despite the difficulty often inherent in discussions related to fundraising. This approach has created an environment of trust and reciprocity amongst the Foundry

network, which is challenging to achieve when organizations are driven to compete for limited funds.

A realist model for tackling LGBTQ+ youth mental health inequality in schools

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 330

Dr. Felix McNulty (Lancaster University), Mr. Liam Spencer (Newcastle University), Prof. Elizabeth McDermott (University of Birmingham)

Introduction: Globally, research indicates that LGBTQ+ young people have elevated rates of poor mental health in comparison to their cisgender heterosexual peers. School environment is a key risk factor and is consistently associated with negative mental health outcomes for LGBTQ+ adolescents, suggesting a need to intervene to affect change within the school environment. The aim of this UK study was to examine how, why, for whom and in what context school-based interventions prevent or reduce mental health problems in LGBTQ+ adolescents. **Methods:** We employed realist methods to develop a model that explained how and why school-based interventions might improve mental health. We conducted semi-structured qualitative online interviews with (1) adolescents aged between 13-18 years of age attending UK secondary schools who identified as LGBTQ+ (n=10); (2) intervention practitioners e.g., those working within organisations who had delivered these types of intervention in UK schools (n=9); and (3) school staff, e.g., teachers and support staff (n=3). Data were analysed using realist synthesis techniques to identify causal pathways across different interventions (e.g. staff training, support groups, inclusive curriculum) that improved mental health outcomes.

Results: Our findings support empirical evidence that school-based interventions that directly tackle dominant cisgender and heterosexual norms can improve LGBTQ+ young people's mental health. The model we produced demonstrates that context factors such as an intersectional, whole-school approach and collaborative leadership were crucial to the delivery of successful interventions. Our findings suggest 3 broad causal pathways in which the interventions might improve mental health: i) interventions for talking and support that developed safety and coping; ii) interventions that promoted LGBTQ+ visibility and facilitated usualising, school belonging, and recognition and; iii) school culture interventions (staff training and inclusion policies) that fostered school belonging, empowerment, recognition and safety.

Conclusion: The UN Convention for the Rights of the Child states that young people have a right to non-discrimination (article 2), the right to education (article 28) and the right to the best mental health (article 24). Globally, the absence of policy attention to the discriminatory experiences of LGBTQ+ pupils in schools and the consequences to their mental health and education is a major concern. Our 'Whole school' model demonstrates that providing a school environment that affirms and usualises LGBTQ+ identities and that promoting school safety and belonging can improve mental health outcomes for LGBTQ+ pupils. We now need the UK and other countries to take seriously LGBTQ+ young people's rights and ensure they are afforded equal respect and protection as their peers.

The Use of Peer Support Programmes in Youth Mental Health Services for Young People aged 15-25: Preliminary Findings from a Scoping Review

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 332

Ms. Rachel Murphy (University College Dublin), Dr. Amanda Fitzgerald (University College Dublin)

Introduction:

It is widely known that adolescents and emerging adults are at an increased risk of developing mental health difficulties. Despite this, young people have the poorest access to mental health care of all age groups, with less than one third accessing the services they need. Peer support programmes have emerged in recent years as an alternative to traditional supports. Typically, peer support within mental health services is defined as social, emotional, and instrumental support that is provided by one individual with an experience of mental health difficulties to another experiencing similar challenges.

Studies from the adult literature suggest that peer support has the potential to reduce mental health difficulties such as depression and anxiety and promote mental wellbeing. However, the evidence base for youth peer support is not as robust, and there is a need to better understand the contribution of peer support programmes to youth mental health. Additionally, research needs to determine the important attributes of youth peer support workers as well as the specific strategies of implementing peer support with youth mental health services.

Objectives:

The aim of this scoping review is to examine the literature surrounding the use of peer support interventions within primary care youth mental health services for youth aged 15-25. The presentation will address the research questions examined in the review, including:

- (i) What are the service contexts in which peer support programmes are being implemented and what form do these programmes take?
- (ii) What are the core personal characteristics of peer support workers working within youth mental health services?
- (iii) How are youth mental health organisations supporting the implementation of peer support programmes?
- (iv) What mental health outcomes are commonly associated with youth peer support programmes?

Methods:

This mixed methods review is following the Joanna Briggs Institute methodology and Arksey and O'Malley's (2005) framework for scoping reviews. Peer reviewed articles will be identified and relevant grey literature in the form of reports from youth mental health services will also be examined. All study designs which have examined peer support within a youth mental health service from 2005 to 2022 will be included, with additional inclusion criteria specifying that studies must be in English and must include participants with a mean age between 15 and 25 years. A narrative synthesis of qualitative and quantitative results will be provided based on guidance from Popay et al. (2006).

Results/Conclusions:

The results of the scoping review will provide an up-to-date overview of the international literature surrounding this increasingly popular mental health intervention. It will provide valuable guidance to mental health professionals, researchers, and policy makers in designing and implementing peer support programmes within youth mental health services. It will identify the mental health outcomes that peer support may impact, aid in the

recruitment of peer support workers by identifying suitable personal characteristics and provide guidance on how youth mental health organisations can prepare for implementing such programmes within their services.

Understanding the Digital Divide: A qualitative study with Canadian youth for youth to explore their digital mental health service use experiences

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 333

Ms. Melissa Campos (Okanagan Clinical Counselling Services), Ms. Naomi Laurin (UBC-O MSW Graduate Student), Ms. Sara Kolomejac (Kelowna General Hospital), Mx. Gurvaan Mann (Foundry), Mx. Mikaela Basile (Government of Canada), Mx. T Schwab (Foundry BC), Ms. Julia Gray (Foundry BC), Ms. Chantel Breau (UBC-O MSW Graduate Student), Dr. Skye Barbic (UBC-Vancouver. Faculty of Occupational Science and Occupational Therapy), Dr. Shelly Ben-David (UBC-O. School of Social Work.)

Introduction: One in four youth in Canada experience a mental health issue each year, but only about 20% access mental health services. In Canada, nearly all youth aged 12-24 years use the internet to access health information. Yet, a common concern among youth and their families is how to navigate online health information to make informed decisions for their well-being. Furthermore, youth voices are integral to determining what youth want or need from digital mental health resources. However, oftentimes the youth voices are not considered when developing tools/resources nor in the research process. **Objective:** This qualitative study set out to understand how youth aged 12-24 make decisions about accessing digital mental health technology (DMHT), and how their identity (e.g. gender, ability, race, student status) influences service use.

Method: This study engaged youth research assistants, undergraduate and graduate students in the research process (e.g. co-developing questions and advertising materials, interviewing the participants, analysis, and knowledge translation). Youth aged 12-24 were invited to participate in 1-2 hour long virtual qualitative interviews in the Summer and Fall of 2020. Questions were developed based on the ten constructs (e.g. beliefs, social norms, emotions, skills, strategies, social image, environment, habits, cues, split-second decision-making) from the Unified Theory of Behavior (Jaccard et al, 2002), a decision-making framework. Youth were also asked questions related to how their identities (e.g. gender, race, ability, student status), and the pandemic influenced their services use experiences. Content analysis was used to come up with the top categories that emerged from each question.

Results: Forty-five youth between the ages 12-24 were interviewed, with a mean age 19. Our sample gender distribution included: 31% Female, 33% Male, and 38% Two-spirit and non-Binary. Of those youth 38% were Transgender. Our sample race distribution included: 42% White, 18% Chinese, 13% Mixed ethnicity, 11% Indigenous, 2% Filipino, and 2% South Asian. Youth discussed their beliefs about services (advantages and disadvantages to digital mental health technology), who in their social networks approved or disapproved them seeking digital mental health technology (DMHT), their emotions related to accessing DMHT, and discussed skills and strategies required to access DMHT. They also discussed how their access to digital services increased during Covid-19. Finally, they discussed how their identity (e.g. gender, ethnicity, culture) impacted (impeded and/facilitated) accessing DMHT.

Conclusion: Findings from this study can be applied in the creation and implementation of DMHT tools and resources to help support youth in the decision-making process when considering accessing DMHT. Future interventions also need to consider the role of identity when designing DMHT, as our findings suggest that a young person's identity can either facilitate or impede service use.

Infusing Wellness Opportunities into Integrated Youth Services in Canada

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 354

Dr. Krista Glowacki (UBC), Ms. Jennifer Affolder (Foundry BC), Ms. Brooke Macnab (Foundry BC), Ms. Alayna Ewert (Foundry BC), Mr. Matthew Wenger (Foundry BC), Dr. Karen Tee (Foundry), Dr. Skye Barbic (Foundry)

Introduction: Amidst a global pandemic, it is vital now more than ever to intervene with appropriate health services and health promotion strategies for young people with mental health and substance use (MHSU) concerns. Physical activity has been recommended as an important strategy to reduce the increased MHSU challenges in young people brought on by the pandemic and as a valuable health promotion tool. In response to this and an internal identified need for programming, Foundry in British Columbia (BC), Canada, has integrated leisure and recreational activities (referred to as Wellness Programs) within its integrated youth services (IYS) for young people ages 12-24.

Objectives: The purpose of this study is to (1) describe how Wellness Programs were implemented into IYS in BC, Canada, and (2) provide an overview of what the Wellness Programs are and who has accessed them since program inception over a two-year period.

Approach: A multidisciplinary growing team has formed at Foundry Central Office, the leadership and standards team for Foundry, to support implementation and evaluation of Wellness Programs. A phased approach was used to implement programs across nine Foundry centres from August 2019-September 2021. Programs are tracked through Foundry's centralized data platform called "Toolbox," and the programs continue to grow and expand as new Foundry centres open.

Results: The programs are customized to each Foundry centre location, complement other health services offered, and aim to target wellness in five domains: physical, mental/emotional, social, spiritual, and cognitive/intellectual. Over the two-year period, a total of 384 different programs were offered and covered a range of different recreational activities. Examples include Bob Ross Paint Night, Book Club, Dungeons and Dragons, Hiking, Yoga, and Community Cooking. A total of 355 unique youth accessed programs. The majority identified as young girls/women (58.2%), with an additional 22.6% identifying as gender diverse and 19.2% as young men/boys. The average age of attendees was 19 years, with most users between the ages of 19-24 (43.6%) and range <12 to >24 years.

Conclusion: This study provides insight into the development and implementation of leisure and recreational activities for young people within IYS to complement traditional health services. This phased approach can be used to guide implementation of similar programs within international IYS to be used for health promotion and intervention. Our team has collected qualitative data (interviews and focus groups) for quality assurance and will be analyzing these data to better understand youth and program staff experiences and program impact.

Differences in the impact of COVID-19 on mental health and help-seeking behaviour across young people accessing Foundry services throughout the pandemic

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 355

Ms. Alayna Ewert (Foundry), Ms. Emilie Mallia (Foundry), Ms. Gillian Venman (Foundry), Ms. Josephine Lam (Foundry), Ms. Julia Gray (Foundry), Ms. Brooke Macnab (Foundry BC), Dr. Skye Barbic (Foundry), Dr. Karen Tee (Foundry), Dr. Steve Mathias (Foundry)

Introduction: Foundry is a network of integrated youth services (IYS) centres in the province of British Columbia, Canada, that is transforming how young people (12-24 years old) access health and social services. With the declaration of a pandemic in March 2020 due to COVID-19, Foundry quickly adapted to offer virtual services in two ways: (1) through physical Foundry centres and (2) through the launch of a provincial service platform, Foundry Virtual BC. While studies have found significant negative impacts of COVID-19 on youth mental health, there was limited information about if youth were delaying seeking support at IYS because of it; specifically, when both virtual and in-person services are available.

Objectives:

This study aims to (1) understand the differences between youth who sought services virtually compared to in-person during the COVID-19 pandemic, (2) examine demographic differences in the impact of COVID-19 on mental health and help-seeking behaviours, and (3) explore changes in the impact of COVID-19 on self-reported youth mental health over time.

Methods:

Two cross-sectional, anonymous surveys were administered to youth who accessed IYS through Foundry (in-person or virtual) during separate time periods. Sample 1 (S1) included n=201 youth and was collected from March-June 2021. Sample 2 (S2) included n=554 youth and was collected from November 2021-January 2022. All data were stratified and analyzed by time period; access modality (in-person or virtual); and age, gender, and ethnicity. T-tests were used for continuous variables and Fisher's exact test (FET) was used for comparisons between strata.

Results:

The demographic profile of youth accessing virtual services was similar to those accessing services in-person except for age, where those accessing virtual services (mean age = 19.43, SD = 3.35) were slightly older than those accessing services in-person (mean age = 18.55, SD = 3.32; $t(753)=-2.48$, $p=0.013$). More Indigenous youth (two-sided FET $p=0.011$) accessed in-person services than virtual, but this difference may be due to sample limitations. Initial analyses suggested that youth who accessed virtual services had worse mental health since COVID-19 than youth who accessed service in person (two-sided FET $p=0.015$), but significance was not sustained after demographic stratification. For help-seeking, those who accessed services in-person reported delaying help-seeking due to COVID-19 more often (two-sided FET $p=0.038$) than those who accessed virtual services, but again this was not sustained after stratification. Further analyses were conducted to assess a possible time effect and more youth in S1 reported worse mental health (two-sided FET $p=0.001$) and delayed help-seeking (two-sided FET $p<0.001$) than those in S2. These differences remained significant when stratifying by age and gender.

Conclusion:

These findings are critical to inform how IYS are offered amidst the changing landscape of the pandemic. Differences in the demographic profile of youth seeking virtual versus in-person services helps Foundry and other IYS programs adapt and tailor approaches to better meet the needs of youth. As well, accounting for significant improvements in youth mental health and help seeking for in-person and virtual services will have important

implications for program planning as COVID-19 becomes endemic.

Our Strategic Guide - Foundry's Brand House

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 361

Ms. Stefanie Costales (Foundry), Ms. Sarah Wood (Foundry), Ms. Christina LaBerge (Foundry), Ms. Rebecca Sharma (Foundry), Ms. Krista Gerty (Foundry), Ms. Leah Lockhart (Foundry), Ms. Toni Carlton (Foundry), Dr. Steve Mathias (Foundry)

Introduction: Within health care, the priority focus for service providers is on those who require services. However, there is value in creating a strong organizational brand, as it facilitates an alignment across all those involved. Establishing and creating consistency, having everyone starting off on the same foot, and getting everyone to work towards the same goals results in everyone knowing why you do what you do and what youth and their families/caregivers can expect when they visit Foundry, an integrated youth services organization serving youth ages 12-24 in British Columbia (BC), Canada.

Objectives: Our objective in designing the Foundry brand house is to create a foundational document supporting decision-making by offering a framework to steer strategy development, communications campaigns, service offerings and so much more.

Approach: A cross-functional team at Foundry central office, the organization's leadership and standards team of 80 staff with diverse areas of experience and expertise, was established to undertake a robust engagement process alongside branding agency TAXI to better understand who we are, as well as the unique and emerging needs of BC youth ages 12-24, their families/caregivers, as well as our staff both at Foundry Central Office and across the Foundry network.

Results: This process led to a rich understanding of the incredibly diverse needs of those we serve and culminated in the development of a Foundry 'brand house', which articulates Foundry's brand positioning statement, mission, values, personality traits, audience and context.

Conclusions: A brand is not a logo, an identity, a product or a service. In this work, we have learned a brand serves as a way to communicate who we are and how we are different. Everyone involved represents the brand through the connections we make, with each other and young people in BC. And this is what really differentiates us from others and guides everything we do.

The Vineyard Project: engaging young people in grape harvesting practices as a way to experience and narrate transformation, temporality and care

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 362

Dr. Andrea Barbieri (Mental Health Department, Cuneo, Italy), Dr. Eleonora Rossero (University of Turin, Italy)

Rationale: Young people represent a vulnerable population, with 75% of mental disorders first emerging before 25 years of age. Appropriate services able to respond to youth-specific needs are lacking, and the transition from Child and Adolescent Mental Health Services (CAMHS) to Adult Mental Health Services (AMHS) can be dramatic, increasing risks of disengagement from service use. This project stems from the acknowledged need to design and test programs that are non-stigmatizing, appealing to young people, and suited for the protean mental health problems that they experience.

Objectives: The Vineyard Project is a pilot aimed at engaging young people expressing different forms of mental ill-health in local practices of hand-harvesting grape. Dimensions of caregiving, temporality, and transformation are the cornerstones of this project, being of particular relevance for vulnerable people experiencing low self-esteem, feelings of worthlessness, and lack of motivation. In the vineyard – a land loaded with symbolic meanings, collective memories, and traditions inherited from winemakers' ancestors – the iteration of old farming and harvesting practices reproduces the past while at the same time makes becoming possible, ensuring temporal continuity, presence, and identity. By working together with vine-growers, participants will have the opportunity to be included in the special relationship they establish with their vineyards, care for the living plants and their products, and become part of the transformative process of winemaking. The initiative is hosted in the renowned wine-producing area of Langhe (Cuneo, N-W Italy), which shows lower rates of binge drinking also due to the protective role played by the cultural dimension of the winemaking craft. Benefits of the project may go beyond the group involved, as participants act as cultural mediators encouraging a limited and competent consumption among their peers.

Methods: A group of 8-10 people aged 16-25 is constituted according to a broad and transdiagnostic definition of distress. Recruitment and project development involve CAMHS, AMHS, community services targeted at adolescents, and schools, with the aim of reaching young people with different backgrounds and trajectories (e.g. people who have sought help from community services, psychological support in schools, the ER, etc.). The project is multidisciplinary in its design and implementation, involving psychiatrists, psychologists, educators, sociologists, and third-sector organizations. Collaborative and creative methods are adopted to elicit participants' narratives of their experience along and at the end of the project. Stories are in turn transformed by students at the local arts high school into labels for the wine bottles they contributed to produce. Narratives and their graphic versions will also work as powerful tools to bear witness to this experience for peers and prospective participants.

Practice Implications: Findings will contribute to: i) promote new, meaningful and non-stigmatizing activities engaging vulnerable young people; ii) improve cooperation between CAMHS, AMHS, and the broader community; iii) provide quantitative and qualitative evidence that will guide longer-term projects and may inspire similar initiatives elsewhere.

Conclusions: The project will develop during the next grape harvest season (August-September). Preliminary findings, challenges and insights will be presented, together with an experience-based comic strip drawn by participants.

Homelessness, Housing and Mental Health

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 373

Mr. Cameron Boyle (Orygen), Mr. David Baker (Orygen)

Rationale

The burden of homelessness is one that disproportionately falls upon young people. Compared to other age cohorts, young people are more likely to experience homelessness and housing instability.

While every experience of homelessness is unique, mental health commonly has a role to play. Mental ill-health is a contributing factor for approximately one-third of young people who experience homelessness. For those young people who experience homelessness, they will face challenges that often worsen, or contribute to, mental ill-health.

Objective

Orygen's policy paper *A Welcome Home* examined this relationship between homelessness and mental health and the specific challenges that exist for young Australians aged 12 to 25 years who experience, or are at risk of, experiencing homelessness.

Approach

A Welcome Home was informed through engagement with stakeholders and synthesised existing scientific and political literature to understand youth homelessness and the interaction with mental health.

Results and Recommendations

Orygen outlined a range of key priorities for Australian policy-makers to support young people who have experienced homelessness. While responses to the intersection of mental illness and homelessness must necessarily address a variety of domains, an emphasis on early intervention for young people vulnerable to either mental ill health or homelessness is paramount. In order to achieve this, there are three key priorities which should be considered:

1. Improving access to mental health care for young people who are at risk of homelessness. Improving service awareness especially among vulnerable and marginalised groups would limit the number of young people who experience homelessness.
2. Helping young people find a stable and safe place to live. Attending to employment, school, mental health or nearly any other aspect of life is made significantly more difficult if there is no stable or safe accommodation from which to launch efforts. Young people are more likely to be in unstable living situations, and approaches which support maintenance of tenancies are vital for young people.
3. Ensuring greater integration of services for young people with intersecting needs. Young people transitioning from homelessness, or at-risk of homelessness, often have complex needs around mental health, education or employment.

Impact of the Covid-19 pandemic on mental disorders in young adults: An exploratory study of impact on care

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 380

Dr. Manuel Tettamanti (University Hospitals of Geneva and Faculty of Medicine, University of Geneva), Dr. Logos Curtis (University Hospitals of Geneva and Faculty of Medicine, University of Geneva), Dr. Cedric Deville (University Hospitals of Geneva and Faculty of Medicine, University of Geneva)

Introduction. The pandemic and its economic and social consequences has increased the stress on vulnerable young adults and their families. For these young people, this situation of increased or cumulative stress may be a risk factor for the emergence or relapse of mental disorders (e.g. deQuervain, 2021). At the same time, mental health services for young adults have also been particularly pressured because of covid mental health impact on nature of care (e.g. Johnson et al., 2021).

Objectives. We used mixed methods to explore the impact of the Covid pandemic on functioning of young adults (aged 18 to 25 year) in our mental health care program and the way we dealt with these impacts.

Methods. Interviews were done with clinical teams and patients to explore the impact of the Covid pandemic on the multimodal interventions we proposed and on the relational dynamics of our unit. We also gathered quantitative data on the pandemic's impact on the nature of patient's requests in our unit

Results. Data showed a large increase of demands during pandemic. Especially for anxiety and depressive disorders. Moreover, thematic analysis of interviews showed that some core interventions of our program had been undermined by the pandemic and required control measures: First, *the professional (re)integration or training*, whose beneficial effects on the well-being of young people are well known, proves to be more complex due to the lack of job offers and constraints on training. Secondly, *therapeutic groups*, promoting relating and solidarity between peers, have been undermined and "replaced" by groups organized via videoconference, an acceptable replacement solution only for some patients, and more individual support for young people mobilizing more nursing staff. However, for some young people, these groups are a response to isolation and a lack of social contact with friends or peers; a dimension that is mentioned as central to their mental health by a majority of young people with mental disorders. Third, *support for families* through interventions that strengthen family cohesion and diminish sources of tension. During the initial phase of the pandemic, the bonds in the families of young people seemed to be strengthened in the face of adversity. However, health care professionals mentioned a rise of family tensions as the crisis continued.

Conclusion. Young people are among the most affected in their mental health by the pandemic and its consequences. Our results show that pandemic negatively impacted our multimodal care for young people. Adaptation and resilience in our care has been possible through the mobilisation of patient's resources and those of their relatives. But demand has been overwhelming and had an impact on quality of care. Complementary public health interventions are then needed (see also McGorry. 2021; Campion et al., 2022) to intervene on the social determinants (eg. cumulative social stressors) of young people mental health and well-being. For example, reinforcement of support measures for training and/or employment for young people, in particular for those experiencing psychological difficulties, is therefore of crucial importance.

Australian GPs' and young people's perspectives, preferences, and needs when working with suicidal behaviour

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 381

Dr. Jo Robinson (Orygen and Centre for Youth Mental Health, The University of Melbourne), Ms. India Bellairs-Walsh (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Sadhbh Byrne (Trinity College Dublin), Dr. Yael Perry (Telethon Kids Institute), Prof. Ash Lin (Telethon Kids Institute), Ms. Michelle Lamblin (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Maria Michail (University of Birmingham)

Study objectives: General Practitioner (GP) contact with young people with suicidal behaviours is common, and evidence suggests that reductions in Australia's youth suicide rate could be achieved with improved detection and management of suicidality in primary care. However, research regarding the needs and perspectives of both GPs and young people is lacking. This study aimed to i) explore the views of both young people and GPs when working with suicide risk and ii) identify future resource needs.

Materials and methods: Participants were recruited from the Perth South region of Western Australia. Using semi-structured interview schedules, two qualitative focus groups were conducted with young people ($n = 10$, $M_{\text{age}} = 20.66$ years), and a combination of group and individual interviews were conducted with GPs ($n = 15$, $M_{\text{age}} = 45.25$ years). Data were analysed using reflexive thematic analysis.

Results: Both groups emphasised the importance of having a collaborative dialogue and a positive therapeutic relationship between the GP and young person when assessing suicide risk. Both groups also emphasised the importance of protecting young people's confidentiality. However, some GPs engaged in practices that young people found problematic, such as using suicide risk screening and assessment approaches that were perceived as reductionist and potentially inaccurate. Young people expressed desire for GP competency in the area of youth suicide and self-harm, including crisis management and resource provision, although GPs expressed conflicting views on their responsibilities for managing young people with suicidal behaviour. GPs described a range of barriers to the provision of optimal care, including lack of knowledge and confidence, time and role constraints, and lack of support from the broader system. They highlighted a need for more integrated referral pathways and specialist support for suicidal young people, as well as a need for comprehensive training on youth suicide prevention.

Conclusion: Young people and GPs expressed both converging and conflicting priorities on the management and care of suicide risk. Understanding both groups' perspectives can contribute to the development of tailored resources to address the gaps in care provision, and overall, help improve the care received for young people with suicidal behaviours.

Exploring psychotic experiences as potential effect modifiers among youths with common mental health problems: Secondary analyses of the Mind My Mind transdiagnostic cognitive behavioral therapy trial.

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 382

Dr. Martin Køster Rimvall (Child and Adolescent Mental Health Services, Mental Health Services, Capital Region of Denmark, Denmark; Child and Adolescent Psychiatric Department, Roskilde, Mental Health Hospital, Region Zealand, Denmark), Ms. Ditte Vassard (Child and Adolescent Mental Health Services, Mental Health Services, Capital Region of Denmark, Denmark), Prof. Robin Christensen (Section for Biostatistics and Evidence-Based Research, The Parker Institute, Bispebjerg and Frederiksberg Hospital, Copenhagen, Denmark), Ms. Sabrina Mai Nielsen (Section for Biostatistics and Evidence-Based Research, The Parker Institute, Bispebjerg and Frederiksberg Hospital, Copenhagen, Denmark), Prof. Anne Katrine Pagsberg (Child and Adolescent Mental Health Services, Mental Health Services, Capital Region of Denmark, Denmark. Department of Clinical Medicine, Faculty of Health and Medical Sciences, University of Copenhagen, Denmark), Prof. Christoph U Correll (Department of Psychiatry Research, The Zucker Hillside Hospital, Glen Oaks, NY, USA; Department of Child and Adolescent Psychiatry, Charité Universitätsmedizin Berlin, Berlin, Germany), Prof. Pia Jeppesen (Child and Adolescent Mental Health Services, Mental Health Services, Capital Region of Denmark, Denmark; Child and Adolescent Psychiatric Department, Roskilde, Mental Health Hospital, Region Zealand, Denmark)

Introduction

Unusual experiences, such as hallucinations (e.g. hearing voices or seeing things that are not there) and delusions (e.g. feeling that you are being spied upon) are often key elements of psychotic disorders. However, such experiences are common at a subclinical level in youths without psychotic disorders and are referred to as psychotic experiences. Although psychotic experiences might be part of normal development, they are often associated with psychological distress and non-psychotic mental health problems, such as anxiety, depression, and behavioral problems. Little is known about the clinical importance of psychotic experiences when treating common mental health problems and non-psychotic disorders.

Objective

The current study assessed psychotic experiences in help-seeking youths who were part of a randomized transdiagnostic cognitive behavioral psychotherapy (CBT) trial. The intervention was aimed at common mental health problems and disorders, and we examined if the co-presence of psychotic experiences might modify the effects of the psychological treatment.

Methods

The current study consists of a secondary analysis of the Mind My Mind (MMM) trial. Altogether, 396 school-aged youths between 6 and 16 years were randomized to either 9-13 sessions of CBT or community management as usual (MAU). The MMM intervention was shown to be superior to management as usual in reducing impact of mental health problems according to the Strengths and Difficulties Questionnaire (SDQ) reported completed by parents (primary outcome). At baseline, psychotic experiences were assessed by semi-structured interviews performed by trained psychologists. The contrast between youths with/without psychotic experiences was calculated to assess if psychotic experiences were effect modifiers with regard to parent-reported outcomes of impact of psychopathology, scored from 0 (low) to 10 (high) using the SDQ (primary outcome), as well as secondary outcomes of SDQ total symptom score and recovery (defined as at improvement of ≥ 1 on the SDQ impact score).

Results

At baseline, 74 (19%) youths had psychotic experiences according to the screening interviews. Youths with psy-

chotic experiences reported higher scores on depression and anxiety measures compared to those who did not report psychotic experiences. The positive effects of MMM as compared to MAU on changes in SDQ-impact from baseline to week 18 (end of treatment) were not moderated by presence of psychotic experiences at baseline: psychotic experiences present -0.89 (95%CI -1.77;-0.01) versus psychotic experiences not present -1.10 (95%CI -1.52;-0.68), between subgroup difference of 0.21 [95%CI -0.77;1.18], *p*-value for interaction 0.68. Similarly, psychotic experiences at baseline did not significantly moderate secondary outcomes of SDQ-total score and recovery.

Conclusions

Although psychotic experiences are associated with more severe emotional problems in help-seeking youths with emotional and behavioral mental health problems, individuals with psychotic experiences still benefited from MMM transdiagnostic CBT treatment as compared to MAU. Importantly, youths with emotional and behavioral mental health difficulties and disorders should be offered psychological treatment for these problems, irrespective of the presence of psychotic experiences.

ClinicalTrials.gov Identifier: NCT03535805 (Mind-My-Mind RCT)

Adolescent experiences of the COVID-19 pandemic and partial school closures and impact on mental health, wellbeing and social connectedness: a qualitative study in South West England.

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 385

Mrs. Emily Widnall (University of Bristol), Ms. Emma Adams (Newcastle University), Dr. Ruth Plackett (University College London), Mrs. Lizzy Winstone (University of Bristol), Prof. Claire Haworth (University of Bristol), Dr. Becky Mars (University of Bristol), Dr. Judi Kidger (University of Bristol)

Introduction: The COVID-19 pandemic and associated restrictions are likely to have presented particular challenges to adolescents due to school closures, social distancing requirements and loss of face-to-face social relationships. This is a particular concern as adolescence is a sensitive period for social and emotional development and adolescents have an increased need for peer connection. Further, adolescents are also at greater risk of developing psychological disorders during this development period.

Objective: This qualitative study explored how lockdown and partial school closures impacted young people's mental health, well-being and social connectedness as well as how they felt returning to school.

Methods: Between December 2020 and March 2021 we interviewed a total of 25 students in Year 10 (aged 14-15 years). This consisted of individual telephone interviews (n=5), two online focus groups (n=12) and one face-to-face focus group in school (n=8). The sample consisted of 14 females and 11 males. Fifteen schools were contacted to participate and three secondary schools took part. The study aimed to recruit schools within more deprived areas, indicated by the proportion of students in receipt of free school meals, based on difficulty to engage these students in convenience survey samples during the pandemic. The three participating schools had an average of 44.8% of students in receipt of free school meals which is well above the average in mainstream secondary schools in England (27.7%). Reflexive thematic analysis was conducted.

Results: Findings revealed diverse experiences of the pandemic and highlighted the complexity of experiences by individual student contexts. Students learned through a variety of mediums, some learned at home during both lockdowns, others varied between home learning and in-school learning, and a few remained in school through both lockdowns. The results of this study reflect their collective experiences and three main themes were identified: 1) Learning environments; 2) Connection to peers; and 3) Transition, adaptation, and coping.

Conclusions: Partial school closures have offered an opportunity for reflection on the current education system in England and the multifaceted pressures placed on adolescents. This study provides important insights into adolescent experiences of COVID-19 and highlights the value that young people place on face-to-face social contact and the sense of structure provided by school, with implications for future home-based learning. The study also brings attention to students concerns with the school environment, particularly in relation to bullying and challenging peer relationships. These findings suggest that improving school connectedness and improving peer relationships within school are two areas of priority and potential intervention areas.

Lessons Learned from a MHA Navigation Service Youth Advisory Council

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 388

Ms. Adrienne Young (Family Navigation Project at Sunnybrook), Mr. James Fleming (Family Navigation Project at Sunnybrook), Ms. Sugy Kodeeswaran (Family Navigation Project at Sunnybrook), Dr. Anthony Levitt (Family Navigation Project at Sunnybrook), Dr. Roula Markoulakis (Family Navigation Project at Sunnybrook)

Recognition of the importance of youth engagement in youth mental health and/or addictions (MHA) services is increasing across the field. It's clear that robust youth engagement in MHA care yields better health outcomes for young people seeking MHA care, and positive benefits of youth engagement within youth MHA organizations are emerging. Given this information, the Family Navigation Project (FNP), a youth MHA navigation service in the Greater Toronto Area in Canada, sought to better understand how to engage youth across systemic, organizational, and individual levels. Based on guidance from youth with lived experience with MHA concerns and prior evidence from FNP's research pertaining to a youth engagement framework in MHA navigation services, FNP established their first Youth Advisory Council (YAC) in Spring 2022.

The objective of the YAC is to partner with FNP to provide recommendations on program practice and policy, as well as to develop their own initiative to further youth engagement efforts at FNP. Preliminary evaluation of the YAC showcases critical lessons learned including 1) why youth are motivated to engage at the organization level, 2) what youth want from MHA youth engagement efforts, and 3) benefits for MHA organizations arising from youth advisory councils.

The YAC at FNP includes 8 youth ages 16-26, from diverse backgrounds, with lived experience with MHA concerns. The FNP research team conducted an evaluation in partnership with the YAC to assess youth advisor engagement, motivation, goals and expectations. Semi-structured interviews were conducted with youth advisors at baseline and surveys were completed after monthly YAC meetings. Interviews were transcribed and coded using qualitative thematic analysis. Analysis is currently ongoing and will be completed in the Summer of 2022.

Preliminary analysis indicates that youth welcome the opportunity to inform youth engagement work at the organizational level. Youth are motivated to be involved to meet other youth who may have similar MHA experiences, and to use their lived experiences and expertise to help improve MHA programs for youth in their community. The "nothing about us without us" ethos reminds us that youth with lived experience with MHA concerns are in the best position to advise youth MHA programs in order to best meet the needs of the youth they serve. Youth want to be provided authentic opportunities for their engagement to make a difference. Finally, youth MHA organizations stand to benefit from investing time and resources to uplift the voices of young people to hear directly from the communities they serve about how to best meet their needs.

Youth advisory councils are one way that MHA organizations can engage youth to inform their organizational practice and policies, and these initiatives must embrace youth leadership and desire to make a positive change to be most successful. Youth are ready to share their expertise when given the platform to do so, and youth MHA organizations must move towards listening to youth experience and acting on youth recommendations to improve the youth MHA system as a whole.

A decade of school violence and bullying

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 391

Mrs. Ylva Christiansson (Friends), Mrs. Åsa Gustafsson (Friends)

Introduction

One in three students has been bullied by their peers at school.¹ Bullying has severe consequences on mental health for children and young people, both in the long and short term. Researchers see a causal relationship between bullying and anxiety, depression, poor mental health, poor general health, self-harm, suicidal thoughts and suicide attempts.²

Friends is a Swedish NGO who provides research-based tools to prevent bullying among children and young people. Friends work in four areas that together contribute to the goal that not a single child should be exposed to bullying: research, training, advice and advocacy.

Objectives

To prevent bullying and its consequences, it is crucial that efforts are based on young people's voices and experiences. In this oral presentation we want share more than a decade's experience of what kind of support children and young people wants when involved in bullying, how they describe their reality and what their solution is. The child's perspective will be in focus for the presentation i.e., children's own experiences, perceptions and understanding of their world of life.

Approach

Friends offers advice and support on bullying-related issues, and main contacts are guardians to children with experience of bullying, as well as children who themselves are exposed to bullying. The cases concern school's responsibilities, which rights children have and how bullied children can get support. In 2021 we had almost 400 contacts, and many of them has mental health issues as a result of bullying, with symptoms like anxiety, stress, malaise, suicidal thoughts, suicide attempts and depression.

Friends' student surveys contain questions about safety and well-being, the prevalence of degrading treatment and bullying, as well as participation in equal treatment efforts. Every year, thousands of students, age 6 to 19, share their experiences through the survey. The surveys started in 2010, and today we have answers from about 250,000 students, containing an immense number of free text answers where students write about their everyday school life.

Practice and policy implications

Unfortunately, I have a rather poor view of adult support. I often see that adults do not care. /Member of Friends' children and youth council

Friends contacts with children and young people show the importance of really listening, and to promote a sense of coherence (SOC). Caring relationship with a trusted adult is a strong protective factor and one of the most important aspects to promote in bullying prevention, as well as in remediate actions.

Conclusion

Bullying is one of our major public health problems today. Every stroke, slur or act of exclusion is a violation of children's fundamental rights. The consequences of bullying hinder a sustainable society according to Agenda 2030. All adults must act in the best interests of the child and ensure that every young person has their rights met.

1) UNESCO (2019) *Behind the numbers: ending school violence and bullying*.

2) Moore et.al. (2017). *Consequences of bullying victimization in childhood and adolescence: A systematic review and meta-analysis*. World journal of psychiatry.

Characterizing patterns of substance use among youth accessing integrated youth services for mental health and substance use in Canada

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 404

Dr. Kirsten Marchand (University of British Columbia), Ms. Emilie Mallia (Foundry Central Office), Dr. Nikki Ow (University of British Columbia), Dr. Krista Glowacki (UBC), Dr. Skye Barbic (Foundry Central Office)

Introduction: Substance use among youth (ages 12-24 years) is a global health priority. Substance use initiation peaks during adolescence, interferes with key developmental milestones, and increases the risk of health and social harms. Youth substance use patterns are influenced by current social norms and substance availability, thus it is crucial to continuously monitor their substance use patterns. This is essential to inform integrated youth services (IYS), which provide interdisciplinary mental health and substance use interventions in youth-centered environments.

Objectives: This study aims to: (1) characterize substance use patterns among youth (12-24) accessing IYS; and (2) examine the relationship between social determinants of health and harmful substance use patterns.

Methods: The analytic sample includes n=8341 youth accessing IYS through Foundry in British Columbia (Canada) who completed self-reported questions regarding current substance use, including substance type: alcohol, cannabis, tobacco, illicit substances. Latent class analysis will be used to identify groups with similar patterns of substance use, their prevalence, and the characteristics that indicate group membership. Explanatory variable selection will be guided by the social determinants of health (e.g., gender, socio-economic status, social support, physical environment) and model selection will be based on empirical criteria and interpretability.

Results: The mean age of youth in the analytic sample was 20.02 (standard deviation=3.49), and 57% self-identified as a woman (33% man; 9% gender diverse; 1% preferred not to answer). Sixty percent of youth were current students, with high school being the highest level of education completed for 30% of youth, and 40% currently engaged in paid employment. Regular/daily use of alcohol, cannabis, and tobacco was reported by 6%, 22%, and 21% of youth, respectively. The most frequently reported illicit substance types currently used were hallucinogens (5%), cocaine (4%), sedatives (4%), painkillers (3%), and ecstasy (3%). Latent class analyses are in progress and will report the number and typology of latent classes (e.g., 'harmful polysubstance use class' may denote youth with a high probability of using all substance types), the probabilities of latent class membership, and the regression effects of the social determinants of health on latent class membership.

Conclusion: This study will identify current patterns of youth substance use and the factors associated with harmful substance use patterns. These findings are critical to informing strategies for substance use interventions, including prevention, early intervention, and treatment, that could be applied across the growing network of international IYS settings.

The psychometric properties of the Child Anxiety and Depression Life Interference Scale (CADLIS)

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 411

Ms. Maddison O'Grady-Lee (Black Dog Institute)

Life interference is a key diagnostic feature within The Diagnostic and Statistical Manual of Mental Disorders for child anxiety and depressive disorders. Despite the importance of interference in diagnosing and assessing treatment outcomes, measures focusing on life interference caused by child anxiety and depressive disorders have received minimal attention. The present study evaluated the psychometric properties of the Child Anxiety and Depression Life Interference Scale (CADLIS). The CADLIS is a brief child (CADLIS-C) and parent-report (CADLIS-P) measure designed to assess life interference from anxiety and depressive disorders in both the child and parent's life. A total of 672 parents of children aged 4-18 years completed the CADLIS-P, and 627 children aged 7-18 completed the CADLIS-C. Confirmatory factor analysis supported the two-factor CADLIS-C model, which differentiated life interference into interference within the home and outside of the home. The proposed three-factor model for the CADLIS-P was not supported, instead, an exploratory factor analysis found a two-factor model differentiating life interference into child life and parent life interference a better model fit. Overall the CADLIS demonstrated excellent internal consistency, good convergent and divergent validity, good inter-rater correlations and was able to differentiate between children with and without clinical levels of anxiety and depressive symptoms. The CADLIS is a reliable and valid tool for the assessment of life interference associated with child anxiety and depressive symptoms.

Experience mapping: exploring the thoughts, feelings, and actions of youth as they enrol and complete an IPS program.

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 414

Mr. Matthew Wenger (Foundry BC), Ms. Cassia Warren (Foundry BC), Ms. Anna-Joy Ong (Foundry BC), Ms. Diana Al-Qutub (Foundry BC), Ms. Raysa Camara (Foundry BC), Dr. Karen Tee (Foundry), Dr. Skye Barbic (Foundry)

Introduction: Foundry Works is a new evidence-based supported work and study program offered within Foundry, a provincial integrated youth service organization in British Columbia (BC), Canada. Foundry Works utilizes an Individual Placement Support (IPS) model to help meet the wellness needs of diverse youth by coordinating their health, work, and study goals. Although this model is centred on an individualized approach, youth engagement and retention can be a challenge. To best support youth in this program and understand some of the barriers to engagement and retention, a project was developed to map out the experiences and actions of youth across the various phases of the program and critical transition points (e.g., starting a new job). The results of this process are being used to design core elements of the program and create engagement strategies for IPS staff during identified periods of risk for youth who are not in employment, education, or training programs.

Objectives: To 1) understand the thoughts, feelings, and actions of youth through the various phases of the IPS service model (contemplation/ discovery, engagement/ enrolment, active search, post-placement support, and completion), 2) identify risks to engagement during phases and transition points of the IPS program, and 3) describe solutions co-designed with a youth advisory committee to mitigate youth risks in transition phases and improve the overall quality of the program.

Methods: Focus groups were conducted with 15 youth and 8 family members/ caregivers and led by family and youth peer engagement coordinators. The focus groups explored the thoughts, feelings, and actions, of participants through a journey mapping exercise. Recordings from the focus groups were transcribed and a thematic analysis used to identify themes. Youth and family members were recruited from across the province, incorporating considerations for equity, diversity, and inclusion of various individuals who may access the Foundry Works program.

Practice Implications: Sustained and meaningful engagement in higher education and work opportunities is a major indicator of recovery. IPS programs, such as Foundry Works, can be critical in supporting individuals living with mental health and substance use concerns in achieving their work and study goals through an integrated youth service. By understanding the thoughts, feelings, and actions of youth considering or engaged in an IPS service, programs can better support participants and mitigate some of the risks to engagement and completion, leading to higher success rates and recovery outcomes.

Conclusion: The results of this experience mapping project will help to inform and shape Foundry Works, BC's first provincial youth IPS program.

Digital engagement: translating online views and clicks to program enrolment for NEET youth in an IPS program.

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 416

Mr. Matthew Wenger (Foundry BC), Ms. Diana Al-Qutub (Foundry BC), Ms. Vivian Dang (Foundry BC), Mr. Suhail Nanji (Foundry BC), Ms. Chrisanne Remedios (Foundry BC), Mrs. Julia Hayos (Foundry BC), Dr. Karen Tee (Foundry), Dr. Skye Barbic (Foundry)

Introduction: Foundry Works is a new evidence-based supported work and study program offered within Foundry, a provincial integrated youth service organization in British Columbia (BC), Canada. The implementation of this program, first as a pilot, and later across 12 centres and Foundry's provincial virtual service occurred during the Covid-19 pandemic. Restricted access to in-person services changed the way the program could be promoted and shared with youth across the province from physical spaces (school, clinics, and other youth areas) to digital environments. To adapt, Foundry Works employed a digital marketing and enrolment strategy that supported youth not in employment, education, or training (NEET) to discover, understand, and self-refer for Individual Placement Support (IPS) services. This presentation will focus on the success and challenges of creating and translating youth awareness from organic and paid digital marketing materials to program enrolment through a digital pathway.

Objectives: The objective of this project was to create a digital pathway that was effective in translating youth engagement in digital spaces (social media platforms and webpages) to program enrolment by: 1) optimizing program awareness with youth and caregivers through organic and paid digital marketing; 2) understanding navigation trends of youth and caregivers viewing the IPS program webpage; and 3) understanding youth preferences relating to, and the effectiveness of, different self-referral pathways including a web form and app.

Method: A digital marketing and enrolment strategy was designed with the primary focus of engaging and enrolling NEET youth across British Columbia as directly and effortlessly as possible. Translation rates were used to evaluate and optimize the use of search terms, ads, and social media content in generating traffic to the IPS program's webpage. Hotjar© and Google Analytics software were used to record trends in how individuals interacted with and navigated the program's webpage. Enrolment options were provided using a web-based form and the Foundry BC app. These two points of entry were compared for effectiveness and preference for youth enrolling in the program.

Results: Within three weeks the Foundry Works program increased website visits from 150 to 2162. The program was able to collect information relating to the top performing search terms and ads based on click-through rates to the program's webpage. Based on navigation trends, the program was able to understand what content was most viewed and engaged with on the webpage, and how to modify the webpage to create a better experience for the viewer. Engagement data was used by the program to determine which self-referral pathway was most popular with youth and structure enrolment processes base on those results.

Conclusion: Now, more than ever, understanding the ways youth engage with and navigate digital environments is critical for promoting and enrolling youth in health services. When a comprehensive digital pathway/strategy is utilized, it can lead to a greater number of young people accessing the support they need; in the way they want.

“Getting in touch with the body can be super impactful on mental health”: exploring the experiences of young people and staff in Wellness Programs within integrated youth services in Canada

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 417

Dr. Krista Glowacki (UBC), Ms. Teresa Campbell (Foundry BC), Mr. Christopher Campbell (Foundry BC), Ms. Brooke Macnab (Foundry BC), Dr. Skye Barbic (Foundry), Ms. Jennifer Affolder (Foundry BC)

Introduction: Foundry is an integrated youth health service (established in 2015) for young people (aged 12-24) in British Columbia, Canada that offers five core health streams. Foundry implemented Wellness Programs beginning in 2019 for young people to engage in recreation activities (inclusive of physical activity) alongside traditional health services. The purpose of this study was to explore the experiences of young people and program staff engaging in Wellness Programs.

Methods & Approach: Using a participatory action approach, a collaborative team was formed of four youth peer evaluators, one research and evaluation associate and one researcher. Data was collected through virtual semi-structured focus groups (n=2) with young people who attended Wellness Programs and one-on-one interviews (n=7) with program staff who delivered Wellness Programs. A thematic analysis is being conducted.

Results: Preliminary results indicate youth felt the programs helped to improve physical and mental health and to enhance social connections especially during an isolating time. Youth expressed they hoped the programs could be easier to register for and wanting more in-depth mental health conversations. Staff acknowledged barriers to running programs along with regular health care duties, a need for more youth involvement and to offer transportation and food/water for youth. Both groups acknowledged wanting future hybrid (online and in-person) programs.

Conclusion: The findings demonstrate that recreational activities can be integrated within health services and can impact self-reported health and social connections for young people. The findings also indicate the need to address program accessibility in the future including offering hybrid programs and transportation.

Early intervention programmes in refugee youth mental health: a scoping review with evidence-based recommendations

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 433

Mr. Thomas Nguyen (Western Sydney University)

Introduction: In 2020, total refugee numbers worldwide reached a record high of 26.4 million people. Youth under the age of 18 are grossly over-represented in these figures, making up approximately half of the total refugee population. Forced displacement and the associated traumas experienced pre-, peri- and post-migration compound existing challenges in which young people commonly and concurrently encounter developmentally. It is of no surprise that the prevalence of common mental disorders (e.g., depression, anxiety, and post-traumatic stress disorder) are significantly elevated in refugee youth when compared with non-refugee youth. Early intervention programmes in youth mental health have garnered an increasingly robust evidence base in recent years as an effective form of service delivery in the prevention and management of many common mental disorders. However, few studies have evaluated early intervention programmes in the prevention and management of common mental disorders in resettled refugee youth.

Objectives: This scoping review aims to review the existing literature evaluating early intervention mental health programmes in refugee youth. Evidence-based recommendations for adapting early intervention programmes for refugee youth populations will additionally be informed by current theoretical paradigms in culturally sensitive and trauma-informed practices.

Methods: The scoping review will follow the Preferred Reporting Items for Systematic Reviews and Meta-Analyses extension for scoping reviews. A systematic search of peer-reviewed literature will be conducted on five electronic databases (Medline, PsychInfo, Embase, PubMed and CINAHL). Relevant articles will be screened by title and abstract, and later by full text based off pre-determined inclusion and exclusion criteria. Included articles will be qualitatively summarized and will help inform evidence-based recommendations for adapting early intervention mental health programmes for refugee youth.

Practice/policy implications: This review has important implications for the development of future early intervention mental health programmes in refugee youth. It will identify the strengths and weaknesses in existing early intervention programmes, describe current gaps in research knowledge within this field and recommend evidence-based principles to apply when developing early intervention mental health programmes for refugee youth. Applications of these recommendations will ensure that the development of future early intervention mental health programmes for refugee youth are informed by culturally sensitive and trauma-informed practices.

Conclusion: Early intervention mental health programmes need further evaluation in refugee youth populations, given the large morbidity of mental disorders in this marginalized group. It is hoped that the development of further early intervention mental health programmes will be informed by culturally sensitive and trauma-informed practices.

A Digital Health Innovation to Prevent Relapse and Support Recovery in Youth Receiving Specialized Services for First-Episode Psychosis: Results from a Pilot Pre-Post, Mixed Methods Study of Horyzons-Canada (Phase 2)

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 442

Dr. Shalini Lal (School of Rehabilitation, Faculty of Medicine, University of Montreal, Montreal, QC, Canada), Prof. John Gleeson (Healthy Brain and Mind Research Centre and School of Behavioural and Health Sciences, Australian Catholic University), Dr. Simon D'Alfonso (School of Computing and Information Systems, University of Melbourne, Parkville, Australia), Dr. Hajin Lee (School of Rehabilitation, Faculty of Medicine, University of Montreal, Montreal, QC, Canada), Ms. Geraldine Etienne (ACCESS Open Minds, Douglas Mental Health University Institute, Montréal, QC, Canada), Dr. Ridha Joobar (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Dr. Martin Lepage (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Dr. Mario Alvarez-Jimenez (Centre for Youth Mental Health, University of Melbourne, Parkville, Australia)

Introduction

There is increased need for new models of service delivery that are accessible, sustainable, and engaging to prevent relapse and support recovery in youth experiencing first-episode psychosis (FEP), especially given the various challenges associated with providing services to this population, including high rates of relapse and service disengagement.

Objectives

To investigate the feasibility and acceptability (and potential outcomes) of implementing and evaluating a live version of HoryzonsCa, a web-based intervention integrating peer support, clinical moderation, and therapeutic content aiming to optimize recovery in youth receiving specialised services for FEP.

Methods

We used a mixed methods approach, combining quantitative and qualitative methods. Participants were recruited from an urban specialized early intervention clinic for FEP in Montréal, Canada. A final sample of 20 participants (mean age = 26.3, standard deviation = 5.5; age range 18-36 years) completed a follow-up assessment after receiving access to the intervention for 8 weeks. Following the convergent mixed-methods model, the quantitative and qualitative data were first analyzed separately and then considered for an integrated analysis of the findings. To assess the potential outcomes of HoryzonsCa, a linear mixed model analysis was conducted on social functioning and clinical measures using restricted maximum likelihood estimation, and 95% confidence interval (CI) was reported for statistically significant changes between baseline and the 8 weeks follow-up measures.

Results

HoryzonsCa was perceived as acceptable and safe to use. The majority of participants provided positive feedback on their general experience (85%, 17/20) and the perceived usefulness (helpfulness) of the intervention to identify their strengths (70%, 14/20). Almost all participants perceived the platform as easy to use (95%, 19/20) and felt safe using it (90%, 18/20). Regarding adoption, 65% (13/20) logged onto the platform at least 4 times over 8 weeks. With respect to potential outcomes in clinical measures, preliminary findings supported no deterioration on the Clinical Global Impression Scale (used to estimate participants' global improvement and severity of illness), and a significant reduction in negative symptoms ($b = -4.60$, 95% Confidence Interval (CI) = $[-8.29, -0.92]$) and psychiatric symptoms ($b = -5.07$, 95% CI = $[-8.80, -1.34]$) were observed at follow-up.

CONCLUSION: This study can help inform researchers, service providers, decision makers, and other community partners interested in implementing and evaluating digital mental health innovations to deliver specialised

early intervention services for young people diagnosed with psychosis in Canada and abroad. However, our results should be taken cautiously due to lack of statistical power; more research is needed with larger sample sizes to better understand the intervention's potential for impact.

The Use of Technology to Provide Mental Health Services to Youth Experiencing Homelessness: A Scoping Review

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 456

Mrs. Sarah Elias (School of Rehabilitation, University of Montreal, Montreal, QC, Canada), Mrs. Vida Sieu (School of Rehabilitation, University of Montreal, Montreal, QC, Canada), Dr. Rossana Peredo (Youth Mental Health and Technology Lab, Hospital Research Centre (CRCHUM), Montreal, QC, Canada), Dr. Shalini Lal (School of Rehabilitation, University of Montreal, Montreal, QC, Canada)

Introduction

There is growing interest in using information and communication technologies (ICTs) to improve access to mental health services for youth experiencing homelessness (YEH), however limited efforts have been made to synthesise this literature.

Objectives

To provide an overview and synthesis of the knowledge on the use of ICTs to provide mental health services and interventions to YEH.

Methods

This review was conducted according to the Arksey & O'Malley scoping review framework and followed the latest guidelines for conducting scoping reviews from the Joanna Briggs Institute. We conducted a systematic search in the following databases: Medline, Embase, PsycInfo, CINAHL, Cochrane, Web of Science and Maestro, from 2005 to 2021. Data was analyzed through descriptive statistics and a qualitative approach. Two reviewers were involved in the screening process in consultation with a third member of the team. Two reviewers were involved in the data extraction, which was also validated in its entirety by a third member of the team.

Results

From 2,153 abstracts and titles, 12 studies were included in the analysis. Preliminary results indicate that communication technologies (e.g., phone, video, text) and mobile apps were the most common types of ICTs used. The interventions had a variety of goals; the most common was reducing risky behaviors, followed by addressing cognitive functioning, providing emotional support, providing vital resources, and reducing anxiety. In terms of feasibility, almost all of the studies reported high levels of acceptability and frequency of use. The principal challenges for study authors were related to technical problems such as the need to replace phones, issues with data service, and phone charging. Most of the studies focused on feasibility, only three reported results regarding the efficacy of the intervention.

Conclusion

Our results are indicative of the emerging role that ICTs are playing in the delivery of mental health services to YEH and there is a high level of acceptability based on early feasibility studies. However, there is a need to advance efficacy and effectiveness research in this area, with larger and longer studies. Concurrently, these findings should be interpreted with caution due to the small samples and methodological quality of some of the studies.

Clinician Experiences and Perspectives on Providing Telepsychiatry Services to Young Adults with First Episode Psychosis in the Context of the COVID-19 Pandemic

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 457

Dr. Shalini Lal (School of Rehabilitation, Faculty of Medicine, University of Montreal, Montreal, QC, Canada), Dr. Amal Abdel-Baki (Department of Psychiatry, University of Montreal, Montreal, QC, Canada), Dr. Rossana Peredo (School of Rehabilitation, Faculty of Medicine, University of Montreal, Montreal, QC, Canada)

Introduction

Telepsychiatry (i.e., videoconferencing technology to deliver real-time psychiatric services) has the potential to assist healthcare providers in overcoming time and cost constraints in engaging youth with first-episode psychosis in the community, and may improve continuity of follow-up in receiving mental health services. Previous research has shown that youth with FEP are frequent users of mobile devices and internet resources. However, prior to the Covid-19 pandemic, limited research existed on the use of telepsychiatry with this clinical population and some evidence indicates clinicians' concerns about using telepsychiatry with individuals experiencing symptoms of psychosis, such as delusional thinking. Clinicians' acceptance is key to telepsychiatry's implementation. Thus, research focussed on the perceptions of mental health providers working with youth with FEP is needed to better understand its potential adoption beyond Covid-19.

Objective

- 1) To assess the use and acceptability (i.e., satisfaction, user-friendliness, benefits, concerns, challenges, security, safety, and recommendations) of telepsychiatry in the context of early intervention services for FEP from the perspectives of clinicians.
- 2) To investigate if clinicians' perceptions changed over time.

Methods

This is a longitudinal survey conducted between October 2020 and April 2021. Twenty-six service providers (e.g., physicians, nurses, other allied health care professionals) participated in a specialized program for FEP that offered telepsychiatry services through a videoconferencing platform called REACTS (<https://reacts.com>). Participants completed the online survey at two timepoints during the implementation of telepsychiatry: the initial survey was distributed between May-September 2020; the follow-up survey was distributed between October 2020 to Feb 2021 (initial survey, N=26; follow-up survey, N=18).

Results

Perceptions were similar during the initial and the follow-up survey. Most respondents perceived REACTS as safe and easy to use. Technical support was perceived as important especially during the first few uses; the most frequent reason for requesting technical support was to start a session. Regarding satisfaction, the majority of participants were supportive of using telepsychiatry to deliver mental health services and expressed interest in continuing its use. Almost all participants indicated they would recommend REACTS to colleagues (initial survey, 25/26 and follow-up survey, 17/18).

The most common issues were related to its set-up and the initial use (during initial and follow-up survey),

followed by internet accessibility issues (which were reported during the initial survey but not during the follow-up), and sound and image issues (which were reported during the initial survey but decreased during the follow-up).

The most common benefits of telepsychiatry pertained to flexibility for scheduling a meeting, ability to visually assess patients' environments, allowing a more "equal" patient-practitioner relationship, and reducing the need to commute, among others.

Conclusion

Findings reflect positive experiences and perceptions of healthcare workers regarding the use of telepsychiatry in an urban setting with young people diagnosed with FEP. Despite our small sample, this study raises awareness of the value and feasibility of using telepsychiatry with this clinical population. Future in-depth research is warranted exploring the concerns and perspectives of clinicians on the integration of telepsychiatry in specialized services delivered to this clinical population beyond Covid-19.

What do Young Adults Receiving Treatment for a First-Episode Psychosis Think About Receiving Telepsychiatry Services During the COVID-19 Pandemic?

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 459

Dr. Shalini Lal (School of Rehabilitation, Faculty of Medicine, University of Montreal, Montreal, QC, Canada), Dr. Amal Abdel-Baki (Department of Psychiatry, University of Montreal, Montreal, QC, Canada), Dr. Hajin Lee (School of Rehabilitation, Faculty of Medicine, University of Montreal, Montreal, QC, Canada)

Introduction

Limited evidence exists on the implementation of telepsychiatry within the context of early intervention services for psychosis, the need for which has become even more relevant during the COVID-19 pandemic.

Objectives

To address this gap, we investigated the experiences and perspectives of young adults recovering from a first-episode psychosis (FEP) following their use of telepsychiatry services (i.e., use of video conferencing solutions to deliver mental health services to patients in real time).

Methods

A cross-sectional online survey study was implemented between November 19, 2020 and March 9, 2021 with young adults recruited from a specialized program for FEP located in an urban Canadian setting. Data were analysed using descriptive statistics, exploratory (Fisher's exact test), and content analysis.

Results

Among 51 participants (Mean age = 26.0, SD = 4.7; 56.9% female), the majority were satisfied with the service (91%, 46/51), perceived that the platform was easy to use (90%, 46/51) and felt secure in terms of confidentiality (82%, 42/51). Satisfaction was related to perceptions regarding ease of use, image quality, and employment/studying status. Several partially or totally agreed that for the first few times the presence of a third party to login was essential (36%, 18/51), and some needed technical support (24%, 12/51) during the session.

Conclusions

This study shows that telepsychiatry is feasible and acceptable to implement for patients in the early phase of psychosis recovery. It also highlights the importance of making technical support available especially in the first few times of using the service and addressing patient concerns regarding confidentiality, even when using secured health technologies.

Reference: Lal, S., Abdel-Baki, A., & Lee, H. (Under Review). Telepsychiatry Services During COVID-19: A Cross-Sectional Survey on the Experiences and Perspectives of Young Adults with First-Episode Psychosis. *Early Intervention in Psychiatry*.

Fit for purpose measures in youth mental health

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 463

Prof. Eran Tal (Department of Philosophy, McGill University), Mr. Sebastian Rodriguez Duque (Department of Philosophy, McGill University), Dr. Skye Barbic (Occupational Science and Occupational Therapy, University of British Columbia)

Rationale

This project is a collaboration between philosophers of science and health outcome researchers in Canada. Patient reported outcome measures (PROMs) such as the Patient Health Questionnaire (PHQ-9) and the Kessler Psychological Distress Scale (K-10) are routinely used by mental health service providers for various purposes, including screening, diagnosis, recommending treatment plans, tracking progress, and assessing overall quality of care. The scores and categories that result from these measures can leave young people wondering what to make of a number that has just been attached to the reason for their visit. Moreover, health outcomes researchers acknowledge that a PROM designed and validated for one purpose and population, such as screening in adults, may not be fit to serve another, such as tracking client progress in youth. This context-sensitivity is partially due to differences in client characteristics, and to the fact that different clinical decisions can require different kinds of evidence. Health outcomes researchers typically deal with this context-sensitivity by 're-validating' PROMs against 'gold standards' of evidence, e.g., by adjusting the severity thresholds of a screening tool against the outcomes of clinical interviews in new settings. Our experience suggests that psychometric validity is not enough to guarantee whether a measure should be used in a new context.

Objectives

The question of whether and when a measurement tool is fit for its intended purpose has been largely neglected. We argue that fitness for purpose is a distinct feature of a measurement tool that does not automatically follow from its validity, and is established by distinct sources of evidence.

Approach

Our analysis draws from our experience through a recent collaboration between health outcome researchers, clinicians, and young people. As part of this collaboration, our team developed a training in measurement for clinicians working at Foundry, a network of integrated mental health clinics for people aged 12-24 in British Columbia. Our research revealed a gap between psychometric techniques, which focus on statistical properties, and the need of clinicians and young people to identify measures that promote important values, such as inclusiveness, empowerment and collaboration.

Practice Implications

Health outcomes researchers typically deal with context-sensitivity by 're-validating' PROMs against 'gold standards' of evidence, e.g., by adjusting the severity thresholds of a screening tool against the outcomes of clinical interviews in new settings. Our experience suggests that psychometric validity is not enough to guarantee whether a measure should be used in a new context. Evaluating fitness-for-purpose requires a thorough examination of the ethics of measurement, and requires, among other things, genuine engagement with communities and young people.

Conclusion

Our analysis highlights the need for a normative theory of measurement as a foundation for measure evaluation in psychometrics. We argue that 're-validation' techniques are inadequate for establishing fitness-for-purpose across contexts, because they are based on an overly narrow concept of fitness-for-purpose. Fitness-for-purpose in mental health is not only an epistemic criterion, but also an ethical criterion, namely, the condition of fit between the meanings and uses of a measure and the values and aims of people and communities.

A Co-developed Youth Engagement Framework for Mental Health and/or Addictions Navigation Services

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 489

Dr. Roula Markoulakis (Sunnybrook), Ms. Adrienne Young (Family Navigation Project at Sunnybrook), Mr. Murad Wancho (Family Navigation Project at Sunnybrook), Ms. Sugy Kodeeswaran (Family Navigation Project at Sunnybrook), Dr. Anthony Levitt (Family Navigation Project at Sunnybrook)

Mental health and/or addictions (MHA) concerns have a significant impact on youth across the world. In Canada, fewer than 20% of youth experiencing a MHA concern receive appropriate treatment. MHA navigation services seek to address this gap by working with youth to help them understand their MHA service options and connect them with appropriate and accessible supports. The Family Navigation Project (FNP) serves youth aged 13-26 and their families across the Greater Toronto Area. Since 2013, FNP has helped over 4500 youth and their families navigate the MHA service and system landscape. However, youth reach out to FNP themselves in fewer than 20% of cases, with the majority of cases being initiated by biological or chosen family. This gap is concerning as there is growing evidence for the positive impacts of youth engagement in MHA care. Yet, best practices for engaging youth in navigation settings are not well understood. This study sought to illuminate young people's needs for authentic engagement to occur and to construct a framework based on these needs for youth engagement that could be applied across MHA navigation services.

The research team utilized a Community Based Participatory Research approach, partnering with six youth with lived experience with MHA concerns. It is critical that youth are involved in researching a framework for their engagement, as their lived experience is essential to fully appreciate youth's needs for MHA care access. The team conducted 44 interviews and 11 focus groups with 86 total participants, including youth (n=28), caregivers (n=20), MHA service providers (n=27) and FNP navigators (n=11), to understand participant conceptualization of youth engagement in MHA navigation. Transcripts were coded by youth and adult researchers using a grounded theory approach. The codes were consolidated into 10 distinct themes that were agreed upon by youth and adult researchers.

The themes included: Youth-Centered Care, Consideration of Family, Sense of Connection, Continuity of Care, Empowering Youth, Enhancing Knowledge of Care Options, Considerations of Equity, Diversity, and Inclusion, Counteracting Stigma, Demonstrated Commitment to Youth Engagement and Effective Evaluation. The themes emphasize the importance of embracing youth autonomy, and underscore the need to uplift youth voice across the MHA system, within MHA organizations and through individual MHA care. The results showcase youth's deep understanding of both internal and external barriers to receiving care, and offer MHA navigation services considerations for connecting youth with comprehensive and equitable MHA care.

MHA navigation services can utilize this framework and its underlying themes to better understand what is important to youth with MHA concerns, and to best meet their needs for accessing services. The framework can be used for MHA navigation services, and for MHA services more broadly, to begin to develop their own youth engagement strategies. Robust and youth-informed youth engagement strategies in MHA services will help to empower youth to seek and access the care that they deserve.

Engaging Youth with Lived Experience Expertise in the Multi-Stage Development of a Core Outcome Set (COS) for Adolescent Depression Studies

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 504

Mr. Matthew Prebeg (The Hospital for Sick Children), Ms. Megan Patton (The Hospital for Sick Children), Ms. Riddhi Desai (The Hospital for Sick Children), Ms. Maureen Smith (The Hospital for Sick Children), Dr. Nancy Butcher (The Hospital for Sick Children), Dr. Karolin Krause (Centre for Addiction and Mental Health), Dr. Suneeta Monga (The Hospital for Sick Children)

Introduction: Major Depressive Disorder (MDD) is a prevalent and persistent mental health condition affecting an estimated 11% of adolescents worldwide. Despite high prevalence rates, there is a lack of understanding of the best treatments for this disorder, largely due to the heterogeneity of outcomes reported in randomized controlled trials (RCTs). A scoping review previously conducted by our research team found that among 32 RCTs for youth MDD trials, 86 unique outcomes were identified - half of which were only reported in one trial each. The development and implementation of a Core Outcome Set (COS), a list of the most important outcomes that should be measured and reported at minimum in all future youth MDD trials, will address this variability. Unfortunately, only a small minority of COSs developed to date have had significant input from youth with lived experience, likely impacting their relevance and utility. If youth are the ones most impacted by adolescent MDD interventions, they should have a 'voice' in what outcomes are measured.

Objectives: The International Network for Research Outcomes in Adolescent Depression Studies (IN-ROADS) Initiative is a research initiative that plans to engage youth with lived experience at each stage of the development of a COS for adolescent MDD trials (e.g., identifying outcomes for inclusion, completing Delphi surveys, and evaluating outcome measurement instruments).

Methods/Approach: The IN-ROADS Initiative engaged youth partners from an early stage, and in two different capacities. Youth engagement facilitators (YEFs) joined the core research team to ensure youth experiences were meaningfully incorporated into all research decisions and to support the design and implementation of the overall engagement strategy. In addition, a youth advisory committee was formed to enable a wider group of youth to contribute their lived expertise to specific research tasks and activities, including outcome list refinement and the co-design of study materials (e.g., outcome definitions and Delphi survey design).

Results/Practice Implications: YEF roles included the design and development of research materials including recruitment flyers, the focus group interview guide, participant consent forms, and website design. YEFs drew on their engagement expertise to develop and facilitate focus groups and the youth advisory committee. Based on our engagement strategy, we will share key considerations, practice implications, and *dos and don'ts* for authentically engaging youth in mental health research.

Conclusion: Our research team has seen the wide-reaching benefits of authentically and meaningfully engaging youth in all aspects of the research process. We have developed learnings that can be applied broadly to any mental health research. We will share strategies and considerations for advocating and engaging youth in research.

From Participants to Partners: Applying a Flexible and Fluid Lens to Youth Engagement Strategies

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 510

Ms. Megan Patton (The Hospital for Sick Children), Mr. Matthew Prebeg (The Hospital for Sick Children), Ms. Riddhi Desai (The Hospital for Sick Children), Ms. Maureen Smith (The Hospital for Sick Children), Dr. Karolin Krause (Centre for Addiction and Mental Health), Dr. Nancy Butcher (The Hospital for Sick Children), Dr. Suneeta Monga (The Hospital for Sick Children)

Introduction: Youth engagement is increasingly being recognized as a valuable and necessary asset of youth mental health research. Benefits are wide-reaching, including increased relevance of research questions, recruitment rates, stakeholder buy-in, and youth-friendliness. Youth can be involved in research projects at varying capacities such as participation, consultation, and partnership. Many models illustrating these levels of youth engagement exist in the literature, each useful within differing contexts. However, these models take on a categorical approach to youth involvement, and youth are often brought onto a research project to take on a singular role (e.g., as consultant, partner, or co-researcher). This leaves little room for fluid movement across various roles youth may take on within a project. However, in complex research projects, activities can benefit from lived expertise in different capacities. Authentic youth engagement is dependent upon flexibility to ensure youth can offer expertise in different capacities to enhance research projects and develop professionally.

Objectives: We will present a flexible and fluid approach to youth engagement in mental health research to give room for the nuances associated with incorporating lived expertise and youth's diverse skill sets within complex research projects.

Approach: We have approached existing youth engagement models with a unique lens to account for the flexibility and fluidity needed for our complex research activities and propose a reconceptualization of youth roles within research projects. Depending on the needs of the research project and the goals of the young people, youth should be able to take on multiple roles – and even operate in a hybrid role that may not fit traditional categories (e.g., be both a youth partner and a research assistant) – within the same research project.

Implications: Through active engagement and communication with youth, research teams and young people will benefit from the provision of space for flexibility and fluidity. By allowing youth to take on multiple and flexible roles (e.g., providing insight based on both research and lived experience), young people are recognized as meaningful members of the research team. Not only does this allow for authentic partnership and valuable professional development, but it also requires less time and resources spent on recruitment, onboarding and education. Through this unique perspective to collaboration, our research team has been able to generate novel and innovative ideas that would not have been possible without taking on this innovative lens to youth engagement.

Conclusion: Each established model for youth engagement is valuable in its own right. Rather than proposing a new framework, this reconceptualization aims to provide tangible benefits for research projects while valuing lived experience in the same regard as research expertise.

Let's Ask Youth: A Comparison of Youth-Reported and Literature-Reported Outcomes in Depression Interventions

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 511

Mr. Matthew Prebeg (The Hospital for Sick Children), Ms. Megan Patton (The Hospital for Sick Children), Ms. Riddhi Desai (The Hospital for Sick Children), Ms. Maureen Smith (The Hospital for Sick Children), Dr. Nancy Butcher (The Hospital for Sick Children), Dr. Karolin Krause (Centre for Addiction and Mental Health), Dr. Suneeta Monga (The Hospital for Sick Children)

Introduction: Many young people worldwide experience depression. Despite the abundance of treatment options, more research is needed to know which treatment options work best for youth. In order to evaluate these treatments, researchers measure *outcomes*. To date, treatment outcomes are typically selected based on clinician and researcher expertise; youth are rarely involved in selecting outcomes. By asking youth what outcomes are most important to them, we can ensure treatments are relevant and impactful to young people, while also increasing treatment adherence and satisfaction. Since youth with lived experience are the experts on what it's like to live with depression, they should have a say in what outcomes are measured in treatment studies.

Objectives: To determine the variability between literature and youth-reported treatment outcomes in adolescent depression.

Methods: A scoping review previously conducted by our research team found that among 32 randomized controlled trials (RCTs) for youth depression trials, 86 unique outcomes were identified. A group of clinicians, researchers and other stakeholders were consulted and condensed the set to 49 outcomes based on their expertise. Thirty-two youth with lived experience of depression across 6 semi-structured workshops were also independently consulted on what they believed to be the most important treatment outcomes. Through inductive, thematic analysis and with the expertise of a youth advisory committee consisting of eight young people, 35 outcomes were identified as important to consider in youth MDD clinical trials. Literature and youth-reported outcomes were contrasted, and differences in themes will be discussed.

Results: Upon comparison, variations in themes emerged between the literature and youth-reported outcomes. The outcomes identified in the literature demonstrated a set of different priorities than what young people deemed as significant. For example, while the literature tended to measure *symptom severity* as a construct encompassing a wide array of depression symptoms, youth felt that many specific symptoms were worthy of being their own outcomes, such as *sleep* and *appetite*. Likewise, youth emphasized the importance of outcomes not identified in the literature, such as *coping styles and strategies*. Additional similarities and differences will be presented.

Conclusion: The significant differences noted between what the literature and what youth reported as important outcomes to measure in depression trials underscores the importance of youth involvement. Not only does youth engagement in research empower young people in an otherwise researcher-dominated process, but it also increases the relevance of research findings and ensures that treatment outcomes are meaningful to those most impacted by the interventions.

Social Innovation and Youth Participatory Action Research in YMHAC: A Youth-Led Intervention from MINDS of London-Middlesex

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 512

Ms. Lily Yosieph (Parkwood Institute), Mr. Alec Cook (Western University), Dr. Renee Hunt (St. Joseph's Health Care, London ON), Dr. Arlene MacDougall (St. Joseph's Health Care, London ON)

Introduction or Rationale: Mental illness and distress are the leading causes of life years lost to disability in children and youth worldwide (Erskine et al., 2015). In Canada, 18.5% of youth aged 15 to 24 are affected by mental and substance use disorders (Pearson et al., 2013). This period of adolescence and emerging adulthood represents a time of significant psychological and social adjustment, particularly as independence and the associated responsibilities become paramount (Paus et al., 2008). In addition to the more common stressors affecting youth, they are navigating the effects of an unprecedented global pandemic – namely COVID-19. It is evident that there is a looming need for mental health resources and initiatives that directly target youth. The Youth Mental Health and Addictions Council (YMHAC) promotes youth voice through informing and assisting the development of system-level change associated with optimizing the wellbeing of transition-age youth (TAY).

Objectives (of Project and/or Research): YMHAC encourages community mental health and addiction services and initiatives to drive youth-led system improvement. Through their participation in an advisory council, members develop increased resilience, stronger quality relationships, and enhance their experience of meaning and purpose. One of the council's main objectives is the development of a peer support guidebook, aimed at providing mental health literacy for youth to support their peers in their mental health journeys, and through the mental health care system.

Methods or Approach: Youth Participatory Action Research (Y-PAR) is used within the council to create, implement, and drive systems interventions. Y-PAR is centered on promoting youth as knowledge keepers and experts of their own experience (Camarota & Fine, 2010). It is focused on engaging both youth and adults within a community to work alongside one another in a non-hierarchical format to create and encourage change in current system structures that provide benefit to the entire community. Members created and developed the guidebook combining their research and lived experiences.

Results or Practice/Policy Implications: Herein, we will present preliminary findings derived from the processes used to develop the peer support guidebook. The themes discussed include substance abuse, self-harm, active listening, and peer support. Its efficacy in improving TAY wellbeing will be evaluated after dissemination. The information gleaned from these findings will assist in highlighting key areas of continual development for YMHAC that can inform similar youth initiatives in the broader provincial or national context.

Conclusion: The guidebook will be a useful tool in helping youth support one another and find appropriate resources. Results from the survey will further help to inform future youth-led councils through perceptions of the group's dynamics and psychosocial variables such as efficacy and resilience. Through their participation, members will be able to describe the impact of youth leadership in a council centered on TAY mental health and addictions issues, to consider the importance of an informal peer guidebook for TAY who require assistance in seeking help for themselves or a peer, and to identify the experiences of TAY with the mental health care system in the London-Middlesex community.

A scoping review exploring the barriers and facilitators that youth experience accessing digital mental health technology

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 513

Ms. Melissa Campos (Okanagan Clinical Counselling Services), Ms. Sara Kolomejac (Kelowna General Hospital), Mx. Al Raimundo (Foundry BC), Ms. Nancy Zhao (Foundry), Mx. Rory Higgs (UBCO Research Assistant), Ms. Charlotte Beck (UBC Librarian), Mrs. Corinne Tallon (Foundry Central Office), Dr. Skye Barbic (UBC- Vancouver. Faculty of Occupational Science and Occupational Therapy), Dr. Shelly Ben-David (UBCO. School of Social Work.)

Introduction or Rationale: Research shows 75% of mental health disorders develop by age 25, and the rates of mental health challenges are increasing in children and adolescents due to the Covid-19 Pandemic. However, only about 20% of Canadian youth access mental health services. With the widespread availability of technology and devices, and knowing that youth are ‘digital natives’ and savvy with technology, the focus becomes how to connect youth to digital mental health resources. **Objectives:** The purpose of this scoping review was to understand what are the barriers and facilitators youth experience when accessing digital mental health technology (DMHT).

Methods: This study was part of a larger scoping review summarizing the current available literature of the digital divide for youth accessing digital technology for mental health purposes. The review was conducted in accordance with the Arksey and O’Malley framework. The research team led by Drs. Ben-David and Barbic, youth research ambassadors, graduate level students, and the help of a UBC librarian performed a thorough search of Medline, EMBASE, CINAHL, PsycINFO, and Cochrane databases. Researchers screened 11,811 studies, and 335 met criteria. Articles were included if published in the last ten years, and sampled youth that were accessing digital technology for mental health purposes. Ben-David, Campos, and Kolomejac set out to review all of the qualitative and mixed methods articles (78 articles) in order to understand what are the facilitators and barriers youth experience when accessing DMHT. After reviewing these articles, 33 were removed. The final sample was 45 articles. Study findings were pulled and categorized into facilitators and barriers to accessing DMHT.

Results: Seven facilitator categories emerged: design, safety and trustworthiness, content, improves wellbeing, accessibility, connecting to others, and links to resources and professionals. Youth prefer engaging, clear content that is safe, legitimate, that improves their wellbeing, is accessible and allows them to connect with other youth and professionals. Five barrier categories emerged: external barriers, internal barriers, functionality issues, problems with content, and privacy concerns. In other words, things that hinder access include problems with accessing hardware and DMHT resources, issues with how the DMHT program functions, issues with the content being unengaging or triggering, internal barriers such as emotional states, and if the DMHT does not manage their information safely nor provides the option of being anonymous. Twenty percent of the articles engaged youth in the research process, and 22% of the articles focused on diverse populations including: Indigenous youth, LGBTQIA2S+ youth, racialized youth, and youth experiencing homelessness.

Conclusion: The categories that emerged provide a roadmap for designing digital mental health technology to increase digital mental health service use. Future research should support engaging youth in the research process, to help shape the direction of the research, as well as ensuring there are diverse samples of youth in order to understand their specific experiences accessing online mental health services.

Working towards a Learning Health System for Integrated Youth Services: a Foundry Case Study

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 514

Dr. Renee Cormier (Foundry), Ms. Kelly Veillette (Foundry), Ms. Alayna Ewert (Foundry, 915-1045 Howe Street, Vancouver, BC, Canada, V6Z 2A9), Ms. Haley Turnbull (Foundry), Dr. Karen Tee (Foundry), Dr. Steve Mathias (Foundry)

Introduction:

Learning health system (LHS) models are gaining traction as a framework for informing clinical and policy decision-making within the field of mental health. An LHS represents a way to ensure system-wide collaboration to collect and use data to guide how health care can be improved. This innovative approach is meant to ensure that emerging evidence and best practices are implemented at point of care and continuously studied. Foundry provides integrated youth services (IYS) across the province of British Columbia (BC) in Canada, using an LHS model to continuously improve mental health, and other health and social services.

Objectives:

The overall goal is to describe Foundry's progress towards developing, implementing and evaluating an LHS for IYS. The objectives are as follows:

1. To describe how Foundry has implemented an LHS for IYS and where additional gaps exist;
1. To explain the benefits of an LHS in the context of IYS;
1. To share key lessons learned; and
1. To discuss next steps for implementing a national IYS LHS across Canada.

Approach:

Foundry is widely viewed as a leading model of IYS in Canada and abroad. The "Foundry network" (11 centres open, 12 in development + virtual services) brings together over 200 partners including government, community organizations and youth and families to provide mental health, physical and sexual health, substance use, youth and family peer support, and social services together under one umbrella.

In order to ensure that youth and families/caregivers in BC receive the best possible services, Foundry has adopted an LHS approach focusing on rapid improvement and decision-making that is timely; centred on youth, caregiver and community needs; informed by science; data-driven; and sustainable. Foundry central office (FCO) oversees the administration and management of all aspects of the network including service innovation; capacity building; research; evaluation; and knowledge translation, exchange and mobilization. A key commitment to the people we serve involves the inclusion of those with lived or living experience in all planning, development and decision-making activities.

Results or Practice/Policy Implications:

Grounded in an LHS framework, FCO is scaling up the Foundry IYS model to ensure there are mechanisms for all Foundry locations to provide high quality, evidence-based care, bring new knowledge into practice, share a common brand and meaningfully engage youth and families/caregivers. This includes the implementation of a Foundry learning centre offering training, tools and resources on a range of topics to support implementation, integration of services and model fidelity. Foundry also leverages a robust data collection platform throughout the network to measure impact provincially, action feedback in response to local needs, measure the outcomes of services, inform policy, and, over time, analyze the overall health and economic outcomes of early intervention.

Conclusions:

Foundry is an emerging example of how an LHS can be successfully developed and implemented for continuous improvement and innovation in IYS best practices and model implementation. Next steps include capacity building and implementation support for IYS networks for the acceleration of evidence into practice and policy at a national scale across Canada.

Measuring what matters to young people ages 12-15 accessing mental health services: A patient-research collaboration

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 515

Ms. Cassia Warren (Foundry), Dr. Kirsten Marchand (University of British Columbia), Ms. Taite Beggs (Foundry BC), Ms. Sonya Tsou (Foundry BC), Mr. Benjamin Smit (Foundry BC), Dr. Steve Mathias (Foundry), Dr. Skye Barbic (Foundry)

Introduction:

Mental illness affects approximately 1 in 4 Canadian youth, with young people ages 12-24 experiencing the highest incidence of mental disorders of any age group. While significant progress has been made to understand the illness and self-management needs of youth ages 16-24 years, little attention has been focused on the needs of youth ages 12-15. To provide meaningful and impactful care to youth, we must understand what matters to these youth in their health and recovery, an evidence base that, to date, is underdeveloped.

Objectives:

This study aims to understand (1) the care needs and priorities of young people ages 12-15 years accessing mental health and substance use services, (2) the extent to which the health and wellness needs of this population differ based on demographic and clinical factors, and community type (rural, small urban, urban), and (3) service innovations required to align with diverse needs and priorities of this population.

Methods:

This project is informed by the principles of participatory action research, with a youth advisory committee guiding the research and youth researchers helping to collect and analyze data. Qualitative data will be collected from 30 youth ages 12-15 accessing mental health services across British Columbia (BC), Canada. Quota sampling will be used to obtain an equal distribution of youth across the five health regions in BC and across the age range of 12-15 years. Data will be collected using a semi-structured interview guide that has been co-developed with the youth advisory committee. Data will be analyzed using thematic analysis. As this is a query into understanding the health and recovery needs of youth where there is no pre-existing framework, an inductive approach will be used to allow the data to guide the themes and develop a framework.

Results:

Data collection and analysis are in progress (expected completion summer 2022) and will report descriptive statistics, the main semantic themes, and their definitions and supporting quotes. Potential patterns in theme fit and their definitions for different ages (e.g., 12-13 vs. 14-15) will also be presented.

Conclusion:

This study identifies youth-driven health definitions and recovery needs. These findings, alongside the youth co-design methods, are critical to inform how youth health services can grow, support, and sustain the capacity for a collaborative, interdisciplinary, and innovative youth-oriented research environment. The results will also contribute much needed evidence towards how to improve the standard of care for youth ages 12-15 years who experience mental illness and substance use challenges in Canada and beyond.

Economic Evaluation of ACCESS Open Minds Transformational Youth Mental Health Services in Eskasoni First Nation

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 516

Ms. Hayley Gould (Eskasoni Mental Health Services), Ms. Jenika Macdonald (Eskasoni Mental Health Services), Dr. Zeinab Moinfar (ACCESS Open Minds), Dr. Jai Shah (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Ms. Karlee Francis (Eskasoni Community Health Centre), Ms. Katelyn Frizzell (Maritime SPOR Support Unit-Health Data Nova Scotia), Dr. Srividya Iyer (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Prof. Eric Latimer (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Dr. Ashok Malla (Department of Psychiatry, McGill University), Dr. Heather Rudderham (Eskasoni Mental Health Services)

RATIONALE: The geographic impact of colonization has put Eskasoni First Nation 45 minutes away from the nearest Emergency Room, and an additional five hours away from youth-specific emergency mental health services. Prior to AOM, youth would therefore receive expensive, acute level services which did not necessarily meet the cultural or clinical needs of the community. Via AOM, Eskasoni has pulled together its various mental health service under one umbrella – allowing the community to identify more youth in need of care, earlier on in the development of illness. We therefore sought to undertake an economic evaluation of the YMH service transformation in Eskasoni, one of 14 sites in the pan-Canadian AOM initiative.

OBJECTIVE: Few broad youth mental health (YMH) service transformations have been subjected to economic evaluation, and even fewer in Indigenous communities. In this presentation, we describe the processes and partnerships generated to design and develop the economic evaluation of YMH service transformation in Eskasoni First Nation, a community that had little mental health services provision or integration prior to AOM.

APPROACH: This involved obtaining multi-pronged permissions from the community of Eskasoni and leadership, Mi'kmaw Ethics Watch[1], a linkage registry (Mi'kmaw Client Linkage Registry[2]), and an approved data custodian (Medavie Blue Cross). The project will merge and then share community-provincial linked data (Health Data Nova Scotia) with the Eskasoni-AOM team for additional analysis.

RESULTS: In Canada, research that engages Indigenous communities is subject to OCAP® principles[3] which assert that First Nations have agency over data collection processes, and that they own and control the use and interpretation of this information. Adhering to these principles, representatives from Eskasoni and the AOM central office have designed a study linking data collected in the community's YMH services (site-level data) with administrative (provincial, Health Data Nova Scotia) health records. The economic evaluation will compare a range of outcomes (numbers of referrals seen, numbers of clinical services provided at the site, services provided in distal emergency rooms and inpatient facilities) with their associated costs (personnel resources, physical resources, overhead and service provision) before versus after the advent of AOM. We will model the cost of providing these services per service user or per service unit offered.

CONCLUSIONS: This innovative Canadian economic evaluation is, to our knowledge, the first to be undertaken that focuses specifically on YMH service transformation in an Indigenous community. We anticipate that by shifting care upstream (when youth are experiencing earlier, less severe stages of illness) and offering services locally, substantially more youth will be served with only marginally higher costs. While this presentation focuses on the process and partnerships generated in designing the economic evaluation, initial learnings and data will also be shared.

[1] (Mi'kmaw Ehtics Watch, n.d.)

[2] (Tui'kn Partnership , n.d.)

[3] First Nation Information Governance Centre (The First Nations Principles of OCAP, 2022)

Peer Support for Youth with Mental Health Concerns and Problematic Substance Use: A Scoping Review

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 518

Dr. Dan Devoe (University of Calgary), Ms. Alida Anderson (University of Calgary), Ms. Aisouda Savadlou (University of Calgary), Ms. Marina Jarenova (University of Calgary), Mr. Amlish Munir (University of Calgary), Ms. Ana Ramirez Pineda (University of Calgary), Dr. Scott Patten (University of Calgary), Dr. Jai Shah (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Dr. Srividya Iyer (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Dr. Gina Dimitropoulos (University of Calgary)

Introduction: Peer support has increasingly been integrated into youth mental health and addiction services. In contrast to social support for youth, peer support workers are an important ally in an individual's recovery journey, providing both emotional support and advocacy.

Objectives: Conduct a scoping review which examines peer support services for youth with mental health concerns and/or problematic substance use.

Methods: This scoping review was prospectively registered with The Open Science Framework and followed the PRISMA scoping review extension checklist. In consultation with a health services librarian, seven electronic databases (i.e., MEDLINE, PsycINFO, Embase, SocINDEX, ERIC, CINHALL, and Education Research Complete) were searched from inception to October 2020. Two blinded reviewers chose peer-reviewed studies for inclusion in this scoping review if the research examined youth with mental health concerns or substance use concerns that were involved in a peer support intervention or program.

Results: After duplicate references were removed, 3,381 titles and abstracts were screened. In total, 87 studies met the inclusion criteria for this scoping review. A total 41,814 youth were identified as taking part in peer support interventions, having a mean age of 19. The majority of studies were conducted in North America (n=62). Although sex/gender and ethnicity varied, the majority of youth identified as being either female/male and white. Sixty percent of the peer support interventions included in this review incorporated a control or comparison group. Few studies offered peer support alone (28%), instead peer support often included other elements such as group therapy (45%), setting goals (14%), and CBT (6%). We found that peer support interventions were significantly effective in 90.5% of studies, 80.5% for MHCs and 88.9% for substance use.

Conclusion: There appears to be support for the efficacy of early interventions via peer support for young people with mental health needs. Offering peer support early on may help mitigate future mental health problems and increase quality of life. However, there is a need to understand these results from both a gender and ethnic-transformative integration framework, to address causes of ethnic and gender mental health inequities.

You can get outcomes from that? Interactive self-guided brief interventions online

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 523

Dr. Nick Duigan (headspace)

INTRODUCTION:

Youth mental health websites across the world attract millions of visits each year – with the headspace Australia website no exception. People come looking for information about how to understand mental health challenges, how to increase their ability to look after themselves, how to support loved ones, and how to access services. This has never been truer than it is now in our current COVID-normal world. Traditional approaches to communicating health content online is done via blocks of static text or videos. Research into effective health communication strategies tells us this doesn't work. It doesn't support behaviour change, and is often rapidly disengaged with.

OBJECTIVE:

We wanted to know:

- Could we transform the way we designed and offered web content?
- Could this have a measurable impact on engagement, perceptions of control, or intentions for behaviour change?

We sought to capitalise on expertise and literature from the fields of:

- health communication
- behaviour change
- information technology design, and
- youth participation

...in order to combine it with the well-established evidence base for transdiagnostic early intervention in youth mental health. Our hope was to re-imagine what web content was, and what it could achieve as a freely available, widely accessible, population health initiative.

METHOD:

- design

We partnered with software developers to implement an agile design approach. This approach was specifically chosen to ensure that young people and families were systematically embedded throughout the iterative define, design, development, test and launch phases of the project. This diverse range of young people and family perspectives ensured that insights from evidence and design didn't obscure the imperatives of producing a product that was 'young person first'.

- evaluation

Upon completion and launch of the end product (decks), we partnered with a university to investigate whether decks achieved improvements in engagement, perceptions of control or intention to pursue behaviour change. This evaluation captured data points from 14,675 engagements with the content, with 2933 of those coming from registered users where greater analytics on demographics could be investigated.

RESULTS:

Evaluation results for engagement with decks was unequivocal. Measured by 'time on page,' engagement with decks content was anywhere from 100% to 500% higher than engagement with other headspace website content. Bounce rates were approximately half that of other headspace web content, and industry average.

The most important question was whether this engagement translated to perceptions of control, or intentions for behaviour change. Here, we found mixed yet surprisingly strong findings in some content areas that brief (2-7 mins), self-guided, interactive online web content focused on transdiagnostic skill building topics could yield significant changes in behavioural beliefs and intention to deliver behaviour change.

CONCLUSIONS:

It appears that youth mental health websites may be significantly underutilising their potential to support change for young people and families in need. These findings demonstrate that the way we offer information in these critical first steps in the help seeking journey could significantly improve the actions and options available to young people experiencing the youth mental health system for possibly the first time.

Relate and Reflect (R&R) – A relational approach to complexity in youth mental health.

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 526

Dr. Nick Duigan (headspace), Ms. Lee Crothers (headspace National)

INTRODUCTION

The youth mental health sector in Australia is under strain. An interacting set of factors including workforce, system and client domains mean that headspace centres are reporting an increase in help-seeking from young people experienced as “complex.” Too commonly, the headspace workforce does not feel sufficiently confident or competent to provide effective care when experiencing ‘complexity.’ This is contributing to poorer outcomes for young people and families, and is contributing to workforce burnout and turnover, further entrenching the interacting cycle of client, system and workforce factors. Acknowledging this pattern, headspace sought to deliver a workforce support offering to address two of these interacting domains – workforce and system.

OBJECTIVE:

Relate and reflect (R&R) is a relational reflective practice model, applied when a young person is experienced as “too complex.” It is a multidimensional and transdiagnostic approach to complexity that makes sense to workers from different professional backgrounds (i.e: admin workers, peer workers, psychologists). This reflective model is informed by the literature into common factors for change that identifies the helping relationship as key for young people’s recovery. The reflective practice model is guided by the relational theory from Cognitive Analytic Therapy (CAT) and the mapping tool from CAT.

Implementation of R&R in youth mental health services aimed to improve capacity (confidence and competence) of workers in youth mental health to understand and manage young people experienced as complex.

METHOD:

The project involved training and consultation sessions to transfer knowledge and tools for a reflective, relational approach to formulation, and was undertaken in four independent headspace centres across 3 states.

The mechanism through which the model aimed to achieve this was:

1. To improve skills and knowledge of using the helping relationship with a relational reflective practice model.
2. To improve skills in formulating complexity from the responses we have, being in relationship with clients, so as not to repeat unhelpful relational patterns.
3. To help teams apply a ‘common language’ relational model to care planning around complexity through group/team relational reflective practice training.

RESULTS:

The project was evaluated through staff monitoring of process and outcome factors, as well as focus groups. Overall participants reported strong benefits, including an average of 30% increase in self-reported confidence and competence in working with young people who they experience as complex. Not only were skills and knowledge reported as improved but also the participants reported feeling more supported in their workplace, a factor that may decrease staff turnover.

CONCLUSIONS:

This projects further validates broader work headspace has completed in developing a systemic understanding of and response to complexity. This conceptual model does not place complexity within young people but rather in interacting system, workforce and client related factors. By demonstrating so clearly the impact of workforce supports that empower staff to work more effectively with systems and young people, this pilot provides an

avenue out of a downward interacting cycle. Subsequently this pilot provides hope for service providers, system managers and funders, and the young people and families they serve.

Integrated treatment options for young people with substance use and mental ill-health: pragmatic policy solutions

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 531

Mr. David Baker (Orygen), Prof. Gillinder Bedi (Orygen; Centre for Youth Mental Health, University of Melbourne), Dr. Shalini Arunogiri (Turning Point, Eastern Health; Monash Addiction Research Centre, Eastern Health Clinical School, Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne), Prof. Dan Lubman (Turning Point, Eastern Health; Monash Addiction Research Centre, Eastern Health Clinical School, Faculty of Medicine, Nursing and Health Sciences, Monash University, Melbourne)

Introduction or Rationale

A majority of lifetime mental ill-health has its onset before the age of 25 years. Similarly, the onset of problematic alcohol and other drug (AOD) use increases from adolescence into early adulthood. These experiences often overlap, with a wide range of potential impacts that may persist throughout adulthood. Integrated treatment experiences aim to treat both health issues concurrently.

Objectives

The implementation of integrated treatment options for young people with problematic AOD use and mental ill-health has been a recurrent policy issue in Australia. Progress has been slow. While people working to support young people are frustrated, there is widespread commitment to advancing integrated treatment experiences. Orygen partnered with Turning Point, an Australian addiction research and education centre, to develop pragmatic policy solutions to support integrated treatment experiences for young people across Australia.

Methods or Approach

The policy development project examined the existing literature and conducted two stakeholder engagement projects. Initially, an online survey of practitioners, service providers and commissioners was conducted to understand where progress had been made, which service components are viewed as necessary, and preferred service models. A subsequent online forum with government departments, national organisations, services and universities, as well as individual practitioners examined key barriers and solutions to providing integrated treatment experiences for young people.

Implications for Practice and Policy

Australian and jurisdictional government policy is to use collaboration to deliver integrated services. Effective collaboration requires facilitator roles and the establishment and maintenance of formalised local networks. Integrated service and treatment guidelines and cross-sector training and education is required to enable practitioners to provide initial support for both health issues and to enable collaboration. Given their unique developmental needs, fully integrated treatment is needed to provide better outcomes for young people with more complex co-occurring presentations.

Conclusion

Policy solutions need to improve workforce and service capacity to assess young people's needs, provide initial treatment and, if required, informed referrals through established and seamless care networks. Dedicated, continued funding and organisational support is required to support and maintain implementation.

Practical considerations for engaging youth with lived and/or living experience of substance use as youth advisors and co-researchers

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 534

Ms. Roxanne Turuba (Foundry), Ms. Anurada Amarasekera (Foundry), Ms. Amanda Madeleine Howard (Foundry), Ms. Haley Turnbull (Foundry), Mrs. Corinne Tallon (Foundry), Dr. Skye Barbic (Foundry)

Rationale: Youth have traditionally been excluded from research given the ethical restrictions in place that are meant to protect them and the rooted assumption that youth have limited agency and expertise to contribute to the research process. When youth voices have been included, they have often been limited as sources of data, which are mainly interpreted by adult researchers. Although participatory action research (YPAR) has been gaining popularity over the last decade, few studies report on how to apply these methods effectively with youth.

Objectives: This presentation will describe how we engaged youth as advisors and research assistants in a qualitative research study, as well as our key learnings and practical considerations for researchers engaging youth with lived and/or living experience of substance use.

Methods: We applied YPAR methods by partnering with 14 youth from across BC who have lived and/or living experience of substance use to form a project youth advisory to co-design the research protocol and materials. Three advisory members became youth research assistants to facilitate focus groups and qualitative interviews with other youth with lived/living experience and peer support workers who work with youth, and support with data analysis and the dissemination of research findings. Mid- and end-point surveys were distributed to evaluate and improve our youth engagement methods over the course of the study. Study participants who took part in a focus group or interview were also asked to complete a follow-up experience survey.

Results: The positive impact of engaging youth with lived/living experience over the course of the study was reflected by study participant responses to the quality and relevance of the focus group/interview questions and positive experiences with the youth facilitators. Youth partners also described developing new skills in research, group facilitation, leadership, communication, and professionalism. Lessons learned and considerations for engaging youth in substance use research include: an equitable hiring process; proper compensation; communication, transparency, and accountability; safe spaces; flexibility; and youth capacity building.

Conclusion: This study demonstrates varying ways of engaging youth with lived and/or living experience of substance in research and the numerous benefits of YPAR. Engagement not only improved the relevance, quality, and validity of the research, but supported youth capacity building by fostering young people's skills and professional development. This study also demonstrates how YPAR can promote organizational changes to foster more equitable relationships with youth. Lessons learned from this study can be applied by other researchers considering engaging youth with lived/living experience or other marginalized populations.

The Direct and Indirect Effects of Subjective Sleep Disturbance on Attenuated Psychotic Symptom Domains when Accounting for Anxiety and Depressive Symptoms

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 537

Ms. Melanie Formica (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Matthew Fuller-Tyszkiewicz (School of Psychology, Deakin University), Dr. Lisa Olive (School of Psychology, Deakin University), Prof. Stephen Wood (Orygen), Prof. Rosemary Purcell (Orygen), Prof. Ian Hickie (University of Sydney), Prof. Alison Yung (School of Medicine, Deakin University), Prof. Lisa Phillips (Melbourne School of Psychological Sciences, University of Melbourne), Dr. Barnaby Nelson (Orygen), Dr. Jessica Hartmann (Centre for Youth Mental Health, University of Melbourne)

Background and Hypotheses: Sleep disturbances are becoming an increasingly recognised facet within the experience of psychotic symptoms. The nature and mechanisms of this relationship, particularly for subthreshold illness states remains unclear. This relationship is further complicated when considering the effects of anxiety and depressive symptoms which are common amongst early-stage illness states. This project aims to assess influence of subjective sleep disturbance in the development of attenuated psychotic symptoms (APS) both cross-sectionally and longitudinally and nuance this understanding through the direct investigation of the role of anxiety and depressive symptoms.

Design: Eight-hundred and two young people aged 12–25 years who sought help for any mental health problem from four Australian early intervention services between 2011 and 2012 were included in this study. Cross sectional mediation and cross-lagged longitudinal (12 month) mediation models were developed with outcomes being the subcomponents of APS.

Results: Baseline subjective sleep disturbance did not significantly predict later APS when accounting for previous APS, anxiety and depressive symptomatology. Cross sectionally, sleep disturbance directly predicted perceptual abnormalities and indirectly predicted other APS through anxiety and depression.

Conclusions: Subjective sleep disturbance did not appear to predict exacerbation of APS longitudinally though had a cross-sectional direct effect on perceptual abnormalities specifically. The relationship between sleep and APS appears to be dependent on the APS in question. This may indicate the involvement of sleep disturbances in the expression of Perceptual Abnormalities on a short term of state basis. Future research should continue to demarcate psychotic symptoms to ensure accurate reflection of relationships and particularly focus on perceptual and paranoia domains. These findings add to the growing literature that psychosis should be considered in terms of specific symptom in question, due to the likelihood of distinct aetiological and maintenance pathways.

Implementing a 'Single Session' approach that draws on Systems Thinking and Family Consultation to make the most of every therapeutic encounter; a game-changer in Youth Mental Health.

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 538

Ms. Deb Mountjoy (headspace National Mental Health Foundation), Dr. Nick Duigan (headspace National Mental Health Foundation)

Introduction:

At headspace Youth Mental Health Foundation (headspace Australia), we recognized that young people were negatively affected by a service system challenged by increasing demand on services, complexity of needs and stretched resources. We saw that the inclusion of 'family' was often viewed as an 'extra' and not always recognised by clinicians as core practice.

We responded to the urgent need to engage 'time-poor' centres, harness motivation and build the ability of the clinical workforce to offer an innovative, agile practice with a range of applications to improve the experiences of young people with mental health issues and their family.

Rationale:

Single Session (or 'one at a time') Therapy and its adaptation for families (Single Session Family Consultation) has attracted attention across the world and made an impact in primary mental health services. This framework maximises each therapeutic encounter by focussing on the client's priority as if the session may be the only one or the first of several sessions.

The evidence of the benefits of this approach is compelling and includes:

- Positive experiences of care for young people and their family
- Clinicians' receptiveness to Single Session Thinking as an acceptable approach
- Reduction in wait times
- Strong alignment with a culturally sensitive model of care

headspace recognised that this approach offered a good 'fit' for the headspace model.

Approach:

Aware that training alone doesn't change practice, we initiated a large-scale implementation project that emphasized implementation activities to engage leaders to build capability, embed and sustain this additional practice model.

We achieved 'buy in' from 70 centres and 110 champions through providing a comprehensive program that included implementation webinars focused on what, why and how to implement a Single Session approach. Other elements included self-paced online learning, reflective practice, 2-day training and resources that equipped champions to deliver training to teams at their centres. Evaluation was woven through the process, capturing feedback on integration of the new practice at centres.

Results:

The response from centres is overwhelmingly positive. Champions highly value this approach, reporting reduction of wait times, greater inclusion of families, satisfaction from staff and clients.

Evaluation data highlights champions' confidence and skills, delivery of training to teams, integration of the 'one at a time' approach and reshaping of intake and assessment processes and service delivery.

An unexpected outcome is the 'organic' spread of this approach when centres have been inspired by 'good news stories' and have independently introduced single session thinking into service offerings.

Conclusion:

The positive responses across the country demonstrate that many centres in a range of different contexts and cultures are valuing the power of each therapeutic encounter. We are exploring more intentional ways of capturing the qualitative difference that single session thinking makes to young people their family and tailoring for cultural diversity. We look forward to sharing how this initiative has generated a collective 're-imagining' of client-centred practice that has enhanced services.

CHALLENGES OF NEWCOMER YOUTH & CONSIDERATIONS IN MENTAL HEALTH PROGRAMMING/SUPPORTS IN CANADA

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 544

Mr. Ervis Musa (Frayme), Mr. Braeden Levac (Frayme)

Introduction: As a newcomer youth, they can be exposed to a new culture, country, and way of life. However, the goal is not to lose a sense of their culture but rather to integrate into a new environment and maintain a sense of identity. Governmental and third-party organizations have attempted to implement interventions that include free-of-charge English classes, counseling services, career services, translators, and immigration lawyers. Despite this, many newcomer youths continue to report feelings of uncertainty and defeat due to the “overwhelmingness” that is transitioning to Canadian life. Supporting youth during their transition to a new country is vital for mental and physical success, and thus, raises the question: How can we ensure a better future for at-risk newcomer youth?

Objectives: This project aims to recognize the challenges newcomer youth face during their transition to Canadian culture. It is essential to thoroughly evaluate the services available and adapt to the changing needs of newcomer youths. We also suggest potential solutions to address gaps in mental health services faced by Canadian newcomer youth today as determined by literature, existing national standards, and lived/living expertise.

Approach: Through Frayme’s Knowledge Mobilization Fellowship (a Globally-informed, Nationally-implemented network of 350+ partners), we began with a literature review defining newcomer youth as persons aged 10-25, moving from another country to Canada. We included scientific articles, Canadian Federal and Provincial Government webpages, and community-based organizations. The literature review was restricted to Canadian reports, focusing on the challenges of newcomer youth in a Canadian context.

Practical Implications: This review highlights the importance of the Integrated Youth Services movement in serving Newcomer Youth populations. This service minimizes fragmentation and enhances collaboration among providers as all services are kept within one central environment. Depending on the needs of youth within specific communities, program recommendations include:

1. Programs dedicated to youth from a particular country or region to improve connection opportunities and self-identity within their heritage.
2. Programs fostering diverse connections among youth from multicultural backgrounds to improve connection opportunities through shared experiences.
3. Youth empowerment programs supporting community advocacy to provide engagement and connection opportunities.
4. National and provincial programs that enable youth to share their language, culture, and experiences.

Conclusion: The difficulty in addressing these challenges is that what is true for one person is not true for another person. As we see today, the effects of war can sometimes destabilize young individuals to leave their country. Canadian Immigration and Refugee Protection Plans are only the first steps to ensuring a healthy and happy transition to Canada - we must continue to assess their needs and develop plans for a national standard for care. The key to achieving this vision is extensive collaboration, including youth with lived/living expertise, service providers, researchers, policymakers, and funders. Knowledge from our product will have worldwide implications for a variety of diverse Newcomer contexts.

headspace Regional Phone Counselling Service: Working with schools to support young people in hard-to-reach communities

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 545

Ms. Cressida McDermott (headspace), Ms. Carmel Cataldo (headspace), Mr. Carsten Schley (headspace National Youth Mental Health Foundation – Digital Mental Health Programs)

Rationale

Young people in rural Victoria face an array of potential threats to mental health. Bushfires, floods and droughts can profoundly affect the wellbeing of whole communities. Distance and inadequate public transport create social isolation, particularly for young people without cars. Sadly, self-harm and suicide rates increase with remoteness. Young people can encounter twin barriers: limited community understanding of mental health and help-seeking avenues, sometimes complicated by a culture of self-reliance; and extremely limited access to services, especially youth-specific services.

Objectives

Our program aims to enhance the mental health and wellbeing of young people in rural Victoria, by increasing access to assessment, early intervention and referral; and by building school communities' capacity to identify and respond to mental health concerns. An ongoing evaluation seeks to assess the program's effectiveness. Sharing highlights from the evaluation data, this presentation will showcase the service as a successful model for potential replication abroad.

Approach

Service operation:

Funded by the state education department in 2018, headspace Regional Phone Counselling Service provides youth-specific, family-centred mental health support (via telephone, video or webchat) to students at secondary schools over 50 kilometres from a headspace centre. Referrals are made, and appointments facilitated, by school (typically wellbeing) staff. Our clinicians offer consultations to school staff, and work with referrers to deliver collaborative care. Sessions (generally 6-8) occur during school hours, onsite or at home, and can continue over school holidays.

Service evaluation:

Each November, school staff who have referred at least one student that year receive a brief anonymous online questionnaire. Since 2019, 57 referrers have completed surveys (response rate: 66%).

Upon closing, students who have attended at least 3 sessions receive a brief anonymous online questionnaire. Since 2020, 44 students have completed surveys (response rate: 27%).

Results

Since 2019, we have supported 409 young people across 49 of 75 eligible schools. The yearly referral rate has more than doubled, with a 1-day average wait for an initial appointment.

Young people who had used the service *agreed or strongly agreed* that it:

- helped them better understand their situation (86%)
- gave them skills/knowledge to better manage their situation (80%)
- improved their knowledge of how to get help (84%)
- helped them feel better (89%)

School referrers *agreed or strongly agreed* that:

- they were satisfied with the service (95%)

- their capacity to respond to students' mental health needs improved (71%)
- they can better advocate the needs of young people (75%)

and that young people:

- can cope better with current challenges (84%)
- accessed support that would have been otherwise unavailable (96%)

Conclusion

Young people in rural Victoria are missing out on mental health support. Our service not only vastly expands access to headspace but empowers school communities to support young people. Three years of data demonstrate that young people and school referrers approve. We are now exploring ways to strengthen young people's voices in program development and evaluation. We believe the model can be adapted to other hard-to-reach communities, to offer young people the support they deserve, when and where they want it.

“I’m not the problem.” Shifting language to promote shared understanding of complexity across youth mental health services

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 546

Dr. Nick Duigan (headspace), Ms. Lee Crothers (headspace National), Ms. Yamiko Marama (Orygen - National Centre of Excellence in Youth Mental Health), Ms. Sian Lloyd (Orygen - National Centre of Excellence in Youth Mental Health)

Introduction

“Complexity” is a term that is regularly used in mental health services but has, to date, been narrowly defined. Traditional definitions of complexity have focused on the young person alone. Mostly, these definitions acknowledge that complexity is not just characterised by clinical symptoms, but also the degree of impact on the person -related to social, health, family, educational and occupational functioning. However, these conceptualisations remain fixed in the understanding that complexity rests in the young person. This is unhelpful, as it may:

- Perpetuate unhelpful beliefs (eg; a service can’t help, young person internalising labels of ‘difficult’ or ‘complex’)
- Contribute to a young person’s distress or future help seeking
- Impact on therapeutic relationships between young people and services, resulting in experiences of feeling stuck, hopeless, controlling or rejecting
- Mask problems in the system or workforce that are amenable to change.

Seeing common challenges within the youth mental health landscape, headspace National and Orygen (two leading youth mental health organisations in Australia) joined to collaborate on the development of a shared model that aimed to support shared understanding and language for working with complexity, for use across service commissioners, managers and providers.

Objectives

The model aims to:

- Provide a uniform language and conceptualisation of a commonly used and divergently understood term – ‘complexity’
- Expand sector understanding of ‘complexity’ to inform and advocate for systemic responses to complexity
- Encourage reflective practice and adaptive learning for individuals, teams and organisations as a way to explore and respond to complexity
- Identify approaches for clinical practice that can inform more productive service and system responses.

Approach

The development of the model occurred in a consultative and inclusive manner. This involved inclusion of young people, families, service funders, managers and providers as well as review of the evidence base. Following the completion of the conceptual model, a qualitative evaluation was undertaken with a representative sample of headspace sites (across geography, size, maturity etc).

The evaluation sought to validate the definition and how it could be used with clinical service managers to facilitate solutions focused recommendations for services, systems and workforces across Australia.

Results

The themes from these interviews aligned strongly with the definition of complexity identified in the model. Most importantly, clinical service managers endorsed their experience of complexity being highly influenced by features of their service systems and workforce factors.

The model and findings from qualitative exploration were integrated with service development work across both organisations including the delivery of; a comprehensive reflective practice model, a secondary consultation program, specific tools and resources, focused advocacy initiatives that addressed the system, and targeted consultation and peer networking opportunities.

Conclusion

This model highlights the importance of cross-organisational collaboration to explore shared assumptions in relation to language, meaning and approach when it comes to working with clinical complexity. This shared framework to identify challenges in the sector, while valuing the individualised and nuanced needs of staff, teams, local systems and young people accessing care is integral to best practice, and has demonstrated important opportunities for ongoing system improvement.

Starting from scratch: Lessons in engagement from the ACCESS Open Minds National Youth Council

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 553

Mr. Feodor Poukhovski-Sheremetyev (ACCESS Open Minds), Ms. Alyssa Domingo (ACCESS Open Minds), Ms. Gabriella Urgel (ACCESS Open Minds), Ms. Alyssa Frampton (ACCESS Open Minds), Ms. Teresa Chen (ACCESS Open Minds), Ms. Emily Saunders (ACCESS Open Minds), Ms. Tess Carrigan (ACCESS Open Minds), Dr. Jimmy Tan (ACCESS Open Minds), Dr. Srividya Iyer (Douglas Mental Health University Institute; Department of Psychiatry, McGill University)

Introduction:

Over the past decade, it has become increasingly common to look to young people themselves in youth mental health research and service design. Part of a broader push towards stakeholder engagement in healthcare, the rise of youth and family-informed approaches to decision-making is leading to an exciting new reimagining of the traditional power relations of mental healthcare. These strides, however, did not come easily. Someone had to start from scratch.

For the better part of a decade, this is what the ACCESS Open Minds National Youth Council has done. This presentation examines the ground-breaking development of this Canada-wide advisory body renowned for its geographic diversity and early influence on national-scale research. In doing so, it also provides a broader set of engagement lessons drawn from these direct youth experiences.

Objectives:

While a growing body of research is demonstrating the importance of meaningfully co-developing mental health services with stakeholders, few sources offer a clear, evidence-based roadmap for how to get there. Through a qualitative analysis of this unique engagement story, a set of broad engagement principles will be put forward – best practices in how youth and their allies can work together to build something radically new from scratch. As such, audience members are presented with two primary learning objectives: a rich case study that examines the benefits and pitfalls of the increasingly popular “council” model of engagement, and a larger set of approaches to youth engagement that are applicable to a wide variety of stakeholder engagement contexts.

Approach:

Drawing directly on the voices and experiences of the Council’s past and current members, this research combines youth interviews, focus groups, and analysis of historical documentation to fill a literature gap regarding the challenging but rewarding first steps an organization must take to reimagine how it engages youth.

This presentation, as well as the research project that serves as its foundation, is entirely youth-developed. The ACCESS Open Minds National Youth Council elected to produce its own research publication that would focus on the history of its development and the unique insights that can be applied to other work in the sector. As such, youth council members are responsible for every facet of this presentation, from the data collection to the act of presenting the findings themselves.

The presentation is appropriately multimodal in its approach, utilizing direct quotations, personal stories, and comparisons of how engagement was planned versus how it manifested in real-world experiences.

Policy implications and conclusion:

The ACCESS Open Minds Youth Council hopes to provide audiences with a toolkit for starting from scratch and doing it well. This research will be of value to anyone looking to start a new engagement effort, be they researchers, policymakers, or other youth mental health advocates.

By providing a clear set of engagement principles and an examination of the “council” model of engagement, this presentation distills 8 years of youth experience into guidelines that can aid advocates in making strong first steps and decisions, as well as evaluating existing engagement efforts.

Who says we need independent assessment for model integrity? An alternative approach

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 567

Mr. Frank Hughes (headsp), Mr. Nathan Hobbs (headspace National), Ms. Fiona Tansley (headspace National Mental Health Foundation)

Introduction:

headspace is the national youth mental health foundation in Australia with the mandate to ensure integrity to its own model of service delivery. All headspace services undergo a 3-yearly cycle of integrity assessment based on the headspace Model Integrity Framework (hMIF).

Typically, accrediting or certification agencies utilise independent assessors to undertake this process. headspace has chosen a different path to assess its own services in relation to model integrity by combining roles of guidance and support, integrity assessment, and post-assessment quality improvement support activities. This distinct approach creates a philosophical challenge to model integrity norms which is explored in this presentation.

Objectives:

This presentation aims to briefly describe the ‘Combined Approach’ to headspace model integrity assessment and identify the considerations and rationale for undertaking such a position. Initial evaluation data from the experience of services in this process will be explored.

Method:

The pros and cons of undertaking a ‘Combined Approach’ to model integrity assessment and certification were explored. The lessons learned from the evaluation of the first cycle of integrity assessments were reviewed to further inform the ‘Combined Approach’.

Methodological aspects of undertaking a ‘Combined Approach’ were identified across all stages of the model certification process and included coaching, assessment and quality improvement activities. Approaches to mitigate risks of combining assessment and support roles were also considered, such as the use of peer assessors from the headspace network to help address real or perceptions of assessor bias.

Results:

A number of clear reasons and benefits for undertaking a ‘Combined Approach’ were identified and will be presented. Evaluation data of the service experience of this approach will also be presented.

Conclusion:

The ‘Combined Approach’ to assessing and certifying integrity to a service model provides a rare and alternative view of certification or accreditation that can inform theoretical and pragmatic approaches to ensuring model alignment internationally. Ensuring alignment to evidence-based, effective models with direct support to services to attain alignment will benefit the safety and quality of care provided to young people and their families and friends.

“You put on a headset and it feels like you’re in that scenario”: Needs assessment and participatory design of a virtual reality app for vocational recovery

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 568

Dr. Jen Nicholas (Orygen and Centre for Youth Mental Health, The University of Melbourne), Mr. Dean Kolovos (Orygen), Dr. Imogen Bell (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Magenta Simmons (Orygen and Centre for Youth Mental Health, The University of Melbourne), Ms. Gina Chinnery (Orygen), Prof. Andrew Thompson (Orygen, Parkville, VIC 3052, Australia), Prof. Mario Alvarez (Orygen and Centre for Youth Mental Health, The University of Melbourne), Prof. Eoin Killackey (Orygen and Centre for Youth Mental Health, The University of Melbourne)

Background: Youth unemployment is higher among those who experience mental ill-health compared to the general population. This is despite work and study being among the most important outcomes for young people engaged with mental health services. Early education and employment disruptions can have a lasting impact on young people’s mental health, wellbeing, and opportunity to live lives with meaning and purpose according to their goals. Existing effective vocational programs are often labour intensive and therefore serve only a small proportion of those who could benefit. Technology may be able to support this gap, and in particular, VR is a novel immersive technology with potential to provide flexible and safe environments for skill building. However, digital tools have the best chance of success when end-users, young people and vocational workers, are involved in design.

Objectives: (i) To explore the needs and attitudes of young people with mental ill-health and vocational support workers on the use of VR to support vocational recovery. (ii) To understand, through participatory design workshops, the design needs and preferences of young people and vocational workers for a VR tool for vocational skill building.

Methods: Qualitative interviews with 9 vocational workers and 10 young people who had participated in vocational programs for individuals with mental ill-health were conducted. Interviews explored vocational worker and young people’s experiences with face-to-face vocational support, and their thoughts regarding the use of VR to support vocational skill building. Peer researcher led Design workshops will involve 6 young people over four 2-hour online workshops, and two 2-hour workshops with vocational workers. Interview and workshop data will be analysed using a collaborative thematic approach.

Results: Vocational needs identified by young people were around communication skills, career guidance, and confidence and motivation. There was high vocational worker support and moderate young people endorsement for VR to aid in vocational support. Aspects of vocational work especially suited to VR support were interview skill development, workplace communication skill development, and allowing young people to experience different jobs or sectors to support career decision-making. The few young people who did not feel VR could support their vocational needs stated a preference for a hands-on approach to learning (which VR actually supports). Both groups spoke of a role for VR within vocational programs, as well as independent use by the young person. Within design workshops, young people suggested tools for workplace communication and workplace trials, that were photorealistic and first-person. Further insights from the design workshops will be shared.

Conclusions: This is the first examination of the potential for VR to supplement vocational programs for young people with mental ill-health. Understanding the challenges, attitudes, workflows, barriers and facilitators informs the future development of these tools. Further, involving young people and vocational workers in the design of these VR tools has been critical in ensuring the resulting prototypes are fit-for-purpose and meet the needs of young people seeking vocational support.

Risk Mitigation Prescribing Among Young People Who Use Drugs in the Context of COVID-19 and Overdose Emergency

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 573

Dr. Karen Giang (University of British Columbia), Mx. Reith Charlesworth (BCCSU), Mx. Alanna Mulholland (University of British Columbia), Ms. Madison Thulien (BCCSU), Dr. Rupinder Brar (University of British Columbia), Dr. Brittany Barker (BCCSU), Dr. Bernie Pauly (University of Victoria), Dr. Danya Fast (University of British Columbia)

Introduction

Across North America, overlapping overdose and COVID-19 emergencies have had a substantial impact on young people who use drugs (YPWUD), and in particular those experiencing unstable housing and homelessness (hereafter referred to as “street involvement”). Guidelines for “risk mitigation” prescribing (i.e., the prescribing of licit opioids and amphetamines) were introduced in British Columbia, Canada, in 2020 in order to allow people who use drugs to better self-isolate and also decrease the risk of overdose and withdrawal during periods of isolation. We examined how risk mitigation prescriptions of opioids (e.g., hydromorphone) impacted youth’s opioid use disorder treatment trajectories, including their engagement with opioid agonist therapies (OAT). We highlight how lessons learned during the introduction of risk mitigation prescribing can be applied to the development of more effective treatment programming and strategies for YPWUD.

Methods:

Between April 2020 and July 2021, we conducted semi-structured, in-depth interviews with 30 YPWUD (ages 14 to 24) in the context of street involvement (including 5 follow up interviews) and 10 addiction medicine physicians in Vancouver. Interviews were transcribed verbatim, anonymized, and checked for accuracy. NVivo software was used to code and manage the data. A thematic analysis was conducted.

Results:

Youth commonly described stockpiling prescriptions of hydromorphone so that they could use them as an “emergency backup” or on an as-needed basis when they were unable to procure illicit opioids or experiencing withdrawal. Hydromorphone was also often diverted to generate income for the purchase of illicit drugs. For youth who had the goal of reducing or eliminating their use of illicit opioids, hydromorphone prescriptions could be used alongside OAT, including during titration, to reduce withdrawal and cravings. They were also a means of improving adherence to OAT for some youth. However, some physicians were wary of providing youth with additional opioids due to the lack of an evidence-base for risk mitigation prescribing. Youth participants highlighted a disjuncture between risk mitigation prescriptions and the “safe supply” of unadulterated substances such as fentanyl, underscoring that having access to the latter is critical to reducing overdose-related risks and supporting self-identified treatment and recovery goals. Youth described how the provision of safe supply as a component of treatment programs would allow them to stabilize aspects of their lives and build trusting relationships with service providers while they considered other changes, such as going on OAT.

Conclusions:

Risk mitigation prescriptions were useful for some youth, although not always in the ways that were intended by policy-makers and prescribers. Prescriptions of hydromorphone and other licit opioids may be particularly useful for youth who have the goal of reducing or eliminating their use of illicit opioids via OAT, as they can be used alongside OAT to reduce withdrawal and cravings and improve OAT adherence. Our findings underscore the importance of providing youth with a safe supply of substances that continue to be heavily criminalized in our setting, such as heroin and fentanyl, alongside various forms of substance use treatment.

Reimagining collaborations: The Prem Rawat Foundation's Peace Education Program for Education - a cross-cultural complementary approach for resilience development and wellbeing for young people

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 578

Dr. Mitesh Desai (MD3 Consulting Limited), Ms. Birgitte Nielsen (The Prem Rawat Foundation)

While there are many approaches to defining “resilience”, fundamentally, all consider the capacity to withstand or recover quickly from perceived difficulty.

Resilience is thus considered a crucial aspect of mental health, which in turn is an important component of “wellbeing”, or as the term implies, the state of “being well”.

There is significant inter- and intrapersonal variability in the factors that influence resilience and overall wellbeing. Young people may have specific needs related to their ongoing development and maturation, making it difficult to have a single, “one-size-fits-all” approach.

Analyses, including those submitted at this conference, indicate The Prem Rawat Foundation's (TPRF) Peace Education Program could reimagine the approach to resilience development and wellbeing for young people by complementing other approaches and interventions.

Over the past decade, 250,000 people from diverse settings, in more than 70 countries have participated in The Prem Rawat Foundation's (TPRF) Peace Education Program, in over 30 languages.

There are 5 innovative programs with differences that address audience preferences. Common to all, is that they are a 10-part series of video-based workshops aiming to increase awareness of inner strengths and personal peace to support resilience, empathy and wellbeing through a strengths-based curriculum.

The themes are: Peace, Appreciation, Inner Strength, Self-Awareness, Dignity, Choice, Hope, Clarity, Understanding and Contentment.

Each themed workshop comprises videos of content drawn from peace advocate Prem Rawat's international presentations, media interviews, and interactions with a diverse range of audiences. Video content includes animated shorts, direct to camera talks, and music videos. Accompanying print materials include a one-page article on each theme, a Student Workbook, and an

Educator's Guide. Content can be adapted by the facilitator/educator to better meet the specific needs of an audience.

Supporting its cross-cultural appeal, the content is inclusive of all faiths and none, and non-political. It is offered free of charge by TPRF, who provide advice and guidance, as needed, for facilitating the workshops virtually or in person.

Compared to earlier versions (PEP1-3, PEP Collection), PEP for Education (PEP-EDU) has been designed with shorter videos and more activities aiming to promote critical thinking, genuine reflection, and thoughtful discussion, to address the educational needs and styles of those aged as young as 14 years of age.

PEP-EDU supports educational standards for Social and Emotional Learning (SEL) Competencies, (www.casel.org). With facilitated interaction and engagement with peers, PEP-EDU helps young people to develop an understanding of themselves thereby developing competencies including self-awareness and self-management. This type of learning has been described as a “process of becoming”, essential for the development of resilience, which cannot be taught by traditional learning methods.

During this presentation, we hope to discuss how TPRF's PEP-EDU could complement other approaches and interventions, with a view to identifying partnerships for further collaboration.

For further information, please visit: www.tprf.org/peace-education-program

Could The Prem Rawat Foundation's Peace Education Program for Education reimagine the approach to resilience development and wellbeing for young people, through a strengths-based curriculum?

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 580

Dr. Mitesh Desai (MD3 Consulting Limited), Ms. Willow Baker (The Prem Rawat Foundation), Mr. Donald Sheppard (ACE Insights NZ), Ms. Catherine Gavigan (The Prem Rawat Foundation)

Background

The Prem Rawat Foundation's (TPRF) Peace Education Program (PEP) is an innovative 10-part series of video-based workshops that aims to help participants discover/rediscover, personal peace through a strengths-based curriculum. Themes are: Peace, Appreciation, Inner Strength, Self-Awareness, Dignity, Choice, Hope, Clarity, Understanding and Contentment.

The program aims to help participants develop increased awareness of inner strengths and personal peace to support resilience, empathy and wellbeing.

It is offered free of charge and comprises content that is inclusive of all faiths and none, and non-political. Over the past decade, 250,000 people from diverse settings, in more than 70 countries and over 30 languages have participated in the program.

Compared to earlier versions (PEP1-3, PEP Collection), PEP for Education (PEP-EDU) has been designed with shorter videos and more activities aiming to promote critical thinking, genuine reflection, and thoughtful discussion, to address the educational needs and styles of those aged as young as 14 years of age. Within each workshop/theme, videos and activities can also be adapted to best suit the specific needs of participants.

PEP-EDU is currently being piloted in English-speaking educational establishments.

AIMS

Conduct an analysis based on 4 PEP-EDU pilots for young people aged 14-25 years, to assess the impact of the new program.

METHODOLOGY

Each student completing PEP-EDU was asked to anonymously complete a hardcopy course feedback survey. Course facilitators scanned the forms and submitted them to the data analysis team by email for transcribing and analysis.

Quantitative data analysed included:

- Demographic characteristics: gender, age and level of education.
- Ordinal faces/numerical scale for agreement/disagreement about key understandings of the curriculum BEFORE and AFTER the course, and the likelihood of recommending the course to others.
- Nominal "yes/no" question about whether PEP-EDU had helped in their life.

Qualitative content analysis assessed the personal impact of the program and areas for improvement.

RESULTS

Sixty students (97% <18years; 55% female, 38% male) in Years 9-13 (95%) or College (5%) at 4 educational establishments, took part in the pilots. Establishments were based in London, UK (n=1, 6 students), Colorado, USA (n=1, 18 students), Auckland, NZ (n=2, 36 students).

Comparing before to after, improvement in at least 7, 5 or 1 out of 10 domains was reported in 70%, 90% and 93% of students respectively.

There was a 5-fold increase in the proportion of students reporting a strong increased awareness about a theme (9% versus 46%) and a 35-percentage-point reduction (38% versus 3%) in lack of awareness of curriculum domains.

Of those asked, 92% (n=33) and 100% (n=42) of students would recommend the course and confirmed that it had helped them in their life, respectively.

Personal impact related to: feeling peace inside, appreciating being alive, looking at life differently, greater understanding, applying the program, inclusiveness, and being thankful.

Changes proposed related to format, rather than content, and were not consistent among respondents.

CONCLUSIONS

These findings suggests that TPRF's Peace Education Program for Education could reimagine the approach to resilience development and wellbeing, through a strengths-based curriculum complementing a wider, whole educational establishment strategy.

The Prem Rawat Foundation's Peace Education Program Collection: A cross-cultural, strengths-based approach for developing resilience in young people

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 581

Dr. Mitesh Desai (MD3 Consulting Limited), Ms. Willow Baker (The Prem Rawat Foundation)

Background

While there are many approaches to defining “resilience”, fundamentally, all consider the capacity to withstand or recover quickly from perceived difficulty.

Resilience is thus considered a crucial aspect of mental health, which in turn is an important component of “wellbeing”, or as the term implies, the state of “being well”.

There is significant inter- and intrapersonal variability in the factors that influence resilience and overall well-being. Young people may have specific needs related to their ongoing development and maturation, making it difficult to have a single, “one-size-fits-all” approach.

The Prem Rawat Foundation's (TPRF) Peace Education Program Collection (PEP Collection) is 1 of 5 innovative 10-part series of video-based workshops programs that aims to help participants discover, or rediscover, personal peace through a strengths-based approach. Curriculum themes are: Peace, Appreciation, Inner Strength, Self-Awareness, Dignity, Choice, Hope, Clarity, Understanding and Contentment.

The program is designed for adults, with workshops aiming to promote critical thinking, genuine reflection, and thoughtful discussion, while helping participants develop greater personal awareness, empathy, and resilience. The program is offered free of charge and comprises content that is inclusive of all faiths and none, and non-political. Over the past decade, 250,000 people from diverse settings, in more than 70 countries have participated in the course, in one of over 30 languages.

AIMS

To assess the cross-cultural impact of PEP Collection in supporting young people discover their innate strengths and personal peace.

METHODOLOGY

A retrospective analysis was undertaken of anonymised, post-course survey responses submitted via an on-line portal in 2020 and 2021, from participants below 36 years of age, who were self-reportedly previously unfamiliar with the course content.

The following quantitative data were analysed:

- Ordinal scale for agreement/disagreement about key understandings of the curriculum BEFORE and AFTER the course, and the likelihood of recommending the course to others.
- Nominal “yes/no” question about whether PEP Collections had helped in their life.

Analyses were conducted on the overall population as well as by gender, level of education, geography and language to assess the cross-cultural impact. Level of education was additionally considered as a surrogate indicator for younger age. Statistical significance for ordinal data was assessed using Wilcoxon Rank.

RESULTS

Responses were analysed from 4,218 participants (52% female, 47% male) from across the world (Asia 7%, Central/South America 60%, North America 32%, Other 1%), who undertook the course in different languages (English 5%, Brazilian Portuguese 59%, Spanish 34%, Tamil 2%, Other <1%) with varying levels of education (None 59%, High school 3%, College/University/Technical 34%, Postgraduate 3%).

There were significant increases in levels of agreement with all 10 key understandings for the overall (Z-score >44, $p < 0.001$) and related sub-populations comprising at least 50 participants (Z-score >5, $p < 0.001$).

The course was recommended and helped 92% and 97% of participants respectively, regardless of gender, level of education, language, or geography.

CONCLUSIONS

These findings suggest that TPRF's Peace Education Program Collection offers a cross-cultural, strengths-based approach for supporting the development of resilience and fostering wellbeing, which could complement other approaches and interventions for young people.

The Prem Rawat Foundation's Peace Education Program for Education (PEP-EDU): Supporting resilience development for students at an inclusive, inner-city London school - A case study

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 582

*Ms. Imogen Vibert (St Saviour's & St Olave's Church of England School), Ms. Catherine Gavigan (The Prem Rawat Foundation),
Dr. Mitesh Desai (MD3 Consulting Limited)*

BACKGROUND

UK schools must provide good education supported by high-quality pastoral care, enabling young people “develop into resilient adults with good mental health.”

Mental health is an important component of “wellbeing” – a subjective feeling of “being well” – thus, “resilience” is essential for overall wellbeing. Yet with academic pressures and limited resources, education of the wider person is subject to immense variability.

St Saviour's & St Olave's (SSSO) is an inclusive, inner-city Church of England school for girls aged 11-18 years. The community comprises students of all faiths, from diverse ethnic heritages.

The Prem Rawat Foundation's (TPRF) Peace Education Program for Education (PEP-EDU) is an innovative, 10-part series of video-based workshops designed for students aged 14-25 years. Content is inclusive of all faiths and none, and non-political. Workshops are designed to promote critical and creative thinking, genuine reflection, and thoughtful discussion, while helping students develop greater personal awareness and resilience. The strengths-based curriculum topics are: Peace, Appreciation, Inner Strength, Self-Awareness, Dignity, Choice, Hope, Clarity, Understanding and Contentment. The program is offered without charge.

PEP-EDU was piloted at SSSO as a voluntary, extra-curricular, pastoral care activity taking place after school, once a week. The course was delivered by the school chaplain and supported by 2 external volunteers.

The impact of the PEP-EDU pilot at SSSO is described herein.

METHODOLOGY

Following the 10-week course, students self-completed an anonymised questionnaire comprising:

- Faces/numerical reporting scale for agreement/disagreement about key understandings of the curriculum BEFORE and AFTER the course, and likelihood of recommending the course to others.
- Open questions about what they liked, could be improved or any comments.
- Yes/No question about whether PEP-EDU has helped in their life, followed by an open question about why.

Wilcoxon Rank test assessed quantitative BEFORE and AFTER measures for indicative significance. Qualitative content analysis was undertaken to understand student feedback about design, content, and personal impact.

RESULTS

Six students aged 16-18 years, undertaking A-levels, completed PEP-EDU and provided anonymised feedback. Increases in levels of agreement with key understandings were found for all strength-based themes. Analyses suggested significant differences for 8/10 themes (Z-score >2.0 versus <1.65).

All students confirmed that the programme had helped them in their life. PEP-EDU increased introspection, appreciation of self, appreciation of life, self-efficacy and confidence. This was supported by comments of appreciation for the programme.

DISCUSSION

While analyses are limited to levels of agreement and subjective comments from a small number of students immediately following completion of PEP-EDU, findings are consistent with those of a larger, related population comprising 60 students.

Additionally, findings suggests PEP-EDU provides stimulus based on 10 strength-based themes, with facilitated interaction and engagement with peers, that helps young people to develop an understanding of themselves. This type of learning has been described as a “process of becoming”, and is essential for the development of resilience, which cannot be taught by traditional learning methods.

CONCLUSIONS

This case study suggest that PEP-EDU may support the development of resilience, as part of a whole educational establishment approach towards wellbeing, for young people.

The collaborative process of designing an evolved approach to youth voice and engagement in Jigsaw

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 600

Mr. David Kavanagh (Jigsaw, The National Centre for Youth Mental Health), Ms. Angela Ryan Whyte (Jigsaw, The National Centre for Youth Mental Health), Ms. Niamh Fennell (Jigsaw, The National Centre for Youth Mental Health), Dr. Joseph Duffy (Jigsaw)

Introduction:

From our inception Jigsaw has always valued the practice of youth participation having put in place structures and processes to facilitate the participation of young people across multiple services and in national structures and functions.

However, as with all of our work in Jigsaw, we understand the need to review all areas of practice. The onset of the pandemic in 2020 offered us the ideal opportunity to begin a comprehensive review process.

Objectives

Our initial objectives were to review, reflect on and improve where needed, our practice as it related to youth participation within Jigsaw.

Method

To begin, we mapped participation practice in Jigsaw using the Lundy model across a total of 35 facilitated mapping sessions held across the organisation, with young people, staff and key decision makers. This robust process identified many strong areas within our practice and a number of key areas for change or further consideration.

We then commenced a consultation and co-design (C&C) process with young people, staff and key decision makers. One young person (n14) from each volunteer group from across Jigsaw's network was co-opted onto the C&C project group.

The C&C group was co-chaired by a young person and our Youth Participation Coordinator. Across seven months, twelve consultation and co-design sessions were facilitated. The early formation sessions focused on developing, empowering and informing our volunteers voices. The later sessions focused on an open, honest and rich dialogue between young people and decision makers, with a focus on designing our future approach. Further consultations were hosted by the youth participation team with volunteer groups to concept test and adjust elements of the design.

Practice and policy implications:

- The development of an evolved framework for youth voice and engagement in Jigsaw, which identifies new pathways for the voice of a broader and more diverse range of young people
- Changes to our organisational values and theoretical underpinning in terms of youth voice and engagement
- The process and the C&C project group in particular provided us with organisational memory and a strong model of practice for the future
- Changes within the configuration of our Board with a young person with lived experience becoming a full member of the board, alongside a young person sitting with the board.
- The creation of a strategic space for young people to have a dialogue with the Executive and the Board on matters that impact young people's mental health

Conclusion:

The process outlined above was very successful in terms of achieving the objectives as outlined in the early stages of the project and will have significant implications for practice. The evaluations carried out with young people, based on the Lundy model throughout, provided evidence that young people felt informed, heard and that they had an impact on the ultimate development of our evolved approach.

It is clear that a consultation and co-design process between young people, decision makers and other key stakeholders is a strong model of practice when looking at certain change management processes within youth mental health organisations or settings.

A Blueprint for Involvement: Reflections of Lived Experience Co-Researchers and Academic Researchers on Working Collaboratively to inform Children and Young People's Mental Health Service Provision

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 607

Ms. Claire Fraser (University of Manchester), Ms. Jodie Crooks (McPin Foundation), Ms. Georgia Naughton (McPin Foundation), Ms. Rose McGowan (McPin Foundation), Ms. Bekah Carrington (McPin Foundation), Mr. James Diffey (McPin Foundation), Ms. Keeya Saund (McPin Foundation)

Introduction or rationale

Patient and public involvement in health research is important to ensure that research remains relevant to the patient groups it intends to benefit. The UK NIHR funded Blueprint study aimed to develop a model of effective service design for children and young people (CYP) with common mental health problems (CMHPs) by examining the factors that facilitate access to, navigation of, and the effectiveness and acceptability of those services. To ensure our findings were rooted in lived experience and informed by different perspectives, we recruited, trained and employed six young adults with lived experience of mental health issues to work as co-researchers alongside academic researchers.

Objectives (of project and/or research)

- To recruit, train and mentor six young adults with lived experience to become co-researchers on a major research project
- To explore barriers and facilitators to involvement by capturing the journey of involvement throughout the project, from both co-researcher and academic researcher perspectives
- To provide co-produced involvement guidelines for research teams wishing to incorporate collaborative co-researcher approaches into their projects

Methods or approach

We collaborated with a third sector partner to recruit and employ six young adults as co-researchers and delivered a bespoke training and mentoring package to support their development. Our scheduled work plan was significantly impacted by the Covid-19 pandemic and we had to adapt processes to accommodate distance learning and remote fieldwork and analysis. The co-researchers and academic researchers used a process of reflexivity to capture the journey of involvement on the Blueprint project and to co-produce guidelines for involvement.

Results or practice/policy implications

This embedded study within the Blueprint project has used reflexive practice to explore the expectations and experiences of both lived experience co-researchers and academic researchers working collaboratively on a CYP's mental health project. We identified numerous benefits but also challenges to involvement, some of which were exacerbated by the pandemic. Navigating and overcoming these challenges has allowed us to collectively identify key guidelines for involvement in order to share our learning with the wider research community.

Conclusion

This presentation will present an overview of the Blueprint co-researcher journey from both co-researcher and academic researcher perspectives, sharing our learning from the recruitment, training, fieldwork and analysis phases. It will highlight the barriers and facilitators to meaningful involvement, informing the knowledge base on co-produced research and providing guidance to other researchers who seek to emulate this approach.

Building Positive Student-Teacher Relationships

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 609

Ms. Kate Fitzgerald (The University of Western Australia), Prof. Karen Martin (The University of Tasmania), Dr. Stephan Lund (The University of Western Australia), Dr. Susan Young (The University of Western Australia)

Experiencing childhood trauma can result in a range of adverse outcomes, which are often carried through to adulthood, including mental health issues, medical issues, substance abuse, and family and relationship issues. Trauma-informed practice refers to the processes of recognising the presence and impact of trauma and incorporating this knowledge into practice. Schools which have implemented trauma-informed practice may be able to minimise some of the adverse outcomes associated with childhood trauma, as well as improve mental and physical wellbeing for students. Building positive teacher-student relationships is a fundamental step in any trauma-informed intervention for schools. The quality of these relationships has been found to be one of the most important predictors for student outcomes and wellbeing. Despite the clear importance of these relationships there is a substantial lack of literature exploring the student perspective. This study aimed to explore the perspectives and experiences of Australian adolescents in developing positive relationships with teachers, viewed through a trauma informed lens. This study utilised an exploratory qualitative inquiry research method, under the overarching epistemological stance of constructivism. In-depth, semi-structured interviews with Western Australian secondary school students (12-14 years old) were conducted. The results from this study may be used to assist schools through evidence-based, real world applicable advice on how to generate positive teacher-student relationships and trauma-informed environments for students. The study aims to provide teachers, education administrators and policy makers with the support and knowledge to be able to develop positive relationships with the long term aim to improve student wellbeing.

Basic Symptoms in Young People at Ultra-High Risk of Psychosis: Association with Clinical Characteristics and Outcomes

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 610

Ms. Sarah Youn (Orygen and the Centre for Youth Mental Health, The University of Melbourne)

There has been limited research into the predictive value of basic symptoms and their relationship with other psychopathology in patients identified using the 'ultra-high risk' (UHR) for psychosis approach. The current study investigated whether basic symptoms, specifically cognitive disturbances (COGDIS), were associated with a greater risk of transition to psychotic disorder and persistent attenuated psychotic symptoms (APS) at medium-term follow-up (mean = 3.4 years) in UHR patients, as well as with general psychopathology at baseline. The sample included 304 UHR participants (mean age = 19.12 years) involved in an international multicentre trial of omega-3 fatty acids. UHR individuals who also met the COGDIS criteria (basic symptoms risk criteria) did not have a greater risk of transition than those who met the UHR criteria alone. However, meeting COGDIS risk criteria was associated with a greater likelihood of meeting the UHR APS risk group (i.e., having persistent APS) at 12-month follow-up (odds ratio = 1.85; 95% CI = 1.03, 3.32). Greater severity of cognitive basic symptoms was also independently associated with more severe general psychopathology at study entry. The findings do not support the notion that combined risk identification approaches (UHR and basic symptoms) aid in the identification of individuals at greatest risk of psychosis, although this interpretation is limited by the modest transition to psychosis rate (13%) and the time of follow up. However, the findings indicate that basic symptoms may be a clinically useful marker of more severe general psychopathology in UHR groups and risk for persistent APS.

SENSE OF BELONGING AND CULTURAL IDENTITY - THEIR ROLE IN THE INTEGRATION PROCESS AND MENTAL WELLBEING OF YOUNG IMMIGRANTS IN JAPAN

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 616

Dr. Francia Ivonne Campos Chinchilla (Haibara General Hospital)

INTRODUCTION:

The integration process of the immigrant population is complex and is modified by several social, cultural, economical factors, among others, at individual and community level. Language proficiency along with the degree of acculturation and assimilation are considered important elements of this process, however little attention has been paid to the sense of belonging and the cultural identity of the young immigrants.

Sense of belonging and cultural identity are fundamental for the development and evolution of the human beings and for their interaction with their communities. The impact of those factors in the mental health of young immigrant has been barely discussed in Japan.

OBJECTIVES:

1. To explore how the sense of belonging and the cultural identity modify the ability to properly integrate into the Japanese society.
2. To understand the role of the sense of belonging and cultural identity in the mental wellbeing of young immigrants and how they affect the acculturation and assimilation processes.

METHODS:

Ethnographic and ecological approach (individual, family and community) of 120 young immigrants, living in a central region of Japan, between April 2013 - January 2022. Information was collected through PHQ-15, PHQ-9, GAD-7 screeners at medical consultations, an adapted scales to measure the sense of belonging and cultural identity as well as face-to-face interviews at schools or community.

RESULTS:

The difficulty for accessing relevant information due not only to the language barrier but to administrative procedures, differences in the educative or health systems, etc., affect the ability of young immigrants to understand the new environment in which they are living.

Low sense of belonging was related to difficulties to improve language proficiency and seems to slow down the assimilation and acculturation processes.

Low sense of belonging seems to affect academic performance in teenagers and job stability in young adults. It is also associated to depression, anxiety, suicidal ideation, self-aggression and eating disorders.

Challenges in family and social interactions and reduction of the cross-cultural competence were frequent in young immigrants whose sense of belonging was low.

CONCLUSIONS:

Language barriers, cultural differences, gender inequalities, prejudices, discrimination socioeconomic issues, social and emotional isolation, lack of information, among others, have a strong impact on mental wellbeing of young immigrants living in Japan.

Immigration will continue increasing in Japan, for this reason awareness as well as an adequate understanding and recognition of the youth immigrant needs by the government, the education and health systems will lead to an effective support, promoting their adequate integration into the Japanese society.

Government, education and health stakeholders need to focus in the promotion of environments that facilitate multicultural identities for immigrants and increase the multicultural understanding among Japanese.

Improvement in the health, education and public worker's skills related to communication, awareness, cultural competence, advocacy and community engagement could strengthen the process toward a multicultural Country.

On the other hand, simplify the immigrant's access to resources that promote and protect mental health like multilingual counseling, cognitive behavioral therapy and psychiatric services would bring an appropriate integration leading to a healthy and productive community.

Informing Youth Suicide Prevention: What Buffers the Relationship between Adversity & Suicide Ideation?

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 618

Dr. Charlotte Silke (National University of Ireland Galway), Dr. Caroline Heary (National University of Ireland, Galway), Dr. Bernadine Brady (National University of Ireland Galway), Dr. Carmel Devaney (National University of Ireland Galway), Dr. AnnMarie Groarke (National University of Ireland Galway), Dr. Clíodhna O Connor (National Suicide Research Foundation (Ireland)), Mr. Emmet Major (Western Region Drug & Alcohol Task Force), Mr. Michael Durcan (Western Region Drug and Alcohol Task Force), Dr. Aileen Shaw (National University of Ireland Galway)

Introduction: Research indicates that exposure to adverse or negative life events can have a detrimental impact on youth mental health. However, research examining the relationship between adversity and youth suicide ideation is frequently criticised for being too narrow in its scope, with studies often defining adversity as youth's exposure to a traumatic event that occurs within the home or family setting. This oversight may have important implications for our understanding of youth mental health and suicide ideation, as research and theory suggest that youths' wellbeing is impacted by their experiences across multiple social contexts, and not just those that occur within the family setting. While researchers propose that adverse experiences are often interrelated and tend to co-occur, few studies have examined how different types of adverse family, school, community and peer experiences interact to impact youth suicide ideation. Identifying the dominant patterns of adversity that youth experience is important for understanding whether youth suicide outcomes are more or less affected by exposure to certain types of adversity and for helping to inform targeted intervention/prevention strategies. Furthermore, although a primary aim of prevention research is to identify the factors that promote resilience in youth who experience adversity, there is currently little research examining the factors that buffer the relationship between adversity and youth suicide ideation. However, the ecological model of resilience posits that an array of ecological resources, such as positive peer, parent, school or community relations, may help buffer the relationship between risk/adversity and negative health.

Objectives: The current research aims extend our understanding of the relationship between adversity and youth suicide ideation by identifying the dominant types of adversity that Irish adolescents experience across home, school, peer and community settings and examining whether supportive peer, parent, school, or community relations moderate the relationship between different types of adversity and youth suicide ideation/wellbeing.

Methods: Secondary data analyses was carried out on cross-sectional self-report data collected from 4849 adolescents who participated in the 2018 Planet Youth Ireland survey. All adolescents were aged between 15-16 years and were in their 4th year of education at post-primary schools located in the west of Ireland. In order to identify dominant clusters or patterns in adolescents' adverse experiences, Latent Class Analysis was carried out using mplus software. Additional regression based analyses were conducted in order to explore the relationship between these dominant risk clusters and youth's suicidal ideation, and examine whether youth's relational dynamics moderated this relationship.

Results/Implications: Youth's suicidal ideation was found to be significantly associated with their adverse experiences. Findings have numerous implications for research and practice.

Conclusions: The findings from this research provide insight into which types of adverse experiences are more strongly associated with suicidal ideation among Irish adolescents, and how relational dynamics buffer this relationship.

PROTECTING THE MENTAL HEALTH OF YOUNG IMMIGRANTS IN JAPAN: INTERVENTIONS AT DIFFERENT LEVELS

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 620

Dr. Francia Ivonne Campos Chinchilla (Haibara General Hospital)

INTRODUCTION:

More than 22% of the immigrants in Japan are between the ages of 12 and 25 y/o, with a women:male proportion of 1:1.

Young adults constitute an important working and economic force in Japan, many of them are raising their families there and face multiple challenges not only at work or school but also in their daily life and mental health issues are frequent among them.

OBJECTIVES:

To present different strategies implemented in order to overcome different barriers challenging the mental health of young immigrants during their process of adapting to a new culture, new community and a new life in Japan.

To identify and explore alternatives for addressing different social, educational and economic issues in order to improve their integration to the society

METHODS:

Ethnographic and ecological approach (individual, family and community), from April 2013 to January 2022, of more than 250 young immigrants and their families living in a central region of the Country.

INTERVENTIONS:

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

RESULTS:

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

CONCLUSIONS:

It is necessary to continue the adjustments of the existing services, targeting youth immigrant's needs more directly, focusing in cooperation among different stakeholders at all levels. Young immigrants are valuable and their potential is contributing to reshape the Japanese population and the economy of the Country.

Reinforcement of the education and health worker's skills related to communication, awareness, cross-cultural competence, advocacy, patient's centered care and community engagement could strengthen the process toward a multicultural Country.

Improvement of the young immigrants access to information and resources that promote and protect mental health like family support, multilingual counseling, cognitive behavioral therapy and psychiatric services would

bring an appropriate integration leading to a healthy and productive community.

Mental health literacy in secondary schools: A study of the feasibility and acceptability of Jigsaw's One Good School© initiative for school staff.

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 622

Ms. Maeve Dwan O'Reilly (University College Dublin and Jigsaw, The National Centre for Youth Mental Health), Dr. Ailbhe Booth (Jigsaw, The National Centre for Youth Mental Health), Dr. Aileen O'Reilly (Jigsaw, The National Centre for Youth Mental Health), Dr. Caroline Heary (National University of Ireland, Galway), Prof. Eilis Hennessy (University College Dublin)

Introduction

School-based mental health literacy interventions promote and support youth mental health by increasing mental health knowledge, decreasing stigma, and promoting help-seeking and self-care strategies. School staff play a vital role in these interventions, delivering mental health content, acting as role models for young people, and often facilitating early intervention by identifying young people who are struggling. One Good School (OGS) is an innovative whole-school mental health literacy initiative designed by Jigsaw, The National Centre for Youth Mental Health in Ireland. OGS aims to promote and support the mental health of young people in secondary schools by creating a shared responsibility for mental health across the school community.

Objectives

School staff are key agents of change in OGS. In order to ensure the intervention met their needs and the needs of students, an acceptability and feasibility study was carried out between 2019-2021. This presentation will (1) address whether OGS was considered acceptable, feasible and appropriate by school staff, (2) explore if and how staff engaged with OGS, and (3) examine changes in staff outcomes following participation in OGS.

Method

This study adopted a mixed methods approach. Pre and post surveys included measures of mental health knowledge, support given to students, confidence and competence supporting young people, and use of self-care strategies, as well as measures of initiative feasibility, acceptability, and appropriateness. Participants were n=49 school staff (86% female) from 11 schools across the country who completed baseline (Oct/Nov 2019) and follow-up (May/April 2021) surveys. Semi-structured qualitative interviews were conducted with n=18 school staff (61% female) between Feb-May 2021.

Results

Participants rated OGS as highly acceptable, feasible, and appropriate and 100% of participants reported that they were aware of the initiative taking place in their school. Participant scores on mental health knowledge, supporting young people, and self-care strategies remained stable with no significant changes following participation in OGS. However, confidence and competence to support young people increased significantly from baseline to follow up. In interviews, participants said they had seen positive changes in the school after participating in OGS. Participants emphasised the benefits of the structured whole-school approach of OGS and also noted that OGS helped them to better understand their role in youth mental health. Participants spoke positively about the staff activities describing them as valuable and accessible. The interviews also provided vital feedback on issues encountered and inconsistencies in how OGS was delivered across schools.

Conclusion

Mental health literacy interventions play a vital role in promoting and supporting youth mental health in schools. The OGS initiative shows excellent promise as a whole-school mental health literacy initiative with school staff as key agents of change. This study gives valuable insight into the implementation of a complex mental health literacy intervention in secondary schools, as well as identifying the needs of school staff to better support the mental health of young people.

The Young Adult Mental Health and Wellbeing Partnership Model

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 626

Dr. [anna lucas](#) (CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST), Dr. Jovanka Tolmac (CENTRAL AND NORTH WEST LONDON NHS FOUNDATION TRUST)

- Introduction or Rationale

The NHS in North West London is committed to improving access and quality of mental health provision for young adults aged 16-25 years. Three quarters of mental health problems are established by 24 years of age, and young adults often report poor experiences of mental health services and have high non-attendance rates. Young adults have also had their lives significantly affected by the pandemic and the impact on their mental health is only beginning to be seen. In total there are 252,232 young adults aged 16-25yrs living in North West London. It is estimated that 18.6% young adults will have a common mental health disorder. The services are often fragmented and divided between child, adolescent and adult mental health services and young adults do not get the support they need, when they need it.

- Objectives (of project and or research)

Accelerating work to meet the emerging needs of young adults and the mental health system through designing, developing and mobilising a new mental health model of care for 16 to 25 year olds in North West London.

- Methods or Approach

Following a wide-ranging data gathering exercise the new Young Adult Mental Health and Wellbeing Partnership Model was co-produced with the Young Adult Ambassadors (16-25 year olds), Clinical Senate (mental health practitioners adolescent and adult services) and stakeholder groups (charities, local government, parents/carers and higher education institutes).

Results or Practice/Policy Implications

The Young Adult Mental Health and Wellbeing Partnership Model was agreed with all partners and aims to formalise the partnership between NHS, Local Authority, Higher Education Institutes, VCSE and communities, bringing together the expertise, values and wealth of experience along with young adult and family involvement at the heart, to develop new and use existing ways to:

- Address inequalities and better identify unmet need,
- Improve equality of access to early intervention,
- Promote engagement and improve navigation of services

The model includes a new protocol for partnership working which will to improve the interface between adolescent and adult services and provide more flexibility to better meet the needs of young adults through partnership working.

The model includes seven components of care including:

- Multi-agency Young Adult Partnership Forum providing holistic triage and consultation
 - Dedicated support for young adults moving from adolescent to adult services
 - Continuity of support for young adults who have experienced adversity e.g. youth violence, care experienced, long-term conditions
 - Young adult focused therapies and service adaptations e.g. short and long-term therapies, digital support
-

- Mental health in-reach taking mental health support to where young adults are and reducing stigma in accessing support
- Young adult mental health wellbeing and pre-treatment (e.g. on waiting list) and post-treatment recovery support
- Promotion of good mental health outcomes for all

- Conclusion

The model has been agreed by NHS North West London and all partners have begun to come together to form the new partnership model. There is agreement to move forward and implement the model across North West London in 2022.

Online CBT And Counseling - For Victims Of Human Traffic

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 627

Dr. Francia Ivonne Campos Chinchilla (Haibara General Hospital)

INTRODUCTION:

The despicable practice of human trafficking, in any of its variants, is a worldwide problem. In Colombia, it is affecting the lives of thousands of youths and their families. Some of them have been rescued and, in some cases, enrolled in support and recovery programs by non-governmental, non-profit (NPO) or independent organizations which, usually, do not have enough resources to hire all the professional staff that is required.

Their recovery process is challenging, long term, and require multidisciplinary interventions. In 2020, the covid-19 pandemic, reduced the mobility, the resources and the possibilities for visits to the institution.

In 2021, we started an online intervention on Cognitive Behavioural Therapy (CBT) to reinforce the psychosocial and educational components of an on-site program, offered by a NPO in Colombia.

OBJECTIVES:

To apply different CBT techniques, through individual approach, by online interventions, supporting victims of human trafficking and coaching them in strategies for coping with their symptoms, thoughts, feelings and habits.

To present the preliminar results on benefits of the online CBT interventions, linked to on-site programs supporting the victims of human trafficking under recovery process

METHODS:

Periodical interventions based on CBT, for 25 victims of human trafficking, aged 18 to 35 years old, receiving integral assistance for their recovery and reinsertion into the society by a program leaded by a NPO, in Colombia. CBT interventions focused on their individual needs/situation and always articulated to the psychosocial/educational approach that each one of the participants was receiving at the organization.

Topics such as recognition and management of emotions, sleep hygiene, eating habits, lifestyles, health-self care, adherence to medical/psychiatric treatments, understanding of detoxification processes -for alcohol and psychoactive drug abuse-, money management, family and affective relationships, etc., were addressed. Self-administered questionnaires to assess symptoms of anxiety, depression or sleep disturbances were applied to all participants, as well as post-traumatic stress assessment.

Follow-up staff meetings were held monthly in order to evaluate the progress and challenges in each case.

RESULTS:

The acceptance to the intervention was good in all the participants.

Affective symptoms, somatization, depression, anxiety, panic, sleep, eating disorders, suicidal ideation, trauma and stressor related disorders were present at a different degrees in almost all the participants. 12 of them were under psychiatric treatment, 7 were receiving only psychotherapy and 6 were under both treatments

Alcohol/substance abuse, were present in 5 participants who were at different stages of the detoxification treatment.

Improvement in the understanding of their symptoms, the importance and need of their medical treatments, was observed in 22 of them.

Adherence to the medical treatments improved in 14 of the 18 who were receiving any type of medication.

Positive transformation in their emotions, sleep, eating habits and lifestyles was observed in all participants.

CONCLUSIONS:

CBT intervention could be a valuable support tool during the recovery process of human trafficking victims.

Coaching the positive transformation of emotions, thoughts, behaviors and habits through individualized CBT interventions, could contribute to boost and strengthen the recovery process of human trafficking victims.

“I’m not sick enough”: Stigma as a barrier to early intervention in youth mental health in Ontario, Canada

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 640

Ms. Natasha Yasmin Sheikhan (Centre for Addiction and Mental Health), Ms. Mardi Daley (Centre for Addiction and Mental Health Youth Engagement Initiative), Dr. Joanna Henderson (Centre for Addiction and Mental Health: Youth Wellness Hubs Ontario), Dr. Lisa Hawke (Centre for Addiction and Mental Health)

Introduction. Stigma plays a vital role in youth mental health. Notably, stigma associated with mental health challenges is a major barrier to service-seeking among youth. Understanding the sources of stigma that impact service-seeking decisions from the perspectives of youth and family members remains under-explored. Such research is necessary to inform effective stigma reduction.

Objective. To understand youth and family perspectives on the role that stigma plays in service-seeking decisions among youth with mental health challenges in Ontario, Canada.

Methods. A qualitative descriptive study was developed using youth engagement, from a patient-oriented research perspective. Participants were purposefully selected and included 22 youth with lived experience of mental health challenges and 16 family members of youth with lived experience of mental health challenges. Six virtual focus group interviews were conducted and co-facilitated by youth with lived experience, including four sessions with youth and two sessions with family members. Focus group guides were developed collaboratively among research team members, including youth co-researchers. Data were analyzed inductively using thematic analysis.

Results. Participants discussed several barriers to service-seeking that intersected with stigma, including navigating multiple identities, being treated differently by others, holding a negative perception of treatment, and stigmatizing experiences with services. Youth described a constant negotiation between feeling “sick enough” and “not sick enough” when accessing services. This tension included discussions around receiving treatment only when they appeared to be sick enough, being denied treatment for not looking sick enough, and feeling guilty for wanting to use services. Family members described the youth’s self-stigma as delaying treatment and preventing treatment goals. Youth and family members further discussed how stigma manifests differently across mental health diagnoses, in addition to the negative impacts of stigmatizing language. Both youth and family members made suggestions for service improvement.

Conclusion. A constant negotiation between being sick enough or not sick enough is a key component of stigma from the perspectives of both youth and family members. This tension influences youth decisions about whether to seek services, but also service provider decisions about whether to offer services. Building awareness of the invisibility of mental health problems and the continuum of well to ill—as opposed to a binary state—may help to best break down stigma’s impact as a barrier to service-seeking.

Developing a Model of Post-Secondary Student Engagement in Campus Mental Health Research

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 647

*Ms. Emma McCann (University of Toronto), Ms. Lexi Ewing (University of Toronto), Mr. Alex Erickson (University of Toronto),
Dr. Kristin Cleverley (University of Toronto)*

Introduction

In response to University of Toronto's Presidential & Provostial Task Force on Student Mental Health final report in January 2020, the Student Mental Health Research Initiative was created to "utilize our expertise in mental health research at the University to establish an institutional strategic research initiative focused on student mental health". While the importance of mental health research informed by lived experience is increasingly recognized as best practice, there remains a lack of information about how implement this approach in postsecondary settings. Crucial to the development of this initiative and the co-design of a model for ongoing student engagement was the leadership of a diverse Student Advisory Committee (SAC) with previous research and engagement experience in campus mental health.

Objectives

- Develop a model of student engagement model, outlining student roles, principles of engagement, and key milestones and outcomes of the co-development process.
- Conduct a scoping review to identify current practices and models of student engagement in research happening on post-secondary campuses.
- Adapt best practices in other areas of mental health research to meet the needs of a student population, addressing principles of diversity, accountability, sustainability, appropriate recognition and authentic engagement.

Approach

Over a six-month term, the inaugural Student Advisory Committee was tasked with the following objectives: (1) support the development of a five-year strategic research plan and initiative brand identity, (2) ensure the engagement of the diverse student voice throughout the strategic research plan development process, and (3) design a centralized model for ongoing student engagement in student mental health research and related activities across the University that ensures diversity, accountability, sustainability, appropriate recognition and authentic engagement. Additionally, a scoping review was conducted examining how models of patient engagement have been used within postsecondary student mental health research.

Practice & Policy Implications

The co-creation of this model of post-secondary student engagement informed by student experts and relevant patient engagement literature will be imperative to the success of the University of Toronto Student & Youth Mental Health Research Initiative. The co-design process used serves as an example of how timely, authentic student engagement can form the foundation for strong ongoing partnerships and future opportunities for engagement across research activities. The development and principles of this model of student engagement can be replicated in other settings seeking to engage students on large-scale post-secondary initiatives.

Conclusion

By working with post-secondary students to co-create models of engagement and re-imagine the role of students as partners in research initiatives, we can begin to build shared knowledge and resources specific to this stakeholder population. Authentic student engagement not only creates opportunities to improve research

methodologies and relevance, but to generate student buy-in in order to support the next generation of mental health researchers and drive high-impact research and real-world change.

Identifying interventions and strategies to support youth with pre-existing mental health concerns as they transition into post-secondary education: Findings from a scoping review

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 650

Dr. Kristin Cleverley (University of Toronto), Ms. Soha Salman (Hospital for Sick Children), Ms. Camellia Dinyarian (University of Toronto), Ms. Julia Davies (University of Toronto), Ms. Emma McCann (University of Toronto), Dr. Tim Fricker (Conestoga College)

Introduction: As the number of students on post-secondary campuses who report mental health challenges has risen drastically in recent years, there is increasing recognition of the need to identify and understand effective interventions to support these students. Given that up to 75% of mental illness has its onset prior to age 18, a large proportion of youth are likely to transition into post-secondary settings (i.e., college and/or university) with a pre-existing mental health disorder. Further, the transition to post-secondary education typically coincides with the boundary between pediatric and adult mental health services, leaving a gap in care for young people who need mental health supports. As such, there is an urgent need to understand what interventions and/or strategies exist to support youth with mental illness as they transition into post-secondary education settings.

Objectives

1. Identify existing interventions and their components used to support youth with pre-existing mental health concerns transition into post-secondary education
2. List common strategies used to facilitate mental health transitions into post-secondary settings

Methods: Five academic databases and the grey literature were searched for relevant documents. Using the scoping review framework outlined by Arksey and O'Malley, 9 peer-reviewed and 10 non-academic documents were included and examined to identify interventions, their components, and/or strategies to support effective transitions into post-secondary settings for youth with pre-existing mental health concerns.

Results: This review identified three interventions and eight suggested strategies that have been used to support youth with mental health concerns as they transition into post-secondary settings. The intervention programs differed in their mode of service delivery, service philosophy, and target population (such as students with suicidal ideation or students with substance related disorders). Identified strategies could be implemented in either pre-transition settings such as secondary school or child and adolescent mental health services (e.g., development of self-management skills, early transition planning) or in post-secondary settings (e.g., accessing academic accommodations and peer support).

Conclusion: Few published interventions exist to support youth with mental health concerns as they transition to post-secondary settings. Existing interventions and strategies can be adapted across different post-secondary settings to facilitate these transitions. However, rigorous evaluation of the existing transition interventions is strongly recommended. These evaluations should be co-designed by and conducted in partnership with students with lived experience of mental health challenges. Future research also needs to focus on development of measurable indicators that can be used to design and evaluate transition programs and interventions that exist in post-secondary settings.

Apart But Not Alone: Moderated Online Social Therapy for Youth Mental Health

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 652

Mr. Emmet Godfrey (National University of Ireland Galway), Mr. Conor Gavin (National University of Ireland, Galway), Ms. Talissa Walsh (National University of Ireland Galway), Ms. Megan Cowman (NUI Galway), Ms. Emma Frawley (N), Dr. Tom Burke (National University of Ireland, Galway), Prof. Gary Donohoe (NUI Galway)

Introduction

Psychosis is a condition characterized by positive symptoms such as hallucination and delusions, negative symptoms such as social withdrawal and reduced motivation, and significant cognitive impairments. Primarily the focus has been on improving symptom severity but research is beginning to show that psychosocial functioning is an important part of recovery in psychosis. This project aims to evaluate the acceptability and feasibility of an online peer led intervention tailored to the needs of young people, and use the knowledge that results to support clinical practice.

Objectives

A pilot randomised, controlled, single-blind trial to establish feasibility of a Moderated Online Social Therapy (MOST) for individuals with higher functioning following Early Intervention for Psychosis (EIP) treatment will target individuals with higher levels of functioning following early intervention. Additionally, recruitment will include people with generalised mental health difficulties showing higher functioning following student counselling support.

Methods

Outcome measures will be administered at baseline, six-month follow up and twelve-month follow-up. Participants are randomly either assigned to the intervention group where they will be onboarded to MOST after baseline assessments, or to the control group where they will be onboarded to MOST after they complete their 6 month assessments.

Practice/policy implications

Data collection is still ongoing. This study aims to investigate the efficacy of MOST for an Irish context, as such the results of this study will inform it's suitability for integration in support services and as an adjunct

Conclusion

It has become apparent even at this early stage of the research that the demand from clinicians and patients for a service like MOST is large. We hope that the moderated online social therapy will help to improve function and sustain functional improvements achieved through their current care plan.

Working in Partnership: A Review of Organisational Approaches to Youth Engagement in Mental Health Research

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 657

Dr. Ailbhe Booth (University College Dublin and Jigsaw, The National Centre for Youth Mental Health), Ms. Rebekah Corscadden (N/A)

Background: Engaging young people in mental health research has been identified as a global priority. Youth engagement in research is increasingly valued due to its wide-ranging benefits, such as improved quality and relevance of the research produced, as well as promoting personal and professional development in the young people engaged. However, youth engagement strategies need to be effective and well-developed to enhance research quality and outcomes.

Objective: The aim of this review was to summarise organisational approaches to youth engagement in mental health research and related fields, to inform future organisational developments.

Method: A review of reports, guidance documents and peer-reviewed studies on youth engagement in research was conducted using PsycINFO, ERIC, ScienceDirect and Google Scholar. The search strategy centred on organisations with youth engagement practices in mental health or related health fields. Participatory action research projects were excluded. Suitable documentation was extracted and appraised using a narrative synthesis to identify key themes.

Results: The initial search produced 64 documents from 14 organisations, which was reduced to 17 documents from three core organisations for review. All three organisations: the McCain Centre, Orygen and the NIHR implemented youth engagement practices underpinned by models of youth engagement that seek to maximise young people's involvement. The organisations' practice was guided by core principles that centred around six identified themes; including avoiding tokenism, clear expectations, flexibility, shared decision making, diverse representation and mutual growth. Organisations also emphasised practical considerations regarding role development, training, feedback and evaluation methods, and exit strategies.

Conclusion: Strong youth engagement practice can be supported by flexible strategies that are responsive to the needs of young people and promote collaborative interaction. However, there are notable gaps in existing organisational approaches, such as a lack of formal evaluation and inconsistencies in practice that need to be addressed to pre-empt persistent barriers to youth engagement.

Towards Consensus Standards for Integrated Youth Services Initiatives in Canada

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 663

Mr. Warren Helfrich (Foundry BC), Dr. Karen Tee (Foundry), Dr. Joanna Henderson (Centre for Addiction and Mental Health: Youth Wellness Hubs Ontario), Dr. Skye Barbic (Foundry), Dr. Steve Mathias (Foundry)

Introduction

As Integrated Youth Services (IYS) initiatives continue to grow globally and collaboration across initiatives expands, there is an opportunity to move towards the establishment of common standards for the delivery of IYS, rooted in common principles and a shared understanding of the core elements of these services. This would reflect a natural evolution of IYS, similar to the evolution of other types of health services that are delivered in multiple jurisdictions, and provide the basis for further development and expansion to address the needs of young people around the world.

Objectives

To lay the groundwork for establishing common standards for IYS globally, beginning with the development of common standards for IYS in Canada and collaborating with initiatives in other jurisdictions to build consensus on an international standards regime.

Approach

Foundry, an IYS initiative in British Columbia Canada, has been developing standards for aspects of its service model since the early days of the initiative in 2017. This included service specific standards for walk-in counselling and peer support. Beginning in the spring of 2021, work began to develop a comprehensive standards framework to address all aspects of the Foundry IYS model. This process included consultation with personnel from headspace in Australia who were involved in the development and implementation of headspace's Model Integrity Framework (hMIF). The hMIF is a well developed and mature standards regime that is now in its second iteration. Their experience and sharing of resources informed Foundry's processes for developing standards. This work also coincided with the formation of a Federation of IYS initiatives across Canada of which Foundry is a member and co-lead. The Federation's creation was intended to allow for collaboration and resource sharing amongst initiatives in order to further develop IYS nationally. A first draft of Foundry's comprehensive standards framework is nearing completion at the same time that a Delphi process to identify common principles for members of the Federation is being completed. Once complete, this work can serve as a model and starting point for establishing national and international consensus standards.

Results or Practice/Policy Implications

The draft standards will be presented in Sept 2022 at IAYMH.

Conclusion

The creation of shared standards and associated accreditation processes where the standards are applied is a common pathway for the development of specific types or models of health and human services that are delivered in multiple jurisdictions. It is common for public funders of these services or service models to set policies requiring accreditation by national or international accrediting bodies for organizations delivering these services. This approach supports consistency and helps to ensure that elements or aspects of these services or models that are viewed as best practice are implemented. While standards for IYS would support further development of the IYS model internationally, common consensus standards for the delivery of IYS do not exist. As part of the Federation of IYS initiatives, national consensus standards in Canada will establish a process for collaboration in standards development across jurisdictions that could be replicated internationally.

Adapting the Transition Navigator Model Across Youth Mental Health Settings

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 674

Dr. Kristin Cleverley (University of Toronto), Ms. Julia Davies (University of Toronto), Ms. Emma McCann (University of Toronto), Ms. Mardi Daley (Centre for Addiction and Mental Health Youth Engagement Initiative), Mx. Jackie Relihan (Centre for Addiction and Mental Health Youth Engagement Initiative)

Rationale

Approximately 1 in 5 Canadian children and adolescents have at least one mental health problem; up to 70% of problems persist into adulthood. Yet research suggests that as many as 50% of youth disengage from mental health care as they transition from child to adult services. Consequently, clinicians, researchers, and policy makers continue to demand greater understanding of the mental health care transition process and evidence-based resources to support the development and implementation of transition interventions. The Transition Navigator intervention is a research and practice-informed intervention co-designed with youth, caregivers, and clinicians that ensures continuity of care across mental health transitions.

Objectives

- Support the adaptation of components of successful transitions within specific to address continuity of youth mental health systems.
- Co-design the Transition Navigator intervention with youth, caregivers, navigators and administrators to ensure continuity of care across community and hospital mental health settings.
- Support adaptation of the Transition Navigator intervention through the development and dissemination of a toolkit and related resources.

Methods

In 2018, the project team utilized patient-oriented research principles and a previous scoping review to lead a National Delphi Study with three panels of youth, caregivers, and clinicians and administrators from across Canada. In total, 26 core components of successful mental health transitions were refined and selected. Building on these identified best practices, the study team has co-designed the Navigator Model. Based on the clinical needs and goals of the youth and their caregivers, the navigator provides short term intensive support, ensuring transition success by working with youth to prioritize transition goals, assessing transition readiness, and collaborating with their care team to complete transfer. The Navigator Model is currently being evaluated in youth mental health programs in both community and hospital settings in the Greater Toronto Area. The current study uses quantitative data and semi-structured interviews to evaluate youth, caregiver, and navigator experiences to better understand the effectiveness of the navigator intervention.

Practice & Policy Implications

The evidence generated by this evaluation study is particularly important to our ongoing commitment in Canada to improve transitions from CAMHS for transition aged youth and ensure youth do not 'fall through the cracks' of our health care system at a particularly vulnerable time in their lives. By engaging youth and their caregivers in the study we will ensure this evaluation study is patient-oriented and directly responds to their demand for evidence in this area. This intervention is highly adaptable across care settings and patient populations, and can be used to support critical points of transition across mental health care systems. The research team is now in the process of developing, with youth and navigators, a toolkit to support the implementation of the model across care settings.

Conclusion

The Transition Navigator is a promising intervention to support continuity of care from the perspective of youth, caregivers, and navigators. Engagement of these stakeholders is essential in both co-design and evaluation of this intervention to ensure the final model is effective, relevant, and highly adaptable across youth mental health transition points.

Moving Away From Ableism: Creating Accessibility In Youth Mental Health Research

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 677

Mx. Gurvaan Mann (Foundry), Mx. Joshua Rasalan (Foundry), Ms. Seren Friskie (Foundry), Ms. Sukhdeep Jassar (Foundry), Ms. Toni Carlton (Foundry), Dr. Karen Tee (Foundry)

Introduction:

The Centers for Disease Control and Prevention (CDC) defines disability as a condition that significantly impairs or limits one's ability to function in their daily life (2020). Globally, 190 million individuals aged 15 and beyond were documented to experience disability in 2021 (World Health Association, 2021). Despite a significant rate of individuals experiencing disability, youth mental health research is often inaccessible as its methodology is often geared towards nondisabled individuals. This includes the co-design of research questions, study design, recruitment, and sharing of knowledge. This creates barriers for diverse young people to participate in research and show up in ways that are not generalized and intended for a non-disabled person. Without incorporating accessible research methodologies and acknowledging ableism, there is a risk for lack of representation and inaccuracy in the data gathered. Through co-creation, consultation, and intentional implementation of accessibility measures in all parts of the research design and implementation, the inclusion of disabled and/or neurodivergent individuals can be done in a meaningful way.

Objectives:

Moving away from non-Western models and a non medical model approach of disability, we hope to examine the methods in which accessibility can be established in youth mental health research, while acknowledging the systemic impacts of ableism.

Methods:

We have consulted with disabled youth community advocates in understanding what accessibility measures could be implemented, and how ableism has appeared in youth mental health research and care. We also examined past internal studies, at Foundry, that implemented greater accessibility measures.

Results/Policy Implications:

In sharing the findings of the consultations and discussions from youth with lived expertise, in a table top discussion, we hope to promote greater accessibility in the way that youth mental health research is conducted, allowing for the experiences of disabled youth to accurately be represented.

Conclusion:

The lack of co-creation in youth mental health had led to many disabled and neurodivergent people further being oppressed and harmed, having to fit into the standards of non-disabled individuals in order to have representation (Bogard & Dunn, 2019). This round table will highlight the lack of meaningful or safe recruitment for disabled individuals in youth mental health research studies, putting at risk the opportunity to understand disabled individuals' experiences. The roundtable will highlight the challenges of neurodivergent and/or disabled individuals having to abide by abled ways, and we will propose solutions for research to be more accessible, allowing for those voices to be better represented. As there is a greater movement towards accessibility in the youth mental health space, allowing for the implementation of accessible research procedures is essential for all youth to engage in full and meaningful ways.

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Queer in the Classroom: From Surviving to Queer Thriving

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 679

Mx. Iylah Neves (St. Joesph's Health Care, London ON), Dr. Renee Hunt (St. Joesph's Health Care, London ON), Ms. Melissa Taylor-Gates (St. Joesph's Health Care, London ON), Dr. Arlene MacDougall (St. Joesph's Health Care, London ON)

Introduction

Queer identified youth face disproportionate rates of mental health struggles compared to their cisgender, heterosexual peers, and current interventions are often not providing the level of support needed to make real, substantial change for this vulnerable community. The current structure of western education which operates on the assumption of cisgender, heterosexual pupils creates an intense experience of isolation that leaves queer children looking into their school, and out into the world beyond it, and seeing no place for them. Having access to learning spaces that make it unequivocally, unconditionally clear to queer youth that they are not just welcomed but embraced and celebrated exactly as they are holds strong potential to combat the mentally ill health that is so common in this demographic. Queer youth need the radical changed proposed by research to have a chance to learn and grow in the safe, healthy, supportive environment they need to prosper – A chance all students have a right to.

Objectives

The objective of the Queer in the Classroom project is to synthesize the field of literature focused on supporting the mental wellbeing of LGBTQ+ students in education and using it as a foundation underlying a training tool that disseminates that knowledge to educators. This tool will feature innovative models of inclusivity that allow teachers to better understand and address the unique psychosocial needs of LGBTQ+ youth. These models take inspiration from decades of queer theory which outlines the ways that normative schemas of development fail to recognize the progress of queer youth, critiques the shortcomings of existing pedagogical methodologies of support which so often center victimization and queer suffering and promote individualist solutions, and applies a lens of minority stress theory to recognize the links between these ideas and the mental health epidemic facing queer youth.

Methods

Content of Queer in the Classroom will be initially developed based on the outcomes of a scoping review assessing LGBTQ+ youth and the school environment as it relates to their mental health. Interviews conducted with LGBTQ+ youth, parents, and educators will be used to write a qualitative synthesis which will further refine the final content of the tool to ensure that real world experience is also reflected in the training.

Results / Conclusions

Results suggest the need for a shifting pedagogical approach that seeks to celebrate queer classroom diversity, rather than focusing on the hardship that may befall queer identified students. The tool will move beyond simple tolerance toward genuine acceptance and affirmation of LGBTQ+ youth in the classroom.

Implications for Care

Queer in the Classroom holds great significance to the methodology implemented by educators to support the LGBTQ+ youth they interact with. By developing a succinct format to gain insight from decades of literature, Queer in the Classroom will position teachers to make meaningful change to their pedagogical practice and build truly inclusive classrooms.

Unique Challenges of Refugee Youth and Considerations in Mental Health Prevention and Promotion

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 683

Ms. Lauren Iuliani (Frayme), Ms. Hajar Seiyad (Frayme)

Introduction or rationale

Canada is a leader in the resettlement of refugees, granting asylum to over one million refugees since 1980. Approximately 40% of the refugees entering Canada each year are under the age of 25, many having undergone traumatic pre-migration experiences. Further, research has shown that after arriving in Canada, refugee mental health tends to decline on average.

Frayme is a national Canadian-based knowledge mobilization network in Youth Mental Health (YMH), connecting over 350+ partners. Through Frayme's Fellowship program for youth with lived experience, our work aimed to identify unique challenges of refugee YMH programming. The paucity of Canadian academic literature focusing on refugee YMH results in gaps in access to appropriate mental health, educational, and resettlement services.

Objectives (of project and/or research)

Our project served a dual purpose. Our first objective was to create a synthesis of Canadian research regarding the current landscape of refugee youth and settlement-related stressors, with a focus on the integration of youth lived experience.

Our second goal was to create a short-term knowledge mobilization strategy to scale out our report to be shared with community organizations and youth-facing groups to ensure greater knowledge to action translation. Our presentation at IAYMH would fit into this broader goal.

Methods or approach

We believe that all three of these forms of evidence (lived expertise, research, and best practices) provide different and equally valuable insights. In our literature review, we considered both peer-reviewed academic articles, as well as articles written by community organizations informed by the contributions of youth. To better understand the experiences of youth refugees, we conducted a semi-structured interview by speaking to a community-based organization that serves refugees and victims of torture.

Results or practice/policy implications

Below are key policy themes that have emerged from our research:

- Fostering cross-sectoral partnerships amongst settlement and health sectors, academia, and community-based agencies
- Implementing community development programs that promote community building and youth as agents of change
- Addressing that refugee youth are taking on adult responsibilities (e.g., caring for younger siblings) due to parentification
- Tailoring mental health services for youth with lived experiences of trauma
- Integrating anti-racism/anti-oppression frameworks into mental health care to promote cultural humility and safety
- Investing in greater socially connected communities that promote knowledge sharing and youth networking within various refugee and Indigenous communities across Turtle Island (Canada)

Conclusion

After conducting a literature review of existing Canadian research and triangulating evidence from a Toronto community-based organization, six key themes within refugee YMH prevention and promotion emerged: (1) linguistic barriers, (2) issues with funding models and lack of cross-sectoral partnerships, (3) parentification, (4) the need for culturally-competent care, (5) the need for trauma-informed care, and (6) academic issues due to lack of services.

Our product unveiled this area to be an under-researched and under-resourced sector within YMH. The implications of our product are twofold: 1) We can inform global YMH services within emerging refugee contexts; 2) Provide a method to tangibly integrate lived/living expertise with academic & community-based evidence worldwide.

Youth Engagement as the “Centre” of Excellence in Alberta

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 685

Ms. Alexandra San Diego (Kickstand), Mx. Rachal Pattison (Kickstand), Ms. Katherine Hay (Kickstand)

Young people in the province of Alberta, Canada are among the most underserved populations when it comes to mental health and addictions challenges, and not for lack of evidence-based treatments. The problem is the lack of integration among existing services, making it hard for young people and families/caregivers to know which door to walk through. In 2020, following a period of consultation with diverse stakeholders across Alberta, an integrated youth health service was conceptualized as Alberta Integrated Youth Services Initiative (AB-IYSI). The Alberta Integrated Youth Services Initiative (now known as Kickstand) was created to help young people find help more easily by coordinating and connecting a variety of services in a single location.

Our effort to engage with young people and their families and caregivers coincides with the increasing calls for research and service organizations to consult with people with relevant lived experiences (Hawke et al., 2020; Ontario Centre of Excellence for Child and Youth Mental Health, 2016). Doing so serves to empower and support young people in becoming partners and valued contributors to our integrated youth services initiative here in Alberta. Furthermore, research shows a positive impact when young people are treated as important stakeholders in issues that affect them. Youth engagement has been shown to reduce risk for suicidal ideation in youth (Armstrong & Manion, 2015). Research shows that any meaningful youth engagement framework or approach needs to incorporate the concept of shared decision making. Shared decision making (SDM) is defined as the “process by which health care providers and health care users collaborate and share knowledge with each other to come to decisions about the care provided” (Guinaudie et al., 2020). When young people are engaged in decision-making, evidence suggests that they feel connected to their school environment and community, they build relationships with their peers and adults, and they learn new skills. They are more likely to make healthy decisions, have healthy behaviors and take fewer unhealthy risks. (JCSH, 2005).

It is our hope that the on-going commitment to youth engagement and SDM in our vision for integrated youth services will have a continued positive impact on the youth we engage and who use our service. This oral presentation aims to present our Youth Engagement Framework – a living document that includes our youth engagement values, measurement & evaluation plan, and our youth engagement strategic priorities and action plan. It also aims to demonstrate how this framework has been applied in practice while measuring need for IYS in Alberta, building our brand name, co-creating e-mental health interventions, and constructing our virtual clinic alongside our young people.

Substance misuse amongst medical students: a scoping review of the literature.

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 686

Dr. Eimear O'Neill (HSE), Dr. Kate Irvine (HSE), Dr. Christopher Mohan (HSE), Prof. Mary Cannon (Royal College of Surgeons in Ireland)

Introduction: Students within medical courses are intelligent, motivated and dedicated individuals. Such disciplined students inspire confidence in others which prepares them for their future roles as leaders and managers within healthcare. The many advantageous personality traits and learned behaviors which make medical students so respected do, however, have an impact on their social and emotional wellbeing. A demanding student lifestyle can increase the risk that students will resort to harmful coping mechanisms in order to perform, relax or to avoid their daily stress. The consequences of increased stress in medical students can include increased abuse of substances and poorer patient care. Risk factors for reduced stress coping and substance misuse need to be highlighted in this cohort of students who are not considered to be vulnerable by society and yet struggle with many occupational and personal pressures.

Objectives:

- To complete a scoping review of relevant literature on substance misuse by medical students.
- To summarize and interpret the particular demographics and reasons for substance abuse in medical students worldwide.

Methods:

Completion of scoping review via key word search of relevant databases including pubmed, psychINFO, MEDLINE and grey literature search using OpenGrey and hand searches of bibliographies.

Results:

Medical students can be vulnerable to the misuse of substances, including legal substances, illicit substances or prescription medications. The reasons for substance misuse are variable, ranging from experimentation and peer pressure to self-treatment with a prioritization towards aiding study. A literature review by Roncero and colleagues (2015) found that the use of stimulants increases with increasing academic demand; as well as studies that have reported an increase in stimulants by medical students prior to exams. There are variations in levels of drug use according to sex and culture of medical students worldwide. The increasing knowledge acquired in medical school regarding medical conditions and treatment options may be a contributing factor to medical students self-diagnosing and treating themselves. Ease of access to substances and social acceptability may be important factors to consider in the misuse of substances by medical students including alcohol, cigarettes and cannabis.

The consequences of misusing substances, such as alcohol, are far-reaching, with an increased tendency toward illness, relationship difficulties, deterioration in coursework, risky behaviors, and drug misuse. These findings are of concern, as students with problematic substance misuse, are impacted in their decision making, and in how they will counsel patients with addiction. Evidence shows that drug dependent physicians are more likely to over prescribe.

Conclusion:

Stress may lead to medical students engaging in unhealthy lifestyle habits and a concerning trend among medical students is a higher prevalence of using any substance over their lifetime compared to the general population. The main reason reported for medical students using substances is to self-medicate rather than for

recreational use. Promoting and ensuring the integration of healthy behavior and appropriate coping mechanisms into the medical school curriculum, that are culturally specific, will have a beneficial effect in supporting healthy healthcare professionals which will ultimately improve patient care and outcomes.

Impact of peer support in an integrated youth health service organization: Service mapping data from 2018-2022

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 687

Ms. Paige Lougheed (Foundry Central Office), Mr. Rick Dubras (Foundry Central Office), Ms. Tamara Throssell (Foundry), Dr. Skye Barbic (Foundry), Dr. Karen Tee (Foundry)

Introduction: Youth peer support services are one of five core integrated youth service streams offered at Foundry centres across British Columbia, Canada. Peer support services can be accessed along every level of Foundry's Integrated Stepped Care Model. Peer support is often accessed by youth in collaboration with mental health, substance use, physical health, and social services. Peer supporters are integrated members of the clinical team and often act as the first point of contact for youth seeking services within their local Foundry centre. Over the past three years, we have seen an evolution of peer support services in Foundry centres regarding the numbers of unique youth accessing peer services.

Objectives: Many youth at Foundry centres have reported that the sharing of lived and/or living experience resonates with them. One option to quantify these sentiments is by assessing service utilization patterns for peer support. As such, the objectives of this study are to: (1) demonstrate the 3-year impact and range of peer services in diverse communities including rural/remote, suburban, and urban communities; and (2) describe the potential for peer support services to bridge to other service streams offered within Foundry centres and community-based services that are relevant to youth and families.

Methods or Approach: Using data that have been collected through the Toolbox database (a centralized data capture system available at each centre across the Foundry network), we descriptively analyzed service utilization patterns of peer support services over the past three years (April 24th 2018 – January 31st, 2022) from 11 communities and our provincial virtual care service.

Results or Practice/Policy Implications: The total number of unique youth accessing peer support from April 24th, 2018 to January 31st 2022 was 3521. The data strongly demonstrate that youth peer support services are accessed at a high rate across all Foundry centres and often in conjunction with other services.

Conclusion: The results of our data show that peer support is an integral service stream within the Foundry model and there has been an uptake in the number of youth accessing peer services as Foundry centres have evolved. These data support anecdotal evidence from many young people and their families that peer supporters are effective at building rapport and modelling peer values of hope and recovery, thus supporting overarching treatment goals and care experiences.

Peer Support Workers: Perceptions and Experience with Youth in Mental Health Recovery

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 688

Dr. Srividya Iyer (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Dr. Dan Devoe (University of Calgary), Dr. Scott Patten (University of Calgary), Ms. Pauline Macpherson (University of Calgary), Ms. Emma Cullen (University of Calgary), Dr. Jai Shah (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Dr. Gina Dimitropoulos (University of Calgary)

Introduction: Mental health concerns that may include problematic substance use, typically arise in adolescence and young adulthood. Research demonstrates youth who seek help often experience long wait lists and lack of quality care, resulting in disengagement from mental health services. ACCESS Open Minds (AOM), a Canadian national research project, aims to improve youth mental health by increasing accessibility of services. One way this is achieved is through peer support which involves an individual with lived experience (a peer support worker) who assists a peer with navigating their recovery journey. Peer support workers (PSWs) can also help youth navigate the mental health system and available resources.

Objective: The objective of this study was to explore PSWs' experiences engaging youth in mental health services as well as their perceptions of the facilitators and barriers to peer support work with youth.

Methods: Qualitative interviews with twelve participants were conducted from February 2020-March 2021 at AOM locations across three provinces in Canada. Interviews were transcribed verbatim. Thematic analysis was used to extrapolate and analyze patterns in the data using NVivo version 12.

Results: PSWs identified barriers within provincial healthcare systems that hinder service delivery to youth such as isolation from other mental health and a lack of understanding by clinicians and youth accessing the service regarding the role of peer support work. Engaging youth prior to readiness to care and information overload were identified as additional barriers. Collaboration between PSWs and mental health clinicians facilitated service delivery, while incorporating recreation, and building resilience and self-determination by PSWs increased engagement in services.

Conclusion: Peer support workers should be considered a key part of youths' circle of care. In addition, clinicians require education and guidance on how to incorporate youth peer support into clinical care.

Peers leading peers: An environmental scan of peer support-led initiatives across the Foundry network

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 691

Ms. Paige Lougheed (Foundry Central Office), Mr. Rick Dubras (Foundry Central Office), Ms. Tamara Throssell (Foundry), Dr. Skye Barbic (Foundry), Dr. Karen Tee (Foundry)

Introduction: Peer support is a practice founded on values of self-determination, hope, recovery, and a mutual agreement of what is helpful (as listed by Peer Support Canada). Formalization and integration of peer support services into Foundry centres as one of five core service streams has yielded unique results where peers have been able to create and offer peer support services beyond the traditional one-to-one medical model.

Objective: To describe how peer supporters within the Foundry network have demonstrated a commitment to peer values and leadership through the development of several peer-led initiatives in the form of groups and written educational materials.

Method/Approach: Using an environmental scan, we engaged peer supporters through our community of practice to identify peer-led initiatives across the network of 11 Foundry communities and our provincial virtual care service.

Results: These 3 initiatives include groups such as the Beauty of Life in Psychosis (BLIP) group from Foundry Virtual BC, the “Parents like us: The unofficial survival guide to parenting a young person with a substance use disorder” handbook published by Family Peer Supporters at Foundry Victoria, and cross-collaborative programs across centres in different geographic regions such as “Drag Night” produced in collaboration with Foundry Virtual BC and Foundry Penticton. These initiatives have been met with high engagement from young people and caregivers, measured by high and repeat attendance and invitations to present the innovations across the network and at national conferences.

Conclusion: What makes these initiatives unique is that they were initiated and carried out organically by peers in response to their local community needs and are grounded in values of sharing lived and living experience to demonstrate values of hope and recovery. The community of practice at Foundry allows for rapid sharing of learning among peer supporters, ongoing quality improvement efforts, and opportunities to maximize the participation of diverse young people and families across the province.

Using the science of implementation for the art of supporting youth mental health

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 692

Dr. Natasha Marston (headspace National Mental Health Foundation), Dr. Nick Duigan (headspace)

Introduction

The headspace vision that all young Australians are supported to be mentally healthy is ambitious and unifies staff in their passion to improve mental health via best practice. The size of the headspace network (150+ centres) and volume of mental health services provided by a diverse workforce offers scope to achieve this vision. Paradoxically, these same characteristics challenge the task of delivering training and resources to clinical staff in centres, at scale, and across many varied settings. Research demonstrates that disseminating knowledge about mental health interventions alone is not sufficient for sustained change to practice. New methods to support evidence and practice integration, shortening the research practice gap and delivering meaningful outcomes for young people are needed.

Objectives

We aimed to translate implementation theory into service planning and delivery in a national youth mental health context, to strengthen practices and enable responsive, needs-based service development approach.

This presentation will:

- discuss how the national Clinical Practice team at headspace applied implementation science theory, systematically and at scale, to meet varied needs, interests, and capacities of clinical leaders in their oversight and delivery of youth mental health services in centres
- describe how we have incorporated diverse perspectives and practice wisdom into support offerings and the associated resource and training packages

Approach

We comprehensively reviewed and aligned the Clinical Practice workplan with an integrated system framework to identify scope, influence, gaps, and opportunities. Our conceptual model provides structure for organising core activities by functional domains including:

- knowledge generation
- evidence synthesis / dissemination
- capacity building
- motivation / buy in

Program logic explains how planned activities contribute to outcomes, guiding deliverables and evaluation.

Implications

Support activities developed in accordance with the conceptual framework have been trialled for 9 months. Preliminary findings from the service and practice development domain will be presented to illustrate feasibility, acceptability, and implication for practice.

Strategies to build capacity for change within service and practice development included providing:

- access to tools needed for knowledge transfer (e.g., guides)
- practical skills training in using data, implementation, and evaluation
- technical support via individual consultations, and showcasing innovative practice of youth mental health service delivery with interactive webinars

Early findings indicate that 94 centres (67%) registered for one or more service and practice development offering. >90% of attendees agreed that activities are acceptable, relevant, and beneficial to practice.

Conclusion

Preliminary findings suggest our approach is experienced as useful and supportive. Not only has our changed practice helped the Clinical Practice team to better articulate what we provide to support clinical services in centres, but it directly models an evidence-informed approach incorporating aspects of readiness and capacity building that centres can draw upon as they improve evidence to practice integration. headspace services are required to continually adapt and improve their service offerings; taking an implementation science informed approach to providing care of youth mental health reinforce the importance and value in considering the “how” as well as the “what” when working to strengthen outcomes.

Predicting mental illness from birth to adulthood: the PRE-EMPT Centre for Research Excellence in precision psychiatry

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 695

Dr. Dom Dwyer (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Scott Clark (University of Adelaide), Prof. Nikolaos Koutsouleris (LMU, Munich), Prof. Ash Lin (Telethon Kids Institute), Prof. Patrick McGorry (Orygen and Centre for Youth Mental Health, The University of Melbourne), Prof. Christel Middeldorp (The University of Queensland), Dr. JTW Wigman (UMC Groningen), Prof. Stephen Wood (Orygen), Prof. Alison Yung (School of Medicine, Deakin University), Dr. Barnaby Nelson (Orygen), Ms. Ann Ee Ching (Orygen)

RATIONALE: A topic of considerable current interest in psychiatry is machine learning (ML) because there is promise that the field may deliver quantitative clinical tools to enhance diagnostic, prognostic, and treatment selection accuracy. In youth, these aims are especially relevant because of the opportunity to identify individuals at-risk of mental illness and intervene as early as possible to reduce the possibility of lifelong impairment. Research thus far has commonly been separated into paediatric (e.g., autism) and youth (e.g., psychosis) predictions, however, there is growing recognition that biological, psychological, social, and environmental risk in youth accumulates from birth to the first presentation of illness. The question now is: how early can we identify youth who are most at-risk?

OBJECTIVES: Our aim is to introduce a new Centre for Research Excellence called PRE-EMPT (“Prediction of Early Mental Disorder and Preventative Treatment”) that will facilitate cross-disciplinary action towards building statistical models to pre-empt illness at the earliest life stages using advanced ML techniques. In doing so, we will cover a number of critical points of interest to a youth-focussed audience by providing: a) an accessible introduction to ML based on our educational programmes; b) an outline of evidence for its potential from international consortia involved in the Centre (e.g., PRONIA); c) an overview of how child and adolescent ML fields are complimentary and could be integrated; and d) a critical appraisal of the benefits and risks of such an approach.

RESULTS: Results will be presented from Centre participants demonstrating accuracies in predicting psychosis outcomes in youth upwards of 70% across different international contexts. Presentation of the first scoping review published in childhood and adolescence will highlight how a developmental perspective may enhance these predictions within PRE-EMPT via access to large-scale developmental cohorts and cross-disciplinary collaboration. A review of translational and ethical challenges identified by the Centre will contextualise future directions and highlight the need for youth engagement at all stages of development and deployment.

CONCLUSIONS: Personalised prediction across the lifespan could improve psychiatric practice and services by targeting individuals who are most at-risk and directing services as early as possible. Cross-disciplinary action will achieve this important goal to expand the scope of the early intervention paradigm. Youth engagement in this process will be particularly important to balance risks and benefits.

Young people's experiences of being offered clozapine for psychosis – a qualitative study

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 699

Ms. Emily Painter (Orygen), Ms. Ivana Dzafic (Orygen), Mrs. Sarah Herniman (Orygen), Ms. Magdalene de Rozario (Orygen), Prof. Sarah Bendall (Orygen), Prof. Stephen Wood (Orygen), Prof. Andrew Thompson (Orygen, Parkville, VIC 3052, Australia)

Introduction/Rationale:

First-line antipsychotic treatments are ineffective for up to one third of people with schizophrenia. For this population, a different antipsychotic called clozapine is recommended. This medication has been found to be significantly under-prescribed, meaning the people that would benefit from clozapine generally don't get offered it. For those who are eventually offered clozapine, there tends to be a time-lag of 5 years resulting in prolonged suffering with psychotic symptoms. Despite clozapine's superior efficacy, it has the potential for serious and life-threatening side effects. To avoid this and detect complications early, those commencing clozapine often require hospitalisation at the start of treatment, as well as regular blood tests. For these reasons and more, clozapine continues to be seen as a last resort drug, despite the fact that many people with schizophrenia benefit greatly from it and even achieve full remission. Previous research has focused on primarily physician perspectives on the issues involved in prescribing clozapine, or perspectives of adult clients. Therefore a youth lived experience understanding is missing.

Objectives:

This study aims to shine a different light on this complex situation by centring the patient experience in early intervention settings, therefore focusing on and uncovering the perspectives of young people with schizophrenia who are in the process of considering clozapine.

Method:

Our study will recruit 10-20 young people who have recently had discussions with their treating team around the possibility of commencing clozapine treatment. Participants will take part in an interview where they will be asked broad questions and prompted to describe their experiences in detail. The interviews will be thoroughly analysed for common themes, with the aim to better understand what it is like for young people to be offered clozapine, what it's like to make a decision about clozapine, and the barriers and facilitators to beginning this treatment.

Practice/Policy Implications:

The results of this study may have broad implications beyond the area of concern. It will give space for lived experience perspectives pertaining to medication, changing medication, how medication not working is lived and felt, and how discussions with mental health professionals around this are lived and felt too. Having a better understanding of patient experience in this area may inform prescribers' practices and, in turn, better meet the needs of young people with schizophrenia.

Conclusion:

Perspectives from patients/consumers themselves are very often underrepresented in research literature and research questions. We hope the process of conceptualising this study as well as its initial analysis results will inspire others in the research space to consider where they might be missing key lived experiences in relation to their research problem.

Staff at the centre with youth in IYS

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 707

Mx. Lisa Lachance (Dalhousie University)

The majority of children and adolescents do not receive needed mental health treatments in Canada, with only an estimated 25% of youth affected getting the help they require (Lyon & Bruns, 2019; Mental Health Commission of Canada, 2017). There are a variety of Integrated Youth Services (IYS) initiatives being implemented across Canada to support youth mental health (Hetrick et al, 2017; Malla et al, 2018; Salt, Parker, Ramage & Scott, 2017). IYS initiatives seek to overcome common service barriers by centring youth engagement and peer support, thus valuing lived experience as a source of knowledge and acknowledging structural oppressions that affect social determinants of health.

Objectives

How do staff experience working in IYS? This research builds from the experience of staff to understand the concepts of knowledge and power in IYS.

Methods

Institutional Ethnography (IE) grounds itself in the lived work experience of individuals and uses this understanding – gained through methods that include observations, interviews, and the analysis of key workplace texts and documents – to understand how social relations and power are working within institutions (Smith, 2005). Institutional Ethnography approaches were underpinned by a theoretical basis in post-structural and intersectional theory (Foucault, 1980; Hill Collins & Bilge, 2016). 19 interviews were completed, with limited ethnographic observations, as well as review of key coordinating institutional texts.

Results

11 interview participants were IYS front line staff that described their everyday work in IYS, six participants were managers who shared their perspectives on the work of staff in IYS and two participants provided direct clinical services. The data is analyzed using the key differentiating aspects of Institutional Ethnography to map and index the institutional relations that develop in their work (Smith 2005). The data is used to identify how staff undertake a generous conception of work in their roles, and then how daily work activities coordinate and are coordinated into ruling relations within the institution.

Data collection was undertaken during the early days of Covid. Ethnographical observations were no longer possible, and 17/19 interviews took place from peoples' homes. More intimate reflection, may have been able to focus on key elements on what defines the IYS experience, from their experience and from their perceptions of youth

Conclusion

IYS models conceptually and figuratively purport to place youth at the centre of the model. Yet, his research demonstrates that the institution in IYS models maintains most of its traditional power to set priorities, determine service models, and allocate power, influenced by the broader research and evaluation environment that addresses issues like youth engagement. In the ruling relations that are created in accessing and providing IYS, youth do gain increased sources of power within institutions, but not as much as might be expected. Staff do not gain new power but are deeply involved in the exchange of power, and thus are sometimes able to address broader issues of inequity and oppression through attention to the SDOH. This understanding of where power lies can inform IYS implementation and management.

Aboriginal and Torres Strait Islander youth participation in an online world

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 708

Ms. Karinda Eggington (headspace National)

There have always been challenges with engaging Aboriginal and Torres Strait Islander young people appropriately using western frameworks of participation in Australia.

Over the last two years, with the impacts of COVID-19 on in-person engagement, these challenges have been compounded as the relationship and trust building necessary for meaningful participation of Aboriginal and Torres Strait Islander young people has moved online.

In this tabletop presentation we share a case study of Aboriginal and Torres Strait Islander young people participation in an online world through the learnings that emerged from the development and evaluation of the *Take A Step* campaign. The campaign was developed by headspace (Australia's youth mental health foundation) and five Aboriginal young people from around Australia, who formed the Aboriginal and Torres Strait Islander Youth Reference Group, known as the Wominjeka Reference Group.

The development of the campaign was underpinned by our recognition that culturally safe online spaces are key to building strong culturally supported online relationships. These relationships are necessary for long term engagement and collaboration with Aboriginal and Torres Strait Islander young people.

Aboriginal and Torres Strait Islander participation advisors at headspace National successfully pivoted in the way we engaged with Aboriginal and Torres Strait Islander young people, as evidenced in the success of the campaign. Strong relationships between headspace National and Aboriginal and Torres Strait Islander young people were critical to sustained youth engagement over a two-year period.

The proposed tabletop discussion centres on the lessons learned from the development and evaluation of the *Take A Step* campaign, and how these lessons can be of wider value to Aboriginal and Torres Strait Islander youth participation in the mental health sector and in an increasingly online world.

Connecting an early psychosis workforce in a Covid affected world

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 716

Ms. Helen Nicoll (Orygen, Parkville, VIC 3052, Australia), Dr. Shona Francey (Orygen), Mrs. Heather Stavely (Orygen)

Introduction

Orygen's role in supporting the Australian Early Psychosis Program (AEPP) includes workforce development and training. Prior to the global COVID pandemic, this took place in face to face settings in sites across Australia. The team recognised the need to reinvent the way activity was conducted and teams were supported.

Objective

To deliver training, develop a clinician network and support the early psychosis workforce during the global pandemic that prevented face-to-face activities.

Method

As clinicians were quickly adapting to models of care through interactive modalities, a strategy was developed to initiate a way of connecting clinicians. A blended learning approach was adopted, incorporating sharing support resources for clinicians in managing risk online, and developing online training and discussion events. Multi-site workshops and interactive events were developed and delivered providing an avenue of support to clinicians and increasing activity and engagement with the AEPP hub where a range of resources and activities were available.

Results

The online AEPP hub was used as a central point for training, online events and other workforce development activity. Engagement was measured by:

- Enrollment in multi-site online workshops;
- Engagement with events (chinwag);
- Log ins;
- Comments on the forum;
- Downloads; and
- Completion of online training modules.

Summary

Clinicians from Australia's Early Psychosis program were offered a range of activities across modalities to increase their support, connection, skills and knowledge during a period of time where it became increasingly difficult to share information in face to face settings. Data alongside quantitative information and evaluation was collected to understand if the strategy was successful.

Conclusion

A blended interactive learning strategy that incorporates multi-site interactive workshops, online events and an online HUB' has been successful in connecting an early psychosis workforce and increasing engagement with each other via interactive modalities in a world unable to connect face to face.

Facilitating the process of implementing a trauma and PTSD screening tool in a youth mental health service.

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 721

Ms. Kirsty Jacobs (headspace)

Orygen's Knowledge Translation (KT) division focuses on growing the capacity of Australia's systems, services and professionals who support young people with emerging and existing mental ill-health. From this division youth mental health services across Australia can request support to train, consult, and/or facilitate change through utilising implementation strategies.

This project focused on the implementation of evidence-based practices and programs in the 'real world', broadly facilitating discussions and training around trauma informed care, and more specifically implementation of a trauma and PTSD screening tool. Generally, issues with implementation come from a lack of competence, confidence or consistency and this project aimed to provide support for a specific youth mental health service to target these areas to ensure sustainability.

Objectives (of project and/or research)

The objectives of this project were to explore and prepare a youth mental health service in regional Victoria to deliver trauma informed care training to their team and wider partners, identify any gaps in service provision from a trauma informed care perspective, to decide what was needed, to build staff capability and develop infrastructure to support implementation of a trauma and PTSD screening tool.

Methods or approach

After negotiation with the regional youth mental health service, they identified that a priority area was to deliver training for trauma informed care with six support sessions following this to identify gaps, explore options and assist with the implementation of specific intervention seen as a gap within their service. Specifically, the youth mental health team were able to identify the lack of consistency in initial screening for trauma and PTSD as a focus for them to further explore and implement consistently in their service.

The clinical educator from the Orygen KT team facilitated sessions with their whole team to review tools; decide which (if any), were suitable for their youth mental health service; develop an adapted version; consult with youth participation groups to review content; provide guidance around research findings from other young people's experiences of completing these tools, and trial their use in the service.

Results or practice/policy implications

Whilst it is well documented, clinicians are still reluctant to ask young people about their trauma experiences due to fear of distressing or destabilising them, this implementation process has allowed the youth mental health team to be involved in a change management process to increase confidence. They were able to develop their understanding of the process as well as the evidence behind it and this allowed them to be part of the process from inception, thereby ensuring that it became a shared agreement by all of the team to make this process a core component of care within their service delivery model.

Conclusion

Youth mental health services aim to be trauma informed in the delivery of care. As part of this care, young people should be routinely screened about possible trauma experiences. This presentation provides one example of how the implementation process can occur in order for clinicians to feel comfortable, skilled and able to sensitively screen for trauma experiences.

Creating a novel way of sharing information through a 'chinwag' event.

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 724

Ms. Helen Nicoll (Orygen, Parkville, VIC 3052, Australia), Mrs. Heather Stavelly (Orygen), Mr. Ben Ramcharan (Orygen), Ms. Paige Atwood (Orygen), Dr. Shona Francey (Orygen)

Introduction

Orygen's role in supporting the Australian Early Psychosis Program (AEPP) includes workforce development through an online HUB. Information was gathered to understand how busy clinicians are able to engage with information shared on the HUB and how best to increase engagement and interest in specific themes. The idea of an online chat function was developed and how best this could be used.

Objectives

To develop an innovative online event (chinwag) that enables clinicians to discuss relevant themes within the Australian Early Psychosis Program online HUB with the help of a 'presenter' and the ability to ask clinical questions.

Method

A survey of the HUB by Deakin University freelancing HUB project explored the possibility of creating an innovative event where clinicians across Australia can have a 'chinwag' with experts and other clinicians working clinically or in research roles in the early psychosis program across Australia. This event was planned within the hub and had the capability for participants to ask questions through an online chat. Some of the themes covered have included:

- Gender diversity;
- Risk management in Early Psychosis;
- Autism spectrum disorder and early psychosis; and
- Sexual and physical health.

The event is planned to reach as many people in different time zones as possible but also with an opportunity to watch in your own time.

Results

Data collected has shown that clinicians are accessing the event both in real time and as a 'catch up'. Evaluation results are favourable with qualitative feedback suggesting that this is an acceptable way of sharing and discussing relevant information.

Conclusion

The online 'chinwag' is an informal way of sharing relevant clinical information and enables participants to have access to a range of new themes via an online platform.

Understanding the mental health nursing workforce in Australia

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 728

Ms. Helen Nicoll (Orygen, Parkville, VIC 3052, Australia), Dr. Isabel Zbukvic (Orygen; Centre for Youth Mental Health, The University of Melbourne), Ms. Desiree Smith (Orygen), Ms. Caroline Crlenjak (Orygen), Prof. Rosemary Purcell (Orygen), Prof. Patrick McGorry (Orygen and Centre for Youth Mental Health, The University of Melbourne)

Project background/ Introduction

Orygen's knowledge translation team concentrates on growing the capacity of Australia's systems, services, and professionals who support young people with emerging and existing mental ill health.

This project focused on the workforce development needs of the youth mental health nursing workforce in Australia and looked at how best to improve the skills, knowledge and support of mental health nurses. , The aim is to empower mental health nurses to have a stronger sense of identity and to increase their skills and knowledge of evidence-based psycho-social interventions.

Project rationale – Why Mental health nurses?

There is an acknowledgement of the shortage of experienced clinicians working in mental health settings both in primary and tertiary settings in Australia. There is a constant sense of frustration from clinical mental health teams due to the difficulty in retaining a clinically experienced workforce. In Australia, nurses are trained with a physical/ general health focus and do not identify or work as mental health nurses until they have either completed further post-graduate study with a mental health focus or had clinical mental health experience.

To address the gap for nurses in Australia, Orygen is considering how to support this workforce, how to address the shortage of clinicians and also how to improve the skills and knowledge of mental health nurses in the youth mental health space. The ultimate aim is to improve access and support for young people.

To do this, we devised a needs assessment to understand what the gaps in skills and knowledge were.

Method

A survey was developed and promoted in Australia and aimed to identify service- and individual-level needs related to capability, opportunity, motivation, as well as potential barriers and enablers to effective mental health nursing practice.

Measures included:

- Motivation to engage in workforce or service development;
- Current use of specific evidence-based practices;
- Needs in terms of capability, opportunity, motivation to implement change in practice/ access training; and
- Potential barriers and facilitators to effective mental health nursing.

Results

Over 90 nurses from across Australia completed the survey. Results will be presented alongside recommendations for training, professional and workforce development.

Conclusion

There is an urgent need for more skilled and experienced mental health nurses in Australia. This survey provides information to assist in building this workforce.

Substance use in early psychosis: what impact does treatment from early intervention program have?

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 729

Ms. Georgia Williams (Orygen), Dr. Ellie Brown (Orygen and Centre for Youth Mental Health, The University of Melbourne), Prof. Andrew Thompson (Orygen, Parkville, VIC 3052, Australia), Dr. Caroline Gao (Orygen), Mrs. Heather Stavely (Orygen)

Introduction/rationale:

Given the significant impact of the co-occurrence of psychotic disorders and substance use disorders (SUDs) on a young person's outcomes, early intervention programs for first episode psychosis (FEP) are in a unique position to intervene to improve outcomes in this population.

Objectives of project/research:

To explore the impact of engagement with headspace Early Psychosis service for young people with or at Ultra High Risk (UHR) for FEP on substance use at baseline and for those that remained at 6-months of treatment.

Methods/approach:

Data were collected through the headspace National Early Psychosis Minimum Data Set (MDS). Data collection has occurred since June 2017. Substance use data was collected through the Alcohol, Smoking and Substance Involvement Screening Test (ASSIST) tool. Data utilised in this study was collected at entry to service (baseline) and at 6-months.

Imputed and multivariate analysis was performed to understand the correlation between substance use and engagement in treatment within headspace Early Psychosis. Substance rates were examined for those that remained in treatment at 6-months after baseline.

Results or practice/policy implications:

Following engagement with headspace Early Psychosis for 6-months of treatment, use of all substances decreased within both FEP and UHR cohorts. The frequency of use of cannabis and amphetamine type stimulants (ATS) saw the largest decrease in both the FEP and UHR cohorts. Frequency of use of illicit substances was also reduced following 6-months of engagement with headspace Early Psychosis, with the rate of daily or weekly use decreasing across all illicit substances in both the FEP and UHR cohorts. Whilst still seeing a reduction in use, alcohol use appeared to be impacted the least. This suggests that targeted intervention for alcohol and tobacco use should be considered.

Conclusions:

Consistent with previous findings, engagement with the headspace Early Psychosis appeared to result in reduction in use of all substances at 6-months. Both the rates and frequency of use of substances appear to reduce between baseline and 6-months for those that remained in treatment.

Understanding the needs of South Asian youth accessing mental health services in British Columbia

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 739

Ms. Avneet Dhillon (Foundry, 915-1045 Howe Street, Vancouver, BC, Canada, V6Z 2A9, Occupational Science and Occupational Therapy– Faculty of Medicine University of British Columbia, 317-2194 Health Sciences Mall, Vancouver, BC, V6Z 2A9), Dr. Skye Barbic (Foundry), Ms. Emilie Mallia (Foundry)

Introduction:

Mental Health is a highly stigmatized and suppressed topic in the South Asian community. This can lead to discrimination against those who experience it (Multani 2017), acting as significant barriers to health seeking, diagnosis and treatment, further deepening the social marginalization surrounding mental health in the South Asian community.

Over the years, British Columbia (BC) Canada has become a growing home to the South Asian community with a population of 363,885, primarily concentrated in the Lower Mainland. The community encompasses a large number of different ethnic backgrounds, most commonly originating from the countries of Afghanistan, Bangladesh, Bhutan, India, Nepal, Pakistan, and Sri Lanka. Statistics Canada Community Health Survey (CHHS) defines South Asian as someone who self-identifies as having ancestors who are of South Asian ethnic background (StatCan 2016). With this increasing population of diverse backgrounds, South Asians have become the largest visible minority group in British Columbia. However, there is very little information surrounding the mental health needs of this population. This is especially true for young people.

South Asian youth face many identified barriers such as lack of education, intergenerational stigma and discrimination, and language barriers (Gadall 2010). To reduce the mental health disparities and subside the system-level barriers that the adult South Asian population faces, research tailored towards understanding the experiences of South Asian youth concerning barriers and accessibility of mental illness and mental health services in British Columbia is needed.

Objectives:

The purpose of this study is to **1)** Identify the perceived beliefs and barriers present in accessing mental health services for South Asian Youth (14-24) in British Columbia (BC), and **2)** Identify what can be done to improve access to mental health services that meet the needs of South Asian Youth in BC.

Approach:

This study will make use of mixed methods, specifically the sequential explanatory approach. This approach makes use of quantitative data analysis, which is then followed by qualitative methods to further signify the numbers and statistics. Specifically, we use a centralized data capture system called Toolbox to summarize the demographic, clinical, and health seeking characteristics of youth accessing Foundry (a youth-centred integrated health service). We will also present the results of qualitative interviews of 10-12 South Asian young people seeking care at Foundry to understand their experiences of seeking care. For the qualitative component, data will be collected through semi-structured interviews and data will be analyzed using thematic analysis.

Results:

Results for the study will be available in September, prior to the IAYMH 2022 conference.

Conclusion:

Integrated youth services across the globe must be designed to meet the diverse needs of youth who live in each community. This study will provide valuable information about the health needs of South Asian youth. This information can help tailor services at IYS and inform future youth and family engagement, evaluation, and policy efforts to optimize the health outcomes and experiences of South Asian youth in BC and beyond.

Advocacy in practice: The benefits and impact of an innovative youth-led global advocacy fellowship

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 744

Ms. Nataya Branjerdporn (Orygen and The University of Queensland), Ms. Maddison O'Grady-Lee (Orygen and University of New South Wales), Ms. Ella Gow (Orygen), Ms. Corinne Rugolo (Orygen)

• Introduction

The key ingredients and mixed-methods evaluation of a youth-led global youth advocacy fellowship supporting young people to achieve optimal mental health is a necessity for individuals, their families and communities, as well as local, national and global economies. Yet, the consensus view of young people globally is that existing mental health systems, where they exist, are generally non-responsive and inaccessible. Additionally, governments still do not allocate enough resources toward improving mental health; and when they do, it is often focused on treatment rather than prevention when system-wide reform should be addressed instead. To address the complexity and urgency of youth mental health, young people must be supported to grow into community leaders and have the ability to promote affordable, accessible and effective mental healthcare for all young people in their own country. The Orygen Global Youth Mental Health Advocacy Fellowship (the Fellowship) was developed to meet the demand for advocacy education and training. The Fellowship is a 7-month virtual program for 12-16 candidates from across the globe who are passionate about youth mental health and strive to create long-term change in the mental health landscape within their communities.

• Objectives

To explore the experiences of participation in the Fellowship and understand the impact of the Fellowship on their localised advocacy projects.

• Methods or Approach

Participants in the 2021 Orygen Global Youth Mental Health Advocacy Fellowship were interviewed. Semi-structured focus group interviews explored the benefits gained through participation in the Fellowship and the impact of the Fellowship on their advocacy project. Interviews were facilitated by an interviewer employed by Orygen Global. All focus groups were audio-recorded, transcribed and checked for validity. Thematic analysis was employed to identify common themes in the data and data was triangulated with multiple sources including online discussion board posts.

• Results or Practice/Policy implications

Seven young people, from seven unique countries (age range= 17-30 years) participated in this study. Three major benefits of the Fellowship were identified: 1) improved advocacy knowledge and skills; 2) increased confidence and experience undertaking advocacy strategies and 3) development of relationships and networks built between Fellows and the global mental health community. Three major impacts on the advocacy projects of the Fellows included: 1) clarity in the structure and details of their project plan; 2) development of innovative partnerships and 3) maturing in their identity as an advocate.

• Conclusion

The Orygen Global Youth Mental Health Advocacy Fellowship was a transformational experience. By the end of the Fellowship, participants designed a real-world advocacy project to implement in their communities. The benefits and impact indicate that tailored and comprehensive training and education on mental health advocacy can equip young people with the tools to continue effecting change in local, regional or national mental health awareness, policies and systems.

Listen to Us: A mixed-methods approach to understanding the psychosocial impact of COVID-19 on adolescents.

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 770

Dr. Kathryn Fradley (University of Sheffield), Dr. Rhianan Ellis (University of Sheffield), Prof. Kate Bennett (University of Liverpool), Dr. Liat Levita (University of Sheffield)

Introduction

Adolescents may be at risk of adverse effects due to the COVID-19 pandemic. Alongside the increased risk for developing psychopathology during adolescence (Fairchild, 2011; Paus et al., 2008), disruptions to typical development may further increase this risk. The normal developmental processes of adolescence, such as establishing personal identity, independence, and peer relationships (Albarello et al., 2018; Hay and Ashman, 2003), are likely to be disturbed due to the pandemic. Therefore, pandemic specific risk factors may have negatively impacted the psychosocial development of adolescents. However, not all individuals exposed to the same stressors will experience adverse effects (Cicchetti, 2010), thus demonstrating resilience (Galatzer-Levy et al, 2018; Masten 2011; Yule et al 2019). Hence, in addition to risk factors, it is important to identify factors that encourage the process of resilience during the COVID-19 pandemic. Therefore, alongside gathering in-depth data to share with the wider research community, this project has been designed to identify pandemic specific factors that have impacted adolescent's psychosocial development.

Objectives

To conduct a mixed-method study gathering qualitative data from adolescents aged 14-17 using semi-structured interviews, as well as quantitative data through a survey. The sample was taken from an existing panel survey we conducted one month in to the first national lockdown on the impact of Covid-19 on young people aged 13-24 (n = 2002, stratified by age, ethnicity, and deprivation index) as part of the COVID-19 Research Consortium Study (C19PRC, <https://osf.io/v2zur/wiki/home/>). Our aim is to build on this work to profile the mental health and well-being of adolescents.

Methods

Semi-structured interviews were performed to better explore and understand participants' opinions, behaviour, and experiences and has been missing from research on the impact of COVID-19 on adolescents (Ares et al., 2021; Copeland et al., 2021; Hawes et al., 2021). The interviews asked about their home life, school life, friendships, and general mood before, during and after the pandemic. We aim to collect between 30 and 64 adolescent's voices. The interviews are being analysed through grounded theory (Charmaz, 2014).

The same individuals who were interviewed, or took part in the existing panel survey, were asked to complete an additional survey. This survey contains questionnaires measuring their levels of anxiety, depression, well-being, and an online social evaluation task. Using the results from the qualitative and quantitative analysis, regressions or mixed modelling will be performed to identify key predictors of psychosocial function in adolescents throughout the pandemic.

Results

Data analysis at the time of abstract submission is not yet complete. However, three key themes are developing from the interviews: a growing closeness to family members, a change in friendships, and a sense of missingness of their education due to the pandemic.

The data gathered from this project will be made freely available to the wider research community.

Conclusion

Our project captures adolescent's dynamic experience of the pandemic and how this impacts their psychosocial development, and will identify novel resources that will be useful when managing difficulties and enhancing

resilience within young people.

How do young people want to be involved as partners in research? Co-design of participatory methods with 'hard to reach' young people

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 784

Dr. Signe Ravn (University of Melbourne), Dr. Ellie Brown (Orygen and Centre for Youth Mental Health, The University of Melbourne), Ms. Samantha Mannix (University of Melbourne), Dr. Sarah Ball (University of Melbourne), Dr. Magenta Simmons (Orygen)

Involving young people in developing relevant support services is key to ensuring that such services are both appropriate and useful. However, engaging young people in co-design may often end up favouring the most resourceful amongst this group and leave out those who may be 'hard to reach'. There are multiple reasons for why some young people experience greater barriers for participating such as a lack of social capital, perceived lack of verbal skills, a lack of familiarity with advocacy, mistrust of 'systems'. Regardless of why, this imbalance in representation is problematic for social justice reasons as well as for delivering effective services.

In this methods-focussed project we are seeking to explore how to best to engage one such 'hard to reach' population, that is, young people who have experienced disrupted school experiences and also experienced mental health challenges. Most co-design approaches focus on the development of an intervention or digital solution, whereas we are aiming to develop appropriate, participatory research methods that can pave the way for better forms of engagement in actual intervention projects. To this end, we are using a qualitative co-design methodology to engage with this group and investigate how young people like them can best be involved in research and intervention design as co-designers. Through a series of workshops and interview sessions with young people who have disrupted schooling but are engaged with youth mental health services, we ask what the optimal 'terms of engagement' are for this group. In line with co-design principles, the project offers the participants a range of options, including the option to contribute creatively (drawings, photos etc.). What unites them is the aim to identify barriers as well as drivers for young people's involvement in research and service development projects. Through this, the project offers important knowledge to be utilised in future co-design projects.

Implementation Strategies in Youth Mental Health: Lessons from the Jigsaw - the National Centre for Youth Mental Health (Ireland)

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 785

Dr. Jeff Moore (Jigsaw: the Nation Centre for Youth Mental Health (Ireland)), Mrs. Sarah Cullinan (Jigsaw, The National Centre for Youth Mental Health), Dr. Gillian O'Brien (Jigsaw: the Nation Centre for Youth Mental Health (Ireland)), Dr. Aileen O'Reilly (Jigsaw, The National Centre for Youth Mental Health), Dr. Joseph Duffy (Jigsaw: the Nation Centre for Youth Mental Health (Ireland))

Introduction

In recent years there has been an international movement to transform youth mental health services, so that access to and engagement for young people is improved. Despite increased availability of services, we know little about the implementation and sustainability of these interventions. There remains a scarcity of evidence on implementation science in youth mental health and there is a need to build a stronger evidence base for the use of specific implementation strategies.

Objectives

Jigsaw: The National Centre for Youth Mental Health (Ireland) has implemented 14 primary care youth mental health services across Ireland since 2006. Since inception, Jigsaw has engaged with the evidence based on implementation science and has employed a range of implementation strategies to promote adoption of practice and reduce variation across sites. This paper aims to describe and critically evaluate the implementation strategies used in Jigsaw services across Ireland.

Methods

Drawing on a recent taxonomy of discrete implementation strategies, senior service staff identified the main implementation strategies in the organisation (inner) context. We use implementation science reporting guidelines to name, clearly describe and outline the operationalisation of different implementation strategies in Jigsaw.

Results

We describe implementation strategies in the domains of planning, education, restructuring, and quality management. We conclude by providing a critical evaluation of these implementation strategies and their role in facilitating the adoption and sustainability of evidence-based practice in Jigsaw.

Youth Peer Support: Moving from Family Driven Youth Guided, to Youth Driven Family Guided

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 799

Ms. Krissy Dristy (The Association for Children's Mental Health (ACMH)), Mrs. Jane Shank (The Association for Children's Mental Health (ACMH))

Family Driven Youth Guided is a philosophy of care that emphasizes partnerships between families and providers and honors the importance of youth and family voice in services and supports. Family-Driven means that families have a primary decision-making role in the care of their own children as well as the policies and procedures governing care for all children in their community, state, tribe, territory and nation.

Youth-Guided means that youth/young adults are supported in becoming advocates for themselves and having a voice that is heard. Youth/Young Adult's perspective is solicited, valued, and incorporated into their care.

This presentation will provide an overview of Family Driven Youth Guided principles, focusing specifically on the Youth Peer Support service and its role in the continuum of care for youth and families.

Our presentation will focus on the following objective areas:

- Define Family Driven Youth Guided values and explain how they support family voice and choice in services and supports.
- Historical overview of FDYG and its role in the national family and youth voice movement
- Briefly define Youth Peer Support the Medicaid service
- Explain how Youth Peer Support increases youth engagement and ownership over services as they mature toward transition age.
- Demonstrate how peer supports help create a continuum from Family Driven Youth Guided, to Youth Driven Family Guided as youth age.

Training Social Work Interns to Implement a Complex Psychosocial Intervention to College Students with Mental Health Conditions: Implementation Learnings on Feasibility, Acceptability, and Appropriateness from HYPE on Campus

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 800

Dr. Michelle Mullen (University of Massachusetts Medical School), Ms. Debbie Nicolellis (University of Massachusetts Medical School)

This presentation will describe the implementation learnings of a hybrid trial II of HYPE on Campus. HYPE on Campus (HoC) is a novel adaptation of HYPE (a career development service model) that was the result of the COVID pandemic in the states. In the US, all students were sent home from their campuses to complete the 2020 spring and fall semesters remotely. Given, the high attrition rate of this college students with mental health conditions (MHC) and the low level of campus service utilization, this group of students were at a disproportionate risk of dropping out.

This presentation will describe a hybrid design trial, which aims to evaluated if HoC prevented academic disruption among young adult college students with MHC as well as evaluate the feasibility, acceptability, and appropriateness of Master-level interns providing a complex psychosocial intervention. Interns were trained in the HoC model, which includes has a manualized cognitive remediation intervention. This presentation will use the Evidence-Based System of Innovation Support (EBSIS; Wandersman, 2012) as a framework to provide learnings on refinements to educational materials, training and technical assistance, and quality assurance mechanisms, including fidelity to better meet the needs of early-career practitioners.

Feedback from young adult college students with MHC on their perspectives of MSW interns as well as HoC services will be shared. Intern and supervisor feedback will be presented regarding the considerations of implementing HoC on campus with intern providers. Lastly, observations from training and implementation staff on the challenges, strengths, and lessons learned from preparing masters students to support college students with MHC in this trial. Preliminary clinical outcomes will also be shared.

Hindsight, Insight, & Foresight: Understanding the mental health and addictions effects, service impacts, and care needs of Ontarians during the COVID-19 pandemic

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 802

Ms. Maida Khalid (Family Navigation Project at Sunnybrook), Dr. Roula Markoulakis (Family Navigation Project at Sunnybrook), Ms. Andreina Da Silva (Family Navigation Project at Sunnybrook), Ms. Sugy Kodeeswaran (Family Navigation Project at Sunnybrook), Dr. Anthony Levitt (Family Navigation Project at Sunnybrook)

Since the onset of the COVID-19 pandemic, research has confirmed its alarming effects on the social, economic, and psychological wellbeing of Canadians. The mental health and addictions (MHA) burden has been concerning for all, but disproportionately magnified for youth. Research shows that youth consistently reported poor mental health at greater rates than any age group during the pandemic. This decline has been attributed to the breakdown of protective factors (e.g., safe, structured environments) and an increase in internal and external stressors (e.g., disruptions in education, employment insecurity, social isolation, family stress, etc.), resulting in elevated rates of anxiety, depression, and stress. Transitioning to a post-pandemic society, MHA “aftershocks” are of prominent concern, predicting heightened challenges for Canadians, but especially for vulnerable populations, in the longer term. A 2022 poll found that youth were not as positive about their ability to recover from COVID-19 challenges as their older counterparts. Thus, defining and understanding post-pandemic MHA care needs and service-seeking for youth is critical to ensure adequate supports are available in the longer term.

To assess the associations between Ontario youth ages 12-29 and pandemic-related MHA service-seeking experiences, and to determine MHA and sociodemographic predictive factors of new service-seeking.

A cross-sectional survey of 5000 Ontarians, 18 years or older, representative of the province based on age, gender and location was conducted using Delvinia’s AskingCanadians panel from January – March 2022. Those identifying as caregivers of youth were asked a series of questions about their perceptions of their youth’s MHA concerns during the pandemic. Checklists were used to assess the presence of MHA concerns and overall change in mental health. Participants reported whether their youth had signs of MHA concerns prior to and since pandemic onset. Respondents also reported which MHA services their youth were seeking and/or accessing prior to and during the pandemic.

A total of 649 caregivers were caring for a youth aged 12-29 (59.2% male, 40.1% female). Caregivers reported 50.5% youth experienced a negative change in their overall mental health. Prominent MHA concerns cited by caregivers included: lacking energy/motivation (33.9%), low/sad mood (23.4%), frequent/abnormal mood swings (19.4%), worrying constantly (18.5%), poor concentration/attention/memory (17.7%), alcohol use (13.1%), and cannabinoid use (10.5%). A greater number of caregivers (12.9%) also reported that their youth had accessed MHA services since pandemic onset than prior to the pandemic (11.7%) with a further 12.8% identifying an unmet need in services with 4.9% on waitlists.

Further findings to be presented at the conference will include detailed sociodemographic characteristics, service preferences (e.g., formats, types), and service types sought and accessed (e.g., counselling/therapy, hospital, peer-support, etc.). Proposed logistic regressions will describe the significance of sociodemographic and MHA-related predictors’ effects on the likelihood of new MHA service-seeking and service access during the pandemic. We anticipate our results will particularly highlight the impact of the pandemic on vulnerable populations.

Considering trends in service-seeking during the pandemic is crucial in identifying barriers to access and informing long-term system preparedness so youth can rebound effectively and safely as society transitions into post-pandemic recovery.

Parents' perceptions of experiences that are traumatic for children

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 812

Ms. Angela Gazey (The University of Western Australia), Prof. Karen Martin (The University of Western Australia), Dr. Stephan Lund (The University of Western Australia), Prof. Lisa Wood (The University of Notre Dame), Dr. Susan Young (The University of Western Australia), Dr. Madeleine Dobson (Curtin University)

Introduction/rationale: Trauma is a complex, overwhelming experience that triggers psychological and physiological stress responses that can have substantial life-long implications. Parents and caregivers can have an important role in supporting children who have experienced traumatic and adverse events. In the school context, children's behavioural responses to trauma and adversity are often interpreted as deliberately disruptive or challenging. The limited previous research on parents' knowledge about the impact of trauma and adversity on children has focused primarily on parents of adoptive children and caregivers providing kinship or foster care.

Objective: The objective of this research was to explore parents' and caregivers' knowledge and awareness about the impact of trauma and adversity on children and examine parent engagement with school responses to trauma and adversity.

Methods: Semi-structured qualitative interviews were used to examine parents' perceptions of the types of experiences children find extremely challenging, stressful or traumatic. A diverse group of participants were recruited through schools, parent organisations, community groups and sporting associations. All participants were parents or primary caregivers of at least one child currently attending either primary school or high school in Western Australia. Interviews were audio-recorded, transcribed verbatim and interview data were analysed thematically.

Results: Parents' perceptions of the type of experiences that could be traumatic for children were varied. All parents identified grief, family upheaval and serious accidents or illness as potentially traumatic. Some parents identified broader events including living through the Covid-19 pandemic and exposure to media reports of armed conflicts as experiences that could be traumatic for children. Parents' attitudes about the role of the school in responding to children who have experienced trauma and adversity varied substantially, some expressed the view that schools should have a central role in navigating support for children whilst others stated that the role of the school should be confined to providing children with a traditional academic education. Parents were unaware of any overarching school policies or practices related to trauma and adversity and most felt that even policies on student behaviour were not accessible.

Conclusion: Examining parents' perceptions of the impact of trauma and adversity on children will assist with the development of evidence-based school responses and is critical to the implementation and long-term sustainability of trauma-informed practice in schools.

Empowering young people through youth-directed research: How can “Feeling Understood” improve youth mental health

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 813

Dr. Christina McMellon (University of Glasgow), Ms. Emily Cunningham (University of Glasgow), Mx. Isla Jamieson-Mackenzie (University of Glasgow), Dr. Alice MacLachlan (University of Glasgow), Dr. Jo Inchley (University of Glasgow)

Introduction: “Feeling Understood” is a youth-directed research project looking at the importance of supportive relationships for mental health and how adults can support young people to feel better understood. While it is widely acknowledged that having good relationships with trusted adults can support young people’s mental health, less is known about what makes a ‘good relationship’. The young people leading this project identified feeling understood as a crucial component to building strong relationships and chose to explore this topic through their own research.

Objectives: This presentation will provide an overview of the “Feeling Understood” project, including discussion of the processes involved in supporting the young people involved in the research, exploring the benefits and challenges of this approach and highlighting why youth-directed research is important.

Approach: The project moves beyond coproduction to youth-directed research and is led by a group of 16 young people aged 16–25 who are part of the Youth Advisory Group for the TRIUMPH Network, a UK-based mental health research network that aims to improve the mental health of young people through public health approaches. Young people are employed on the project as a co-principal investigator (alongside a TRIUMPH Network researcher) and as research assistants to support design of the study, data collection, analysis and reporting, including leading participatory workshops and interviews. Other young people form an advisory group for the project and have supported the core team with specific tasks including development of the research questions and methods, developing and submitting the ethics application and collaborative data analysis. Research staff from the TRIUMPH Network have provided training and support to the group, in addition to guiding the young people through the different stages of the research process and ensuring adherence to the ethical protocol.

Results: This project provides an example of how a youth-directed approach can provide a different perspective on mental health research. Young people have unique knowledge of the issues that need to be explored and the questions that need to be asked in order to better understand young people’s experiences and the factors that impact their mental health. This project also highlights the unique insights youth researchers can bring about how to make research accessible, meaningful and enjoyable to their peers. However, a youth-directed approach is not without challenges, such as conducting a research project within specific timescales while balancing this with the many other competing priorities in young people’s lives, and providing the right level of support to maximise young people’s own capabilities while recognising that they are not trained researchers. Some preliminary findings from the research will be presented to illustrate the processes involved.

Conclusion: A youth-directed approach complements research that is coproduced with young people and can redress power dynamics inherent in much adult-led mental health research.

What does mental health mean for young university students? An arts-informed qualitative examination of mental health perceptions.

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 814

Ms. Cynthia Goguen (Université de Moncton), Dr. Vickie Plourde (Université de Moncton)

Young people are more likely than any other age group to struggle with mental health problems yet are also the least likely to seek mental health care. This trend could be linked to perceptions or representations that young people have regarding their mental health. This study examines undergraduates' mental health perceptions using an arts-informed qualitative methodology. A total of 26 participants (22 women, 3 men, 1 non-binary person; M= 19.58 years old, SD= 1.65, range 18 to 23 years old) recruited from a Canadian university were asked to draw their mental health and then describe their drawing during a telephone interview. Interviews were transcribed and thematically analyzed, followed by researcher triangulation. Results revealed that students perceive mental health as being complex and multidimensional, variable, that mental health remains poorly understood, and that it can be hidden. Participants describe that their mental health is influenced by external factors (past or present) in their environment, their beliefs and attitudes towards themselves, their surroundings, and the future as well as how they react to various situations and maintain a good mental health. These results illustrate that students have nuanced perspectives on their mental health. These findings would benefit from further consideration in future research and clinical work looking at developing new ways of measuring and addressing mental health perceptions with young university students.

Authors: Cynthia Goguen & Vickie Plourde

Acknowledgements: Interdisciplinary Research Chair in Mental Health of Children & Young People, Université de Moncton

ACCESS Open Minds: Building momentum for change in youth mental health through knowledge translation

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 815

Ms. Catherine Lau (ACCESS Open Minds), Dr. Srividya Iyer (Douglas Mental Health University Institute; Department of Psychiatry, McGill University)

Rationale

Among the most impactful recent transformations in mental health research is the increasing involvement of persons with lived experience. Gaps, however, remain in creating this change towards “by the people for the people”. Knowledge translation (KT), which often involves adaptive and iterative processes for putting research into practice, can help bridge the knowledge gap between researchers, people with lived experience and other relevant stakeholders.

Objective

ACCESS Open Minds, a pan-Canadian youth mental health research network, implemented knowledge translation alongside research and evaluation to ensure that information/knowledge from relevant stakeholders were shared and mobilized in accessible and engaging ways.

Approach

To allow these key stakeholders to participate as true collaborators alongside researchers, we implemented an integrated KT approach whereby knowledge users and different types of knowledge were included in all aspects of the project. Experiential (learned through experience), pragmatic (learned through action) and cultural (learned through being) knowledge were all considered during shared decision-making processes: from our governance to designing local services and supporting patient-led research projects.

Practical Implications

Such an approach has helped build a strong foundation to create KT outputs that are relevant and accessible for different audiences. Short visual summaries of publications are available to the general public, and our early research findings were visualized on the website (and in report form) in an infographic style to make the data understandable to a lay audience. Our KT team also works closely with sites, councils, youth and families/carers to create appropriate resources and provides support for knowledge sharing opportunities including webinars, conferences, in-person events (prior to pandemic), social media campaigns and conversations with policy-makers. Most importantly, we continue to embrace non-traditional approaches to sharing knowledge, from arts-based initiatives like Photovoice, which empowers participants to share stories through photos and written narratives, to utilizing social media functions like Instagram Live that provide a friendlier way to connect with young people about youth mental health topics.

Conclusion

This presentation aims to showcase a handful of innovative ways we have approached KT at ACCESS Open

Minds, along with some of our challenges in our process and how we have adapted. We hope to share some best practices and emphasize the importance of integrating youth- and stakeholder-engaged knowledge translation within research projects, to facilitate meaningful two-way knowledge exchange, improve communication and understanding, so that we can create significant change in youth mental health.

Towards LGBTQ+ Inclusion and Support: A Community Analysis of Challenges and Opportunities within 4-H

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 818

Mr. Joseph Rand (University of Minnesota - Extension, 4-H), Dr. Megan Pacey (University of Kansas), Ms. Jessica Fish (University of Maryland), Mx. Sloan Okrey-Anderson (University of Minnesota)

LGBTQ+ youth experience health disparities compared with heterosexual and cisgender youth. Community-based, positive youth development organizations are an important resource to support and affirm LGBTQ+ youth. This study aims to identify the opportunities and challenges in supporting LGBTQ+ youth within 4-H. Participants included 4-H staff, support staff, adult volunteers, and youth participants. The majority of participants were White and middle class with direct connections to the 4-H program. The study took place in one state in the U.S. within a 4-H program and employed qualitative, community-based methods using SWOT analyses and focus groups of 4-H staff, support staff, volunteers, and youth participants. Thematic analyses were conducted by multiple analysts until consensus was reached. Challenges and opportunities emerged in three themes: 1) organizational climate; 2) policies and procedures; and 3) training, education, and resources. Two additional themes included opportunities only: 1) community engagement, and; 2) youth-specific resources. This study has important implications for the 4-H program, rural community practice, and research including strategies to improve LGBTQ+ inclusivity through education, programs and policies, hiring, and community partnerships. Additionally, this study highlights the opportunity and unique positionality of the 4-H program to amplify youth voices in the creation of youth-specific resources.

Clinicians' Perceptions and Experiences of Peer Support in Youth Mental Health Care

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 822

*Dr. Dan Devoe (University of Calgary), Dr. Srividya Iyer (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Dr. Scott Patten (University of Calgary), Ms. Pauline Macpherson (University of Calgary), Ms. Emma Cullen (University of Calgary), Dr. Jai Shah (Douglas Mental Health University Institute; Department of Psychiatry, McGill University),
Dr. Gina Dimitropoulos (University of Calgary)*

Introduction: Clinical mental health providers play an integral role in youth mental health services; providing diagnosis of mental health concerns including problematic substance use, treatment, and supervision of youths' recovery. Evidence shows clinicians are challenged in their roles due to health system limitations and increased demands on their services, resulting in long wait times and lack of quality care for youth, who eventually disengage from care. To increase accessibility of mental health services, organizations such as ACCESS Open Minds have incorporated peer support as an adjunct to clinical care. This involves an individual with lived experience (a peer support worker) assisting a peer with navigating their recovery journey, as an adjunct to clinical care.

Objective: The objective of this study was to explore clinicians' perceptions and experiences of peer support in youth mental health services as well as the facilitators and barriers to peer support work with youth.

Methods: Qualitative interviews with twenty-one clinicians were conducted from February 2020 – March 2021 at two AOM locations in Canada. Interviews were transcribed verbatim. Thematic analysis was used to extrapolate and analyze patterns in the data.

Results: Systems navigation, hope building and providing a broader life perspective were identified as key components of youth peer support work. Barriers included the lack of understanding of what peer support work entails within the provincial healthcare system, clinicians and youth accessing the service. Lack of flexibility with operating hours of peer support services was noted as an additional barrier. Conversely, respect, transparency, and empowerment of youth facilitated engagement in peer support services.

Conclusions: Clinicians and provincial health systems require education and guidance on how to incorporate peer support into youth clinical care. This includes, but is not limited to, ensuring peer support services are available during after-school and evening hours. In addition, youth who access mental health services also require information distinguishing peer support work from clinical mental healthcare.

Self-Reported Social Media Use by Adolescents in Brazil: a School-Based Survey

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 826

Mrs. Rivka Pereira (Universidade Federal do Rio Grande do Sul), Dr. Thais Martini (Universidade Federal do Rio Grande do Sul), Mrs. Claudia Buchweitz (Universidade Federal do Rio Grande do Sul), Prof. Renata Kieling (Universidade Federal do Rio Grande do Sul), Mrs. Fernanda Rohrsetzer (Universidade Federal do Rio Grande do Sul), Prof. Helen Fisher (King's College London), Prof. Brandon Kohrt (The George Washington University), Prof. Valeria Mondelli (King's College London), Prof. Christian Kieling (Universidade Federal do Rio Grande do Sul)

Introduction: There is evidence that adolescents are increasingly using social media as a source of communication, entertainment, or for other forms of leisure. As media overuse has been associated with negative outcomes, there is interest in investigating the link between specific social media platforms and adolescents' mental health and well-being. Although there is a general perception that adolescent social media use is a global phenomenon, there is a scarcity of data about how many adolescents in low- and middle-income countries (LMIC) interact with social media platforms.

Objectives: To describe the prevalence of self-reported use of social media in a school-based sample of adolescents from Porto Alegre, Brazil.

Methods: We analyzed cross-sectional data on 7,113 adolescents aged 14 to 16 years old from a convenience sample of 101 public state schools in Porto Alegre, Brazil. Data were collected in 2018 and 2019, as part of the Identifying Depression Early in Adolescence (IDEA) study. Students answered an 8-item questionnaire regarding their current use of Facebook, Instagram, SMS, Twitter, WhatsApp, YouTube, Facebook Messenger, or another social media platforms ("Never", "Once a week or less", "Several times a week", "Once a day", "Several times a day" or "Almost constantly"). We then obtained frequency distributions and used the Chi-square test to compare categorical variables. All analyses were performed on R, version 3.6.1.

Results: Of the total sample, 54.9% were female, and 60.6% reported their skin color as white. We found that 97.7% of adolescents used at least one social media platform everyday and 64.7% reported being online "Almost constantly". Of those, girls were more constantly connected than boys ($X^2(5) = 62.1, p < .001$). WhatsApp was reported to be used at least once a day by 90.4% of the sample, followed by Youtube (74.0%), Facebook (60.7%) and Instagram (60.1%). Although over 86.5% of participants reported using WhatsApp "Several times a day" or "Almost constantly", Youtube was the platform that most adolescents confirm using, with 98.4% reporting some use of the platform across categories. The least used platforms were Text/SMS and Twitter, with 72.0% and 53.76% of the sample reporting, respectively, to "Never" use them.

Conclusion: Our study found that the vast majority of 14-16 year olds in Porto Alegre, Brazil, use at least one social media platform everyday. At the time of the study, WhatsApp and Youtube were the most popular social media platforms among adolescents in our sample. Other social media – such as Facebook and Instagram – are also popular among this age group, but were less intensely used throughout the day according to adolescents' reports. Considering the high level of use of social media, a possible path would be to develop public policies on mental health using social media as tools for engaging with young people.

Implementing a strategic wellbeing census (“Breathe”) for primary and secondary schools in Birmingham

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 827

*Mr. Colin Palmer (University of Warwick), Dr. Paul Patterson (Birmingham Women’s and Children’s NHS Foundation Trust),
Dr. Helena Tuomainen (University of Warwick)*

Introduction

Mental health services are facing rising pressure to cope with increasingly prevalent mental health problems in young people. Schools provide a network of strategically placed community sites that can support early intervention and preventative youth mental health programs. Developing and evaluating evidence-based public health approaches and interventions within schools requires access to social, emotional, and mental health (SEMH) data. Supporting schools to collect SEMH data can help schools, healthcare providers and commissioners make decisions based on real-time data, allowing them to be responsive to problems at the local or regional level. Large urban environments such as Birmingham UK, home to 259,800 young people aged 15 years or younger and with over 450 primary/secondary/further education schools, would therefore benefit from innovative digital solutions for the regular collection of SEMH data to support wellbeing strategies in educational institutions across the region.

Objectives

An aim of the Breathe project is to create an annual wellbeing census of children and young people’s mental wellbeing, providing strategically useful big-data supporting early intervention and prevention practices in 417 state-maintained primary and secondary schools in Birmingham. The pilot study, reported here, was planned as a ‘proof of concept’ to identify and address an appropriate methodology to ensure positive functionality of the bespoke survey software (Breathe Digital: www.breathe-schools.co.uk), and to explore wellbeing within the pilot schools.

Methods or Approach

We developed an annual longitudinal survey of students’ wellbeing using the bespoke survey software. It allows the collection of wellbeing data from fixed cohorts of pupils, intended to be repeated with them over 5 years. For the pilot study, in spring/summer 2021, we recruited 11 primary and 5 secondary schools. Pupils completed the Stirling Children’s Wellbeing Scale (SCWBS, primary schools) or the Warwick-Edinburgh Mental Wellbeing Scale (WEMWBS, secondary schools), along with a 4-item questionnaire on school connectedness. Demographic data was obtained from existing data available to schools.

Results

N=3,437 participants completed the census, representing a recruitment rate of 48% of all pupils on school rolls (7,500). Across primary schools, the overall average score for wellbeing was 46.6, SD = 8.06, higher than the population average of 43.5, = SD 6.66. Across secondary schools, the overall average score for wellbeing was 46.8 SD = 9.2, slightly lower than the population average of 48.3. There was a significant difference between school connectedness scores for primary (M = 16.5, SD = 3.5) and secondary schools (M = 13.6, SD = 3.9)(t = 22.42, p<.000) with secondary schools scoring on average 2.8 less than primary schools.

Conclusion

The pilot project was successful in creating shared wellbeing data across different schools in Birmingham, for use as a measure to inform individual school wellbeing policies and for the creation of a regional metric for ongoing public health planning and comparison work. Despite the pressures of COVID-19 pandemic we were able to recruit a sample of primary and secondary school pupils at similar levels to population studies. The main census will begin in spring/summer 2022, with an initial target of 100 schools.

Peer Support for Student Mental Health: Perceptions of Post-Secondary Peer Support Services as a Mental Health Resource

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 828

Dr. Gina Dimitropoulos (University of Calgary), Dr. Dan Devoe (University of Calgary), Dr. Scott Patten (University of Calgary), Ms. Pauline Macpherson (uofc), Dr. Jai Shah (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Ms. Emma Cullen (University of Calgary), Mr. Kevin Wiens (University of Calgary), Dr. Debbie Bruckner (University of Calgary), Dr. Srividya Iyer (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Mr. Kevin Friese (University of Alberta), Dr. Helen Vallianatos (University of Alberta)

Introduction: Student mental health and wellness has become an essential part of Canadian post-secondary program and policy development. Research indicates youth who experience mental health concerns, including problematic substance use, typically disengage from mental health services due to long wait lists and lack of quality care. Students who do not attend to their mental health concerns jeopardize their academic endeavors. Post-secondary institutions have established student peer support workers on campus to assist fellow students with mental health concerns navigate the mental health system and available resources.

Objective: The objective of this study was to explore perceptions and experiences of peer support by students who access peer support services at post secondary.

Methods: Qualitative interviews with thirteen participants were conducted from September 2021- March 2022 at a Canadian post-secondary institution. Interviews were transcribed verbatim. Thematic analysis was used to extrapolate and analyze patterns in the data using NVivo version 12.

Results: Students who accessed service identified the key role of peer support workers as combating students' isolation, providing students a safe space, and peer support as an accessible alternative to clinical mental health services. Barriers to accessing service included lack of mental health literacy in both peer support workers and the general student community, as well as lack of general knowledge about peer support among students. Facilitators to accessing peer support included compatibility between receiver and provider of peer support and listening without judgement.

Conclusion: Post-secondary institutions should focus on increasing mental health literacy and awareness of peer support services to students. Furthermore, student peer support workers provide an essential mental health service to students facing isolation.

Parents' information needs in relation to adolescent self-harm

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 834

Prof. Eilis Hennessy (University College Dublin), Ms. Aine French (University College Dublin), Dr. Niki Nearchou (University College Dublin), Dr. Keith Gaynor (University College Dublin), Ms. Sinead Raftery (Pieta), Ms. Brid O'Dwyer (Pieta)

Introduction

Self-harm is common in adolescents and young adults. A large community survey in Ireland (Dooley et al., 2019) reported that 23% of those aged 12-19 had engaged in self-harm. Research in England with 15-year-olds (Brooks, et al., 2017) similarly reported a lifetime self-harm rate of 22%. Early identification and intervention are important as they may reduce the chances of repetition and of progressing to suicidal thoughts and behaviours (Geulayov et al., 2019).

Parents have potential to provide urgently needed support at times of crisis for adolescents (Rickwood et al., 2005). For instance, parents can promote resilience (Ungar et al., 2013) and may be required to authorize access to professional mental health support (Noroozi et al., 2018). Yet few studies of adolescent self-harm have considered what parents need to know in order to support adolescents.

Objectives

To gather data on:

- existing research on parent information needs in relation to self-harm and the information provided to parents online
- parents' perspectives on their information needs in relation to self-harm.
- professionals' perspectives on parent information needs in relation to self-harm.

Methods

A rapid literature review - peer reviewed and 'grey literature' (e.g. websites). Review of 8087 abstracts, 179 full-text articles; 21 publications included.

128 parents with experience of adolescent self-harm rated the importance of 37 topics (e.g. communication, wound care) in an online survey.

25 professionals with at least 2 years' experience of working with adolescents who self-harm participated in a 2 round Delphi study. The items in the Delphi study closely matched the parent survey items.

Results

The rapid literature review produced an initial series of items for inclusion in the parent survey and Delphi study.

Data from parents and professionals produced a list of topics related to self-harm that parents need to support adolescents. This list provides the basis for a Blueprint to develop a resource for parents and could be used by organisations who can tailor the information on each topic to suit the needs of specific parent/adolescent groups. Examples of topics included:

- Talking to adolescents about self-harm: e.g. My adolescent has told me they are suicidal. What should I say to my adolescent?
 - Psycho-education about self-harm: e.g. What signs might indicate self-harm in an adolescent?
 - Parent self-care and family functioning: e.g. How do I manage my own worry/anxiety?
 - Actions that parents can take when they learn an adolescent is self-harming e.g. Should I put away anything my adolescent could use to hurt themselves (e.g. sharp objects)?
 - Engaging with services: e.g. What treatment options might be offered and what is involved in them (e.g., cognitive behavioural therapy, family therapy)?
-

Conclusions

Parents' information needs range from immediate short-term actions they can take to the long-term support needs of adolescents who self-harm. A review of information on self-harm for parents available on 56 websites indicated that few of the topics prioritised by parents were covered in any detail. The research findings have potential to provide valuable evidence-based information for any organisation developing a resource for parents.

Ten things transgender and non-binary youth want researchers to know about gender: A case study of meaningful youth engagement in research co-design

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 841

Mx. Mahalia Dixon (Centre for Addiction and Mental Health), Dr. Lisa Hawke (Centre for Addiction and Mental Health), Mx. Jackie Relihan (Centre for Addiction and Mental Health Youth Engagement Initiative), Dr. Joanna Henderson (Centre for Addiction and Mental Health: Youth Wellness Hubs Ontario), Ms. Karleigh Darnay (Centre for Addiction and Mental Health)

Introduction

In fall 2021, a team led by an Independent Scientist, two youth co-researchers, and a group of trans and non-binary members of the Centre for Addiction and Mental Health (CAMH)'s Youth Engagement Initiative (YEI) gathered to query what trans and nonbinary youth want researcher's to know about gender. Impetus being a recognized gap in the literature about the research-specific needs of this population.

Objectives

Our team sought to illustrate the needs of trans and nonbinary youth in research, in a format that empowers their knowledge-sharing and diverts away from typical structures of community engagement in academia that rely on knowledge-extraction. Recognizing that this approach of engaging trans and nonbinary youth would create a powerful call to action, bettering researchers engagement with gender, and creating more representative research for trans and nonbinary youth globally and interdisciplinarily.

Methods

Consistent with the YEI's core mission of meaningful youth engagement, we engaged thirteen trans and non-binary YEI members in three discussions guided by the primary question of "what do you want researchers to know about gender?". Following each discussion, the lead researcher summarized key themes which were used to develop draft recommendations alongside the two youth co-researchers. Ten of the thirteen youth then reconvened to review and ensure key messaging was reflective. Due to the ongoing COVID-19 pandemic, events were adapted to occur via videoconferencing, allowing for a national scope.

Results

From these conversations came ten guiding principles from trans and nonbinary youth outlining themes including the recognition of historical, present and continued existence of trans and nonbinary youth, resistance to the dichotomization and pathologization of gender, reaffirming researcher responsibility to meaningfully and respectfully engage with trans and nonbinary youth, and calls to action to funders, research ethics boards, and publishers for their own answerability in this topic. These principles and calls to action have far reaching implications and are applicable to researchers in any field engaging with youth, whether or not they consider themselves to hold a particular stake in gender-specific research. Our work holds a prominent place in the continuous development of this emerging field.

Conclusion

As a youth-specific research team, we recognize that the process is the practice when supportively engaging structurally marginalized groups of youth such as trans and nonbinary youth. These ten principles were embodied in the creation of this research itself; we have, and continue to, live each statement unearthed by this research and have learned a multitude of lessons in this ongoing process, examples of which serve as affirmation of the necessity of sharing this important work.

Exploring Multiple Perspectives on Youth Involvement in the Mental Health of Youth Story (MYSTORY) Photovoice Study

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 844

Ms. Eibhlin Walsh (University of Limerick), Mr. Joshua Odwyer (BeWell, Limerick Youth Service), Mr. John Real (BeWell, Limerick Youth Service), Dr. Jennifer McMahon (University of Limerick)

Introduction

Advocacy is growing for the meaningful involvement of young people in matters concerning them, including youth mental health. The youth voice is markedly absent in school-based mental health, particularly in school-based suicide prevention. There are challenges to involving youth in school-based mental health research, including: (1) the sensitive nature of mental health topics, particularly suicide, (2) unavoidable power imbalances between youth and adults involved in school mental health and suicide prevention, including researchers and school personnel, and (3) responsibility to ensure that youth involvement is beneficial to both the end goals of the research and youth themselves. As such, it is important to investigate strategies that overcome these challenges.

Objectives

The objective of the MYSTORY study was to address the discussed challenges, by engaging youth safely and meaningfully in a creative and empowering photovoice activity. The objective of this presentation is to explore how MYSTORY may overcome the described challenges for involving youth, from the perspective of a young person involved in the research, a staff member supporting youth research involvement and a researcher involved in MYSTORY.

Methods

The advocacy/participatory paradigm prioritized both the inquiry of issues relevant to youth and striving for positive changes in youth's lives through inquiry "with" youth, as opposed to "on" youth. MYSTORY comprises of a community partnership between researchers in University of Limerick and a youth mental health service in Munster, Ireland, which began in October 2020 and is currently ongoing. This partnership engaged youth in MYSTORY as participants and in an advisory capacity. Photovoice was employed in MYSTORY to explore issues related to youth and school mental health and suicide prevention. MYSTORY comprised of the following activities: preparatory workshops, focus groups exploring youth perspectives on: (1) youth and school mental health and suicide prevention and (2) involvement in MYSTORY, and a photovoice exhibition as part of a regional mental health campaign in Ireland.

Results

A young person involved in the research and a researcher involved in MYSTORY will discuss MYSTORY from their unique perspectives. From the perspective of young people involved in MYSTORY, MYSTORY allowed for inclusive sharing of experiences through focus groups and photography. From a researcher's perspective, arts- and participatory-based approaches are useful for facilitating youth involvement in research exploring sensitive mental health topics, but resources for supporting this type of research must be prioritised. From the perspective of the staff member supporting youth research involvement, MYSTORY facilitated youth involvement in meaningful and empowering research.

Conclusions

Perspectives of young people, staff members supporting youth research involvement and researchers on MYSTORY share both similarities and differences. MYSTORY provides a model for engaging youth in an empowering and safe manner, which if applied in schools, could address the gap in youth involvement in school mental health and suicide prevention strategies.

Strategic Recruitment of People with Lived Expertise (PWLE)

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 849

Ms. Kristy Allen (Frayme), Ms. Szerena Szabo (Frayme)

Introduction

Over the past three years, Frayme has evolved its approach to youth, caregiver and advocate engagement from a grassroots level to a network of over 200 national and international Groundbreakers. Our current engagement strategy was developed through co-producing a literature review with youth and caregivers that identified best practices for engagement. Grounded in these best practices for engagement and built upon a foundation of capacity building, allyship, and mentorship, we officially launched the Groundbreakers network in April 2021. Through both our internal and external matching processes, we have established a matching strategy to strategically recruit youth and caregivers that balances the need for selection with the prevention of tokenistic engagement.

Objectives

As a result of participating in this session, participants will:

- Learn how to strategically recruit individuals with lived experience in non-tokenistic, meaningful ways
- Explore how to tailor the sharing of engagement opportunities to specific audiences
- Identify creative ways to match people with lived expertise (PWLE) with engagement opportunities

Approach

Through the formal launch of our Groundbreakers network, Frayme created a registration process that gathers a range of information, including key demographic info (age, location, cohort, etc.), topic areas and opportunity types of interest, and accessibility needs. Groundbreakers also have the option to identify as a member of any of the communities identified in YouthRex's list of the 10 most marginalized groups in Canada. Further, Groundbreakers have the opportunity to publish a profile on our website, providing more information about their backgrounds and engagement interests in their own words.

Results

Since formalizing the Groundbreakers network and gathering and centralizing our database, we have made numerous successful matches, both internal and external to Frayme. We recruit and match Groundbreakers to opportunities in a variety of ways, from sharing monthly opportunity round-ups to tailored matching strategies. Aligning with our best practices for engagement, we have increased equitable recruitment for Frayme-led opportunities using the data we have gathered. Specifically, we focus on considerations of diversity, lived and living experiences and identities, geographic location, and previous engagement experience.

Conclusion

At Frayme, we have evolved our engagement and recruitment efforts to gather a breadth of information about our Groundbreakers. In turn, we have been able to successfully move towards opportunity matching that accounts for the unique identities and interests of our network members. This has ultimately contributed towards more meaningful and equitable engagement practices, and a more aligned matching process overall.

Cannabis use, childhood trauma and their associations with acute and chronic inflammation at age 24

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 858

Dr. Emmet Power (Royal College of Surgeons in Ireland), Dr. David Mongan (Queens University Belfast), Dr. Colm Healy (Royal College of Surgeons in Ireland), Mr. Subash Raj Susai (Royal College of Surgeons in Ireland), Dr. Melanie Focking (Royal College of Surgeons in Ireland), Prof. Mary Cannon (Royal College of Surgeons in Ireland), Prof. David Cotter (Royal College of Surgeons in Ireland)

Markers of acute and chronic inflammation, cannabis exposure and childhood trauma are associated with increased risk of mental disorders. There is good evidence that childhood trauma is associated with elevated markers of acute and chronic inflammation [DC(1) [EP2]]. However the relationship between cannabis use and markers of inflammation is less clear. In the current study we aimed to investigate the relationship between cannabis use and childhood trauma with markers of both acute and chronic inflammation. Utilizing a sample of 914 individuals from the Avon Longitudinal Study of Parents and Children we investigated whether IL-6, TNF α , CRP & suPAR measured at age 24 were associated with cannabis use, childhood trauma and other covariates such as body mass index and smoking with baseline adjustment for a number of confounders including sociodemographic measures and current mental health symptoms. We found convincing evidence of a strong association between daily or near daily cannabis use and suPAR, a marker of chronic inflammation. We found weak evidence for a specific association between childhood emotional abuse and suPAR at age 24. We did not find any associations between other types of childhood trauma and suPAR. We found that body mass index predicted increased IL6, CRP and TNF α , whilst smoking only predicted increased levels of IL-6. Our findings that frequent cannabis use is strongly associated with suPAR is novel and may provide valuable insights into biological mechanisms by which cannabis affects the brain and impacts on mental health.

Feasibility study: Understanding young people's levels of engagement in a longitudinal study with an integrated youth mental health service

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 860

Mr. Neil Mac Dhonnagain (University College Dublin), Dr. Aileen O'Reilly (Jigsaw, The National Centre for Youth Mental Health), Dr. Gillian O'Brien (Jigsaw), Prof. Barbara Dooley (University College Dublin)

Introduction: The past two decades have seen the development of integrated youth mental health services (IYMHS) providing brief intervention support to young people, including Jigsaw (Ireland) and headspace (Australia). In research with IYMHS to date, there have been low response rates for survey-based studies with help-seeking young people, meaning findings are at risk of selection bias. There have also been low levels of uptake in an ongoing study with Jigsaw. To improve the quality of research with IYMHS in future, we need to understand why uptake in research is low and why young people disengage from studies over time.

Objective: This study aims to investigate engagement in research by help-seeking young people. Three questions relating to the feasibility of research were proposed; (1) to examine levels of engagement by young people throughout a longitudinal survey study, (2) to identify barriers and facilitators to recruiting and retaining young people in a longitudinal study, and (3) to assess levels of retention in the study across demographic groups.

Methods: This study is being conducted as part of a wider project on the predictors of outcomes among youth engaging with Jigsaw for a brief intervention. Levels of engagement in the project will be analysed using data from the Jigsaw Data System (JDS). In addition, barriers and facilitators to youth engagement will be investigated via a clinician survey and an open-ended question in young people's follow up surveys. Retention levels across demographic groups (including age, gender, ethnicity, sexual orientation, history of risk of harm, and history of stressful life events) will be analysed.

Results: At baseline, $N = 137$ young people were recruited to the study, of whom 113 completed the baseline survey in full. Of all young people attending Jigsaw in the timeframe of the study, less than 40% provided consent to be contacted about the study. Only 26% of young people who were contacted with a survey link took part in the baseline survey (137 out of 525 who received a survey). Information on retention of young people in the study, and barriers and facilitators to participation will be analysed after the completion of data collection.

Conclusion: The engagement of young people in research is important to inform IYMHS on the development of services that are appropriate to their needs. This tabletop discussion will tease out the points at which young people are lost in a study and the issues arising in the research process affecting young people's engagement in the study. Common issues in youth and clinical research will be discussed, including gatekeeping by clinical staff and parents or caregivers, and demographic drivers of youth engagement will be examined. Overall, this will inform future studies with IYMHS to improve the engagement of young people in research.

Hopes, Fears, and Pandemic Pivoting: Understanding the perspectives and monitoring the symptoms of emerging adults at an early intervention program for mood and anxiety disorders during COVID-19 closures.

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 863

Mr. Michael Wammes (London Health Sciences Centre; Lawson Health Research Institute; Western University), Ms. Jazzmin Demy (London Health Sciences Centre), Ms. Carolyn Summerhurst (London Health Sciences Centre), Ms. Chloe Carter (London Health Sciences Centre; Lawson Health Research Institute), Dr. Evelyn Vingilis (Western University), Dr. Paul Tremblay (Western University), Dr. Elizabeth Osuch (London Health Sciences Centre; Lawson Health Research Institute; Western University)

Introduction: The COVID-19 pandemic changed the ways in which almost everyone functioned on a daily basis. Early stages of the pandemic resulted in many closures of health care services, including mental health care. Emerging adults with pre-existing mood or anxiety disorders were of concern for worsening symptoms and no access to their services.

Objectives: Emerging adult patients at The First Episode Mood and Anxiety Program (FEMAP) in London, Ontario, Canada were asked to participate in a study exploring their perspectives and monitoring their mental health during the first wave of the pandemic lockdown. We designed, implemented, and demonstrated a method for monitoring symptoms of patients with reduced access to their usual mental health services during quarantine, and the effects of the pandemic on their symptoms and perspectives on the world.

Methods: A total of 326 individuals were invited to participate in questionnaires regularly assessing psychological stress related to COVID-19, depression, anxiety, experiences of the quarantine, substance use, and quality of life. All contacts were through REDCap data collection software. Patients were flagged for high level of risk based on depression scores, suicidal ideation or worsening anxiety, depression, or quality of health. Patients were also asked if they wanted contact with a clinician. Of those who participated, 111 also provided responses to questions asking them to elaborate on both possible positive and feared outcomes of the pandemic. These responses were analyzed for common themes.

Results: Of 114 enrolled patients, 38 (33%) requested help and 29 (26%) were flagged. Flagged participants were younger, more likely to have been laid off from work, and engaged in more frequent cannabis use. Participants requesting support had higher symptom scores for depression, lower scores on quality of health and also higher cannabis use. From their elaborative responses, feared outcome predictions included death, prolonged pandemic impacts, fears related to their employment, mental health, education, loss of contact, economic downturn, and personal financial hardship. Positive outcome predictions included a better perspective on what is important in life, improved relationships and human connectedness, personal growth, environmental improvement, positive social changes, more free time, better sanitation and public health, and personal health improvement.

Conclusion: The monitoring system devised at FEMAP identified patients at higher risk and in greater need of clinical support during pandemic related closures. It provided a mechanism by which patients could communicate symptom status, convey need for contact, and access support. This conserved limited clinician resources during the time of lockdown. This system was valuable for monitoring patients during times when usual communication between patients and health care providers was compromised, and was easily implemented using only patient email addresses and REDCap. The qualitative findings revealed powerful descriptions of fear during the difficult early stages of the pandemic, but also an underlying feeling of hope for a better future.

Long-term outcomes of a transdiagnostic cognitive-behavioral psychotherapy compared with management as usual for youth with common mental health problems: A register-based, 3-year follow-up of the Mind My Mind trial

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 864

Ms. Ditte Vassard (Child and Adolescent Mental Health Services, Capital Region, Denmark), Prof. Pia Jeppesen (Child and Adolescent Mental Health Services, Region Zealand, Denmark), Prof. Robin Christensen (Section for Biostatistics and Evidence-Based Research, The Parker Institute, Bispebjerg and Frederiksberg Hospital, Copenhagen, Denmark), Ms. Sabrina Mai Nielsen (Section for Biostatistics and Evidence-Based Research, The Parker Institute, Bispebjerg and Frederiksberg Hospital, Copenhagen, Denmark), Prof. Kerstin Plessen (Division of Child and Adolescent Psychiatry, Department of Psychiatry, Lausanne University Hospital CHUV, Lausanne, Switzerland), Prof. Niels Bilenberg (Department for Child and Adolescent Psychiatry, Mental Health Services in the Region of Southern Denmark, Odense, Denmark), Prof. Per Hove Thomsen (Research Center at Department for Child and Adolescent Psychiatry, Aarhus University Hospital, Skejby, Denmark), Dr. Martin Køster Rimvall (Child and Adolescent Mental Health Services, Mental Health Services, Capital Region of Denmark, Denmark), Prof. Anne Katrine Pagsberg (Child and Adolescent Mental Health Services, Capital Region, Denmark), Prof. Christoph Correll (Feinstein Institute for Medical Research, Center for Psychiatric Neuroscience, Manhasset, New York, United States)

Introduction

Mental health disorders constitute a large burden among youths, and around 50% of lifetime mental disorders begin before age 18 years. Emotional and behavioral problems in youth are associated with worse psychiatric and social adult outcomes. Identifying youth with commencing mental health problems provides an opportunity for early intervention and prevention of adverse outcomes later in life.

Objective

The current study aimed to assess adverse outcomes in help-seeking youths participating in a randomized trial of modular and flexible CBT (Mind My Mind [MMM]) compared to management as usual (MAU). The intervention was aimed at common mental health problems, and during a follow-up of approximately three years we examined the incidence of psychiatric diagnoses and use of psychotropic drugs.

Methods

The current study includes secondary analyses of the MMM trial (NCT03535805 and NCT04804917), in which 396 youths aged 6-16 years were randomized to either 9-13 sessions of CBT (MMM) or community management as usual (MAU). The MMM intervention has shown superiority over MAU in reducing the impact of mental health problems according to the Strengths and Difficulties Questionnaire reported by parents (primary outcome) as well as secondary outcomes related to the severity of mental health problems and daily functioning. Using population-based medical registers, participants from the MMM trial were followed for any hospital-based psychiatric diagnosis (categorized in groups according to ICD10) and use of psychotropic drugs (ADHD medications, antipsychotics, mood stabilizers/antidepressants, melatonin, and sedatives). Long-term effects of MMM versus MAU assessed with the primary outcome are not published yet. Therefore, due to blinding of analysts, secondary outcomes are yet not analyzed by group.

Results

At baseline, 317 (80.1%) youths met the criteria for at least one DAWBA-based ICD-10 and DSM-IV/DSM-5 mental disorder; 22.8% met the criteria for ≥ 2 mental disorders across main categories. During a follow-up of 167 (range=123-204) weeks, 98 (24.7%) of 396 youths were registered with a psychiatric diagnosis in relation to contact with the publicly funded mental health services in Denmark. The diagnoses included ADHD/behavioral/emotional disorders with childhood onset (n=61, 15.4%), anxiety disorders (n=51, 12.9%), neu-

developmental disorders (n=44, 11.1%), affective disorders (n=12, 3.0%), and schizophrenia spectrum psychosis (n=5, 1.3%). Altogether, 66 (16.7%) youths redeemed prescriptions for psychotropic drugs, being 41 (10.4%) when excluding melatonin. Psychotropic drug usage included 45 (11.4%) using melatonin, 28 youths (7.1%) using ADHD medication, 16 (4.0%) using antidepressants, 4 (1.0%) using antipsychotic medication, and ≤ 3 using sedatives (missing exact number due to data protection regulations).

Conclusions

The early detection and treatment of mental health disorders in youths is crucial for the prevention of more severe psychiatric outcomes in the future, as well as for ensuring care for a help-seeking and functionally impaired population. The MMM trial included youths with common mental health problems below or above the threshold for a clinical disorder, and the results of this long-term follow-up indicate that these youths were at high risk for persisting impairments and later need for specialized care. The outcomes of MMM compared to MAU will be presented at the conference.

Parents perceptions of adolescent distress: Evaluating the Illness Perception Model

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 870

Ms. Daráine Murphy (University College Dublin), Dr. Caroline Heary (National University of Ireland, Galway), Prof. Mark Shevlin (Ulster University), Prof. Eilis Hennessy (University College Dublin)

Introduction: Parental help-seeking is a complex process in which a parent must recognise their adolescent is in distress and in turn initiate the process of seeking help. A number of models have been proposed to understand parental help-seeking behaviour, but such models fail to adequately address what triggers parents to initiate the process of seeking help. It has been consistently shown that parents' attitudes towards mental health and help-seeking predicts their likelihood of seeking help, however, little is known about what causes a parent to initiate the help-seeking journey (Reardon, et al., 2017). The "Common-Sense Model of Illness Perception" explains the process by which an individual perceives, understands, and responds to an often-complex health threat (Dempster et al., 2015; Leventhal et al., 1984). The model has been widely used in the health psychology literature and more recently has been applied to understand how an individual copes with a mental health difficulty (Baines & Wittkowski, 2012). The model has been used to explore parents' perceptions of a child mental health difficulty, however, the model has yet to be applied to explore parents' perceptions of an adolescent mental health difficulty. Furthermore, the majority of the research on parental help-seeking is based on data gathered from mothers and many studies fail to recruit an adequate sample of fathers.

Objectives: The aim of this research is to evaluate how a parent's perception of an adolescent mental health difficulty predicts intentions towards seeking help. The study further aims to explore if there are differences between mothers and fathers in their perceptions of adolescent distress.

Methods: Participants were 1176 parents of adolescents aged 10 to 19 from the Republic of Ireland. Fathers accounted for 15% of the sample (N=175) while mothers accounted for 84% (N=993). Parents who consented to participating in the study were randomly assigned to one of eight video vignettes of a mother detailing a concern they had about their adolescent's well-being. The vignettes varied by cause, severity, and the gender of the adolescent.

Results: Parents who believed treatment could control the mental health difficulty or saw the difficulty as having consequences for the adolescent had greater intentions towards seeking help. Parents who believed that the adolescent was in control of the problem had lower help-seeking intentions. Fathers overall reported lower intentions towards seeking help for their adolescent, they reported higher levels of stigma and lower levels of illness coherence in comparison to mothers.

Conclusions: This study highlights the importance of educating parents about adolescent mental health, the benefits of mental health treatment and the consequences for adolescents if mental health treatment is not sought. This study is also unique as it recruited a large sample of fathers. The results highlight the importance of including fathers in any interventions to increase help-seeking because they have more negative attitudes towards mental health and help-seeking in comparison to mothers.

Implementing Integrated Youth Services Virtually in British Columbia During the COVID-19 Pandemic

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 871

Mr. Suhail Nanji (Foundry BC), Mx. Al Raimundo (Foundry, 915-1045 Howe Street, Vancouver, BC, Canada, V6Z 2A9), Mrs. Julia Hayos (Foundry BC), Mrs. Sandra Teves (Foundry BC), Ms. Alayna Ewert (Foundry, 915-1045 Howe Street, Vancouver, BC, Canada, V6Z 2A9), Mr. Godwin Chan (Foundry, 915-1045 Howe Street, Vancouver, BC, Canada, V6Z 2A9), Mrs. Neha Uday (Foundry, 915-1045 Howe Street, Vancouver, BC, Canada, V6Z 2A9), Dr. Karen Tee (Foundry), Dr. Steve Mathias (Foundry), Dr. Skye Barbic (Foundry)

Introduction (rationale):

Foundry is an integrated youth services organization in British Columbia (BC), Canada, that provides services to young people ages 12-24 years. In March 2020, the BC government declared COVID-19 a public health emergency, resulting in limited in-person access at the physical Foundry centres across the province. In response to this service gap, Foundry pivoted to the development of a virtual platform and service to enable young people and families to access support online.

Objectives:

The objectives of the initiative were to 1) launch a virtual platform and 2) stand up a provincial service delivery team to provide integrated services to youth and families/caregivers.

Methods:

Foundry consulted with youth and their families/caregivers to implement the Foundry Virtual platform and develop an integrated service delivery team. Using the Foundry data collection platform, Toolbox, we analyzed both quantitative and qualitative data for service utilization trends, the demographic profile of young people accessing virtual services, and how young people rated the quality of services accessed. Experiences of families/caregivers and service providers were also assessed. These data were used for continuous quality improvement of Foundry Virtual. Data was analyzed from April 2020 to Feb 2022.

Results

In April 2020, Foundry launched Foundry Virtual, providing young people and their families/caregivers from across BC with drop-in counselling and youth peer support services via chat, voice, or video calls. Additional Foundry services were added to Foundry Virtual throughout 2020-2021 including primary care, family services and employment support. Since launching, 3255 unique youth accessed Foundry Virtual services over 7268 visits, totalling 8565 services accessed. The predominant services accessed were walk-in counselling (35.7%), mental health and substance use services (28.2%), youth peer support (18.6%), group services (7.8%). When asked if they would use the service again if they needed support, 61.7% selected strongly agree and 32.7% agree. Over 95% of youth reported they would recommend Foundry Virtual to a friend. Approximately one-third of respondents (30.2%) indicated that without virtual services they would not have received help or would have gone nowhere else.

Conclusion

Foundry Virtual has provided a new access point for young people and their families/caregivers to receive services in BC, with highly positive feedback from end-users. In response to our early findings and learnings, we provide four recommendations for other implementers of virtual services. First, engage the intended audience at every phase of the project. Second, invest in the needs and wellness of staff (e.g., confirming technology readiness to provide services via a custom built platform) to ensure they are prepared and supported to deliver services. Third, develop strong partnerships, including with schools and regional health systems, to create a non-fragmented and high-quality experience for youth. Last, support a culture of psychological safety and

continuous learning improvement that allows for rapid course adjustments (agility) among the ever-changing technology and health system landscape.

Kids Help Phone: Leveraging National Data to Understand the Impact of Covid-19 on the Mental Health of Youth in Canada

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 873

Ms. Sarah M Mughal (Kids Help Phone & McGill University), Ms. Alisa Simon (Kids Help Phone)

Introduction

Kids Help Phone (KHP) is Canada's largest professional counselling, support, and information service for young people. As of March 2022, KHP supported people over 1,300 times every day with our counselling and crisis support services. We also supported people 11,000 times each day via our online resources, including a peer-to-peer platform and psychoeducational resources. All of KHP's services are provided in English and French, are anonymous, and at no-cost to children and young people in every province and territory across Canada.

During COVID-19, we received and sustained a 137% increase in volume across our services. In this presentation we will share qualitative and quantitative data about how young people experienced and were impacted by the COVID-19 pandemic. We will also share how we built a data-driven organization that leverages our data every day, and finds opportunities for knowledge sharing and national and international partnerships.

Objectives

Our goal is to provide a high-level description of the services provided at KHP, who we are serving, and the most common issues articulated by young people seeking support through our services; with a special highlight on trends seen during the COVID-19 pandemic. This will characterize who is being served by interventions such as ours, and inform other organizations of the scope of the role KHP plays in the Canadian mental health care landscape. It will also provide a picture of what we have learned from our service users about their experiences during a global pandemic.

Approach

KHP regularly collects service monitoring and evaluation data across all services. These include service volumes, delivery times (e.g. time of day), service user reported sources of distress, clinician-reported issues discussed, service user demographics, as well as qualitative data from user surveys. To preserve anonymity, all data shared externally is anonymized and aggregated.

Practice/policy implications

As KHP a large, nation-wide, child and youth service organization, knowledge of our service trends and issues described is of interest to clinicians, policymakers, and organizations looking to understand system gaps and issues faced by young people, both nationally and internationally. This is an opportunity to share specific findings around Canadian child and youth experiences with COVID-19, and contribute to the sector's growing body of knowledge on the impact of the pandemic on the mental health of young people.

Conclusion

COVID-19 was uncharted territory for KHP and for most organizations across the world, but it has and will continue to have serious repercussions for the mental wellbeing of young people. They faced isolation, increased risk for domestic abuse, loss of all kinds, and anxiety in ways they had never experienced before, and it's important that we learn from this moment. Our national, digital services uniquely position us to help understand this crisis for Canada. We want to share what we learned during the pandemic to allow others to better support young people, as well as demonstrate the value of real-time data to inform services, policies, and change.

Experiences and Perspectives of Young People Receiving Specialized Services for First-Episode Psychosis on A Digital Health Intervention to Prevent Relapse and Support Recovery: A Focus Group Study from the HoryzonsCa Pilot Project

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 882

Dr. Shalini Lal (School of Rehabilitation, University of Montreal, Montreal, QC, Canada), Mr. Ryan Tobin (Youth Mental Health and Technology Lab, Douglas Mental Health University Institute, Montreal, QC, Canada), Mrs. Stephanie Tremblay (School of Physical & Occupational Therapy, McGill University, Montréal, QC, Canada), Prof. John Gleeson (Healthy Brain and Mind Research Centre and School of Behavioural and Health Sciences, Australian Catholic University, Fitzroy, Australia), Dr. Simon D'Alfonso (Orygen, Parkville, VIC, Australia; School of Computing and Information Systems, University of Melbourne, Melbourne, VIC, Australia), Ms. Geraldine Etienne (ACCESS Open Minds, Douglas Mental Health University Institute, Montréal, QC, Canada), Dr. Ridha Joobar (Department of Psychiatry, McGill University, Montréal, QC, Canada), Dr. Martin Lepage (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Dr. Mario Alvarez-Jimenez (Centre for Youth Mental Health, University of Melbourne, Parkville, Australia)

Introduction

Horyzons is a web-based application powered by the Moderated Online Social Therapy (MOST) system, originally developed and tested in Australia to prevent relapse and support recovery in young people receiving services for first episode psychosis (FEP). Horyzons consists of interactive and strengths-focused psychosocial interventions, web-based social networking, and clinical and peer moderation. Our team has published research on the adaptation of Horyzons (referred to as HoryzonsCa) so that it can better respond to the culture and context of a Canadian setting. Next, we piloted a live version of HoryzonsCa with 20 Canadian patients receiving services for FEP. In this presentation, we will report on the experiences of HoryzonsCa users.

Objective

To assess how Canadian youth receiving services for a FEP experience and perceive HoryzonsCa using focus group methods.

Methods

Participants were recruited from an urban specialized early intervention clinic for FEP in Montréal, Canada. Qualitative data was collected using focus groups facilitated by two research team members. Of the 20 participants who participated in the live pilot, nine attended focus group sessions. In total, four focus groups took place and each focus group ranged from 3 to 5 participants. Focus groups were transcribed verbatim and analyzed deductively using a coding framework adapted from our previous adaptation study on Horyzons.

Results

We identified three main themes during the analyses: 1) Factors motivating participants to use HoryzonsCa, 2) Limited awareness of certain features and capabilities of the platform, and 3) Concerns, suggestions, and future directions for implementation. First, regarding motivation to use HoryzonsCa, participants appreciated connecting with others with similar lived experiences, found content reliable and accessible, and found moderators helpful and supportive. Further, participants found HoryzonsCa helpful for anxiety, coping, and self-improvement. In terms of awareness, participants were unaware of several platform features such as the private chat, tagging others, and "I'm just venting" posts. Some participants expressed concerns regarding limited interaction on the platform between peers and wanting more specific, specialized content. Participant suggestions for future implementation included: more active and individualized engagement by moderators, development of a French version of Horyzons, access to 24/7 moderation, a Horyzons mobile app, and larger-scale implementation to increase its availability to more patients.

Conclusions

Overall, participants greatly appreciated Horyzons and expressed positive perceptions regarding its benefits for recovery. Secondly, findings highlight a need to adapt or supplement the orientation process to increase awareness of its various features and functionalities. Third, findings highlight the need for further research on strategies that may help to promote engagement and communication among Horyzons users. Lastly, participants shared concerns and provided suggestions on how to improve the platform which will be considered in future implementation. Overall, participants demonstrated the desire to see Horyzons grow in scale, accessibility, and functionality to provide an even stronger digital health innovation to a broader audience. Based on these results, we have launched an evaluation of HoryzonsCa in French and in English with 100 participants receiving treatment for psychosis.

Pandemic-Related Disrupted Transitions Among Young Adults with Mental Illness

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 885

Dr. Kathryn Sabella (University of Massachusetts Chan Medical School), Ms. Jessica Jonikas (University of Illinois Chicago), Ms. Frances Aranda (University of Illinois Chicago), Ms. Pamela Steigman (University of Illinois Chicago), Ms. Claudia Cortez (University of Illinois Chicago), Dr. Judith Cook (University of Illinois Chicago)

Background: The COVID-19 pandemic has had a profound impact on the lives of young adults, affecting their relationships, health behaviors, academics, and professional lives (Mazumder, et al., 2021). Prior to the pandemic, many young adults in the U.S. with mental illnesses and other health conditions experienced multiple challenges and delays reaching expected milestones during a critical developmental period (National Research Council, 2015). Preliminary research with young adults during the pandemic has indicated that those with pre-existing mental health conditions were more likely to report poorer quality of life and psychological health and higher levels of COVID related worry (Liu, Stevens, Conrad, and Hahm, 2020; Hyun et al, 2021).

Objective: Quantitative data is used to explore how the pandemic has impacted young adults with serious mental illness, including if and how it disrupted normative life transitions (e.g., school, work, living situation, and social relationships).

Methods: Young adults, aged 18-25 years, living with serious mental illnesses were recruited from across the U.S. to complete an online Qualtrics survey between March 26 and June 4, 2021. Measures included the Patient Health Questionnaire-9 (PHQ-9), the Generalized Anxiety Disorder questionnaire-7 (GAD-7), aspects of well-being, and demographic information. The survey also assessed impact of COVID-19 on mental health, physical health, and daily lives, along with disruptions to normative life transitions. Correlation analyses were used to explore the relationship between types of life disruptions and various demographic, mental, and physical health variables.

Findings: The final sample (n=967) includes mostly White (63%) and non-Hispanic (65%) young adults. There was a similar proportion of male and female participants, with some young adults (<5%) reporting diverse gender identities. Most of the sample had some college education (58%). The six most common COVID-related life disruptions were in domains of work (38%), social network (38%), residential situation (28%), intimate partner relationships (23%), school cessation (22%), and deferment of post-secondary education (20%). On average, young adults experienced 1.7 of these six disruptions. There was a high correlation between most life disruptions and screening positive for both anxiety and depression. Those who reported having a greater number of diagnosed mental health conditions were more likely to experience school cessation, work disruption, and several other life transition disruptions (all at the $p < .01$ level). Work disruption was more likely among those with lower education levels and school cessation was more common among Hispanic individuals. Analyses will continue through Summer 2022.

Conclusions: Young adults with serious mental illness in the United States report experiencing several disruptions across multiple domains of life during the pandemic. Young adults who screened positive for both anxiety and depression and those who reported a greater number of mental health conditions were more likely to experience disruptions in multiple domains. These disruptions, especially in the domains of school and work, may be difficult for young adults who were already struggling to meet normative milestones to overcome. Stunted progress in multiple life domains during young adulthood could lead to poor long-term mental health, physical health, and economic outcomes.

How young adults perceive the causes and consequences of their mental health condition

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 888

Dr. Kathryn Sabella (University of Massachusetts Chan Medical School), Ms. Natalie Tinknell (Boston University School of Social Work), Ms. Murrone O'Neill (Boston University School of Social Work)

Background: The sociological study of mental illness explores the social causes and consequences of mental health conditions. A sociological perspective can be used to explore how young adults with mental health conditions make sense of their condition, what caused their condition, and how it influences their daily lives. This perspective would be invaluable to making cross-cultural comparisons of young adult mental health. Young adult perceptions and understandings of their mental health conditions can also uniquely inform the design of services and supports that successfully engage them.

Objective: To a) describe how young adults in the U.S. with diagnosed mental health conditions describe their mental health conditions, and b) discuss with attendees how they have experienced young adult perceptions of mental health conditions in their own communities and cultures.

Methods: One-time, in-person interviews were conducted with 55 young adults, ages 25-30, with serious mental health conditions in the United States between 2016-2017. A life story interview script asked participants about key life and mental health experiences and their education, training, and employment experiences through childhood and early adulthood. Young adults staff members with lived experience of a mental health condition conducted most of the interviews and participated in qualitative coding and analysis. All interviews were recorded and transcribed. We employed an inductive approach to coding the qualitative data using several elements of grounded theory methodology. Rapid qualitative analysis (RQA; Vindrola-Padros and Johnson, 2021) and matrix analysis (Miles & Huberman, 1994) were employed to expose themes related to the causes and consequences of mental health conditions.

Findings: Most participants reported being diagnosed with multiple mental health conditions. Young adults' descriptions of how they experience and perceive their mental health condition(s) were highly subjective. Some life experiences (e.g., familial stress, trauma, interpersonal relationships) were perceived differentially by some young adults as causes (i.e., contributing factor) of their mental health condition and by others as consequences (i.e., direct results) of their mental health conditions. The bulk of this subjectivity depends on either a) the temporality of their diagnosis (i.e., age of diagnosis, how long they exhibited symptoms prior to a diagnosis) or b) the progression of how they have come to understand their mental health condition (i.e., whether and how much they adopt a biomedical model of mental illness). This subjectivity was especially true for factors relating to interpersonal conflict, feelings of anger, and navigating relationships in the workplace. In some cases, young adults spoke objectively about how they experience their mental health condition without assigning them as causes or consequences.

Conclusion: Young adults perceive their mental health condition(s) and the causes and consequences of those mental health conditions in diverse and subjective ways. Accordingly, a given diagnosis is subjectively experienced by a young adult depending on a variety of contextual factors. Service providers, family members, and researchers should attempt to better understand how young adults perceive of their mental health condition in order to better meet their needs and facilitate cross-cultural comparisons.

ShareCare - An initiative by young people, with young people, for the future of young people

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 895

Ms. Eef Jütten (@ease Netherlands & Maastricht University, Department of Psychiatry and Neuropsychology Maastricht, the Netherlands), Mr. Rick Koll (@ease Netherlands Maastricht University, Department of Psychiatry and Neuropsychology Maastricht, the Netherlands), Mr. Léon Chiata (@ease Netherlands & Maastricht University, Department of Psychiatry and Neuropsychology Maastricht, the Netherlands)

Introduction

Young people aged 12 to 25 are most vulnerable to developing chronic mental health problems (Kessler et al., 2007). Conventional mental health treatments thereby often focus on fitting young people into a diagnosis and treatment program.

In conversation with those people it became apparent that their needs are often not met. Those conversations revealed that to unlock the young people's faith in themselves and train their positive outlook, they would need to: (1) be participative (2) be able to change, by breaking labels, (3) be exposed to diversity, (4) access a performance-free place, (5) have positive interactions, (6) be part of a community, (7) have space to solve intra- and interpersonal problems, and (8) learn useful life skills.

Methods

ShareCare is a exchange-program funded by the European Erasmus+ and designed by organizations in Belgium (Cachet, Nature, Overkop, Jes, Homaar, Vlaamse Jeugdraad), Denmark, (Headspace), and the Netherlands (@ease). Volunteers of these organizations are young people, who partially have gone through mental health problems themselves.

The first exchange focused on practicalities and took place in Belgium. The second exchange took place in October 2021 in Denmark. The next exchange is currently planned for April 2022 in the Netherlands. In Denmark, the volunteers formed several committees to focus on different tasks, aimed at achieving the eight points of relevance.

The first task force (VolunteerConnect) focused on charting the needs of current volunteers. A questionnaire was developed to examine volunteers' views on their capabilities and where they would like to have more knowledge. Furthermore, the leaders of these organizations were interviewed, to examine how they cater to their volunteers' needs.

The second task force focused on communication with external parties. Namely, group two aimed to make the program visible and create awareness for today's decision-makers. They focused on creating content and writing stories about the youth involved in the program.

Results

Preliminary results of VolunteerConnect suggest that while volunteers receive extensive training prior to the start of their work, they often lack specific skills in some areas. Data collection is currently ongoing and will end in April 2022. After the collection of data, the results will be analyzed separately for each organization and will be presented at the exchange in the Netherlands at the end of April. These results will be communicated to each organization. Additionally, the second task force will focus on the creation of content, which could be used to present to decision- and policy-makers, during the third exchange in April 2022.

Conclusion

The goal of ShareCare is to develop the youth, and achieve the eight goals synthesized during the exchange in Denmark, in order to enhance youth mental health and facilitate the development of resilient and healthy youth.

With VolunteerConnect, we aim to create a safe, collaborative space for volunteers across countries, in the form of an online platform where volunteers can share knowledge, collaborate, and discuss their experiences. The second task force focuses on the external and the results will mainly be created during the exchange in the Netherlands.

Social media as a tool for health literacy and capacity building in youth: an experimental intervention in Brazil.

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 898

Mr. Vinicius Gaby Vieira Rego (University of Sao Paulo Medical School)

Introduction

The popularization of smartphones and Internet access over time has paved the way for more people to be heard and active in today's civic life. Internet has changed the way people deal with intricate challenges: social media today is a huge platform to express opinions, connect and engage people in taking actions. On the other hand, the same technological development in question currently contributes to one alarming global issue: the increasingly high rates of mental health issues in all ages, but especially in young people. According to a 2017 study of the Royal Society for Public Health the heavy use of Instagram among teenagers and young adults was associated with high levels of anxiety, depression, bullying and "fear of missing out". This is concerning as the World Health Organization recently defined that mental health conditions account for 16% of the global burden of disease and injury in people aged 10-19 years, being depression one of the leading global causes of illness and disability among adolescents. The use of social media for more than 2 hours a day has also already been appointed as a source of psychological distress. In this scenario, this project proposes using social media as a way to connect with younger audiences to deliver educational videos as a way of supporting them in dealing with challenges of their own physical and mental health.

Objectives

The goal is to use social media's most usual formats of content, specifically videos, with a language and a presentation tailored to younger audiences as a way to deliver educational content. The content is designed to raise awareness about health topics and support capacity building for dealing with common stressors in adolescents and young adults, such as common sleep and brief adjustment issues.

Methods

Over a period of one year, a Facebook, a Youtube and an Instagram page were created under the name "Meu Amigo Medico", which translates to "My friend the doctor", in which short videos were posted and distributed through digital marketing strategies aiming to approach the determined audience. The structure of the videos ranged from an interview with a specialist physician on a predetermined topic or a short educational monologue. Themes were chosen based on in-person consultations with the public audience or on the results of an online form distributed to viewers of the social media pages.

Results

The themes addressed in the videos encompassed topics such as mental health, sleep hygiene, thyroid issues and obesity. Over all platforms, 62 video files were created which gathered a total of 20.445 views. These views corresponded to: 4.261 views on Facebook, 9.667 views on Youtube and 6.517 views on Instagram.

Conclusion

Social media can be an asset to distribute educational and capacity building content about physical and mental health topics. More studies are warranted to evaluate the impact such contents have on the self-care of the target audience and to define better strategies to deliver educational messages.

Youth Perspectives on How Technology Could Improve Referral Experiences and Processes in Canada

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 907

Dr. Shalini Lal (School of Rehabilitation, Faculty of Medicine, University of Montreal, Montreal, QC, Canada), Dr. Hajin Lee (School of Rehabilitation, Faculty of Medicine, University of Montreal, Montreal, QC, Canada), Ms. Kira Rudakova (Youth Mental Health and Technology Lab, Centre de Recherche du Centre Hospitalier de l'Université de Montréal, Montreal, QC, Canada), Ms. Kawtar Zitour (Youth Mental Health and Technology Lab, Centre de Recherche du Centre Hospitalier de l'Université de Montréal, Montreal, QC, Canada), Ms. Danielle Joanna Starcevic (Youth Mental Health and Technology Lab, Centre de Recherche du Centre Hospitalier de l'Université de Montréal, Montreal, QC, Canada), Dr. Rebecca Fuhrer (Department of Epidemiology, Biostatistics and Occupational Health, McGill University, Montreal, QC, Canada)

Introduction:

An early step in accessing mental health care is the referral process, yet there has been limited research attention on the experiences of referral to mental health services from the perspectives of youth in the general population, and how these experiences can be improved using digital health innovations.

Objective:

This study aims to better understand the perspectives of youth (ages 17 - 30 years) on the use of technology to facilitate access to mental health services, especially in terms of the initial steps of requesting services.

Methods:

This study used a cross-sectional, web-based survey design. A convenience sample of 431 participants from 3 Canadian provinces (Quebec, Ontario, and British Columbia), between the ages of 17 and 30 years, was recruited via Facebook. The mean age of the participants was 22.7 (SD = 3.2; Range 17-30), of which 80% (n = 346) identified as female. Almost half (50%, n = 215) reported themselves as having European origins and 33% (n = 142) as Asian origins. The web-based survey included 51 questions (8 open-ended questions and 43 closed-ended questions). In this presentation, we focus on the open-ended question "In which ways do you think an online referral tool could be helpful for improving the referral experience and process for a young person?". We received 250 responses to this question, which were analyzed using a content analysis approach.

Results:

In terms of preliminary results, we identified four main themes in the data: 1) Accessibility, 2) Reduced Discomfort, 3) Confidentiality/Privacy, and 4) Empowerment/Control. First, in terms of accessibility, participants believed that online referral tools can help reduce time between help-seeking and mental health service delivery (24%, 60/250), provide resources and services at more convenient times, locations, and costs for youth (20%, 49/250), and increase the facility of the help-seeking process by relying on technology that youth are generally familiar with (10%, 25/250). Secondly, participants feel that online referral tools will reduce discomfort associated with having to present in a clinical setting in the early stages of seeking help (5%, 12/250) and discomfort associated with sharing information with healthcare providers in-person (6%, 14/250). Third, participants mentioned privacy (10%, 25/250) and safe space (12%, 31/250) as factors of online referral tools that could help improve referral processes. Finally, participants reported the ability to choose a healthcare provider and/or communication method catered to their needs (16%, 39/250) and self-referral (9%, 23/250) as factors that cultivate empowerment in the help-seeking process.

Conclusion:

Participants showed very positive perceptions of the use of technology to facilitate the help-seeking processes from mental health services, particularly in terms of streamlining the navigation process using tools (i.e., digital technologies) that they are already comfortable with. These findings can help inform the improvement of

processes that support young people's initial access to mental health services.

The role of Family/Carers in Supporting Youth with Mental Health Problems

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 909

Ms. Mary Anne Levasseur (ACCESS Open Minds Family and Carers Council), Ms. Yvonne Pelling (ACCESS Open Minds Family and Carers Council), Ms. Karen Pinkoski (ACCESS Open Minds Family and Carers Council), Ms. Katherine Shettell (ACCESS Open Minds Family and Carers Council), Ms. Laurie Sutherland (ACCESS Open Minds Family and Carers Council), Dr. Srividya Iyer (Douglas Mental Health University Institute; Department of Psychiatry, McGill University)

Family/carers of youth with mental health concerns play a key role in providing caregiving and support, both identified as essential elements in the treatment and recovery of affected youth. As a result, family/carers must have access to information, knowledge, resources and support around appropriate and timely mental health services to provide caregiving and support to their youth. However, family/carers may need assistance to stay involved as partners in their youth's treatment and recovery, while being mindful of their own self-care and support practices.

Recently, initiatives in youth mental health have sought to include families in both the care of the young person as well as in service delivery in the community. Among such initiatives is ACCESS Open Minds (AOM), a Canadian Integrated Youth Services (IYS) model of care, which aims for family engagement to be incorporated into service provision while being responsive to the needs of the community in youth mental health. Among the efforts taken within AOM to ensure that family engagement, was the formation of the ACCESS Family and Carers (AFC) Council .

This presentation will showcase the key accomplishments developed by the AFC to raise awareness about the contributions of family/carers in the support their youth, as well as the need to sustain the engagement of family/carers in youth mental health initiatives and services. Examples include, a photovoice project, a guidebook on family/carer perspectives around youth mental health care, and family/carer core values.

The above examples were developed through close collaborations with researchers and other stakeholder groups in a way that works toward building capacity for family/carers. These collaborations yielded insights around the benefits of caregiving and support by families/carers from different cultural contexts, as well as the challenges related to stigma and confidentiality.

The collaborations allowed for the active involvement in community projects that resulted in the development of a responsible partnership in order to build on social inclusion and advocate for de-stigmatization

The development of the materials allowed for the examination of the important challenges faced in fostering strong connections and group cohesion, including factors related to geography, building a working team, and integrating family/carers with other stakeholders.

Peer-Led Transition as a catalyst for student mental health and wellbeing in 3rd-level education

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 910

Ms. Ralph Armstrong-Astley (Trinity College Dublin), Mr. Ruairí Weiner (Trinity College Dublin)

Introduction or rationale

Peer-led programmes range in definition from specifically social (e.g. peer mentoring) or specifically academic interventions (e.g. Supplemental Instruction Peer Assisted Study Sessions - SI PASS) to multi-faceted initiatives. Some are specifically aimed at transition from secondary school, or students from alternative backgrounds/routes, while others are all-encompassing. However, the exact ways in which peer-led transition programmes can influence student mental health and wellbeing, and the levels to which this is possible, are currently ill-defined.

We know from practitioner wisdom that it is impossible to deliver support for social or academic needs in isolation; an intervention designed to support academic transition inevitably generates social capital, for example, and an intervention specifically created to enhance social networking in the higher education environment inevitably generates interest in academic and emotional support.

Objectives (of project and/or research)

3Set Work Package 3 was established to research best practice nationally for peer-based transition, social networking and peer assisted study programmes, and to develop and pilot an integrated, replicable model for peer-led social, academic and emotional transition.

As well as producing a pilot model and associated materials, Mentors were trained and supported to facilitate conversations and run activities to encourage and develop active learning skills, self-care skills and to break down the barriers to college engagement and belonging. The pilot's aimed to prove positive impact on retention and progression for the first-year students and for the Mentors, to support the development of graduate attributes and to build and strengthen emotional resilience in the student population.

Methods or approach

National Advisory Groups of peer-led transition co-ordinators and student participants were convened to explore established research and lived experience of 3rd-level transition through a Theory of Change model. Students and staff then continued to work together to co-design and implement the programme, and to review and revisit resources as they were designed and used. Evaluation was facilitated through surveys and focus groups subjected to thematic and statistical analysis, along with a longitudinal survey that collected significant data about student experience during the Covid-19 pandemic, and gives early indicators of the potential impact of our pilot peer-led transition programme.

Results or practice/policy implications

Social, emotional, and academic aspects of students' development in their transition to higher education are strongly related and supporting one can positively impact the others. Ongoing support of students' adjustment and development can positively influence wellbeing and student success. Ensuring these programmes are student-driven not only enhances feasibility, but significantly improves efficacy for incoming students, and for student volunteers. Preliminary data suggests further expansion of the programme as a potential catalyst for heightened student resilience is warranted.

Conclusion

Peer-led models for supporting transition to higher education should run for the whole first year of study and should respond to students' holistic needs in social, emotional, and academic domains. Peer-led delivery of key skills in these areas can simultaneously nourish social connection and build community resilience and wellbeing.

Factors related to mental health in health professional students from an occupational therapy perspective: A scoping review

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 915

Mr. Laurence Blais (School of Rehabilitation, University of Montreal, Montreal, QC, Canada), Mr. David Jetté (School of Rehabilitation, University of Montreal, Montreal, QC, Canada), Dr. Rossana Peredo (University of Montreal Hospital Research Centre (CRCHUM), Montreal, QC, Canada), Dr. Shalini Lal (School of Rehabilitation, University of Montreal, Montreal, QC, Canada)

Introduction

The high prevalence of mental health issues among health professional students is a serious concern. Understanding and identifying the factors that influence the mental health of students can be beneficial to the development of prevention and health promotion interventions for this population.

Objectives

Synthesize research on factors that influence the mental health of health professional students from an occupational therapy perspective and discuss implications for practice.

Methods

A scoping review was conducted following Arksey and O'Malley's five-stage framework for conducting scoping reviews and informed by the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Review (PRISMA-ScR). We searched three databases: MEDLINE, PsycInfo, and Embase. Studies were included if authors reported data regarding factors related to mental health among health professional students. The database search was restricted to French or English articles from 2010 and excluded studies that only reported prevalence rates. Results were analyzed using a content analysis approach and guided by an occupational therapy perspective inspired by the framework "Do-Live-Well".

Results

The electronic data search generated 11 160 references. After screening all titles and abstracts, 22 studies were selected for analysis. We identified 53 positive and negative influencing factors and grouped them into eight categories: lifestyle, interpersonal relationships, academic demands, occupational balance, financial management, school resources, environment, and personal factors. The most frequently described factors were those pertaining to stress and, to a lesser extent, depression, anxiety, and professional burnout. The majority of the samples included medical students; only one study focussed on occupational therapy students, showing the lack of research attention given to a diverse range of allied health care professional students.

Conclusions

Our results highlight the need and potential for the role of occupational therapy in university settings, including for example the development of workshops aimed at improving occupational balance and engagement in meaningful activities; and socio-ecological interventions such as expanding access to leisure resources within university settings and focussing on adaptations to student curriculum.

The youth-led co-design of Orygen Virtual Worlds: a virtual space for delivering the next generation of youth mental health services.

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 917

Mr. Dean Kolovos (Orygen), Dr. Imogen Bell (Swinburne University, Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Michelle Tennant (Orygen), Dr. Jen Nicholas (Orygen), Dr. Rose Pot-Kolder (Orygen), Dr. Greg Wadley (University of Melbourne), Ms. Carli Ellinghaus (Orygen), Dr. Martin Reinoso (Orygen), Mr. Yang Liu (Orygen), Prof. Andrew Thompson (Orygen, Parkville, VIC 3052, Australia)

Introduction: adapting to the COVID-19 landscape, youth mental health services shifted online, delivered through teleconferencing platforms like Zoom. These tools proved invaluable, and as the world opens up, many young people have expressed a preference for telehealth over in-person services due to the greater flexibility, anonymity and convenience. However, for others, telehealth is difficult to engage with. There are also usability and acceptability concerns, as the teleconferencing tools harnessed during the pandemic were not purpose-built to deliver mental health care. Virtual worlds, online 3D environments that allow young people to interact through customised avatars, are a proposed alternative to telehealth. These environments may prove to be a more youth friendly and engaging way of accessing services remotely.

Aims & Objectives: to discuss the development and testing of a virtual world platform, Orygen Virtual Worlds (OVW), an online space purpose-built for young people, by young people.

Methods: employing a participatory design model, the co-design process was led by myself, a peer researcher with lived experience of my own. The project involved recruiting 10 youth advisors for 6 design workshops and one round of individual consultations. Youth advisors were recruited from across the lived experience community, with representation from CALD and LGTQIA+ communities. At-risk groups were also targeted, including young people living in regional communities, young people living with disability and young men who are disengaged from services. Sessions were held over Zoom in groups and individually, adapting in-person co-design principles to an online model. Sessions varied in focus, and covered problem framing exercises, creative envisioning tasks, the development of user personas, decisions around OVW's aesthetic profile, identifying priorities and user experience testing. An iterative design process involved the development team producing prototypes derived from the workshops and receiving ongoing feedback to refine and perfect the platform. Following the completion of an initial prototype based on our participatory design work, a peer support group intervention is being adapted for OVW and will be tested in a pilot randomised controlled trial over the coming months.

Results & Conclusion: this presentation will report qualitative findings on the co-design of OVW, discussing the methods and outcomes of the participatory design and development of the virtual world, as well as barriers and facilitators to constructive youth participation. It will also detail the development of a virtual peer support model and present preliminary results on the acceptability and utility of OVW as a peer intervention, as the trial will be completed in time for this conference. Finally, I will offer broader commentary on the practice of peer research in the digital intervention space.

Perceived Mental Health and Intervention Needs Among Undergraduate Students Pursuing Health-Professional Degrees in Rehabilitation: A Photovoice Project

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 920

Ms. Tania Sabatino (School of Rehabilitation, Faculty of Medicine, University of Montreal, Montreal, QC, Canada), Dr. Shalini Lal (School of Rehabilitation, University of Montreal, Montreal, QC, Canada)

Introduction

Young people face numerous challenges (i.e., new financial responsibilities, changes in social roles, and discovering their identity), as they transition into young adulthood. For those entering university, these challenges are compounded by issues related to transitioning to an academic environment with high performance requirements, such as meeting expectations of health-professional undergraduate programs. Several interventions and initiatives have been developed or proposed to meet the needs of these students; however, there has been limited research on student perceptions of the proposed interventions and on whether these interventions meet their needs.

Objective

This project explores the mental health and intervention needs of undergraduate students pursuing health-professional degrees in the rehabilitation field.

Methods

The project uses a qualitative design and is inspired by an innovative participatory research approach, photovoice. This method aims to promote group discussions by sharing photos taken by participants. In this study, participants will be invited to take photos that illustrate factors that positively and negatively influence their well-being and mental health needs. These photos will then be used to lead group discussion exploring interventions that participants believe could help them achieve mental wellness. A total of 15 to 24 students, divided into 3 groups, will be recruited from a 1st year undergraduate health-professional program in Canada. Three, 1.5 hour sessions will take place for each group. The data will be analysed using a thematic analysis approach. A multi-stakeholder advisory committee including professors, students, researchers and members of the university administration will also be involved throughout the research process.

Implications for practice

This project will allow students to express their mental health difficulties and needs using a participatory-based approach. The project promotes empowerment and awareness about mental health challenges that students studying in a health-professional field face. This project is also expected to encourage reflection among the academic community and increase the scientific knowledge available on student mental health.

Conclusion

This student project is currently underway and preliminary results will be ready for presentation at the time of the conference. This project is expected to produce positive impacts for students and the academic community in health-professional fields. Improving students' mental health will limit its negative impact on their physical health, and on their academic and professional careers.

Prevocational Psychologists' Attitudes towards Individuals with a Dual Diagnosis

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 925

Mr. Brendan Pawsey (Orygen), Mr. Rachid Ghieh (Orygen)

Governments, researchers and clinicians alike have noted growing rates of *dual diagnosis* – that is people living with co-occurring mental health and substance use issues. Research and policy makers agree that dual diagnosis presents significant impacts and challenges for both service providers and society in general. There has been considerable thought and investment in training packages to upskilling the mental health (MH) and alcohol and other drug (AOD) workforces in learning how to assess and treat those with a dual diagnosis. However, the need to influence the *attitudes* of health professionals towards supporting this cohort has been overlooked. Concerningly, even less has been invested in the development of pre-vocational mental health clinicians, such as those studying to become psychologists, that better ensures they develop both the technical and attitudinal foundations to support those with a dual diagnosis as the future workforce.

This presentation will discuss the findings of our study, which surveyed prevocational mental health (MH) workers (undergraduate and post graduate psychology students) with the primary aim of understanding their attitudes towards working with those with dual diagnoses. We also compared our student cohort to the MH and AOD workforce in order to provide insights for future training and education of pre-vocational health professionals. Broadly, the results demonstrated that students were more likely to develop positive attitudes towards supporting people with a dual diagnosis if augmented by exposure to mental health and alcohol and other drug training and experience. We will present more detailed findings of our study [data analysis still in progress] and discuss several key implications for policy, services, and university/training programs.

Family Peer Work Program Operation, Development and Implementation Factors in a Youth Mental Health Service

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 928

Ms. Sarah Whitson (Orygen and Centre for Youth Mental Health, The University of Melbourne), Ms. Susan Preece (Orygen Specialist Services, Melbourne), Ms. Maureen Swinson (Orygen Specialist Services, Melbourne), Ms. Sue Williams (Orygen Specialist Services, Melbourne), Ms. Karen Smith (Orygen Specialist Services, Melbourne), Ms. Jennifer Bité (Orygen Specialist Services, Melbourne), Ms. Zsofi de Haan (Orygen Specialist Services, Melbourne), Dr. Magenta Simmons (Orygen and Centre for Youth Mental Health, The University of Melbourne)

Background: When a young person experiences mental health challenges, they are often supported by one or more caregivers (either familial relations or nominated family). Being a carer can disrupt regular activities and result in carers neglecting self-care and experiencing distress, loss of hope, and isolation. Supports for families are not adequately addressed by the healthcare system, and new approaches are needed. While peer work has gained traction recently, there remains little focus specifically on family peer work (FPW). Yet, support is highly sought after by families. FPWs provide psychoeducation and support using their lived experience of caring for a young person with mental ill-health, which additionally benefits the young person's recovery by bolstering a supportive family network.

Objectives: Our aim was to describe the FPW program at Orygen in Melbourne, Australia, comprising an overview of the model and implementation challenges, including the barriers and facilitators as perceived by those working within the program.

Approach: Two researchers partnered with four family peer workers with varying experience across different clinical settings and two supervisors of FPWs (family therapist, and lived experience supervisor) to capture staff experiences as the program has evolved. Experiences were summarised according to 1) program operation and development, and 2) implementation factors (i.e., barriers and enablers).

Implications: The FPW relationship is mutual, negotiable, and non-hierarchical. FPWs support clients' recovery by educating, advocating, encouraging confidence, self-care, and hope, based on shared experiences of caring. Often a single session is conducted online or in-person, but group work and longer-term interactions also occur. FPWs are generally employed part-time or casually for low compensation. Raises and promotions are scarce due to limited leadership roles, though the career structure is becoming tiered due to FPW advocacy and state/national recommendations.

Since 2001, the Orygen FPW program has expanded to additional sites; hiring processes have been refined; and supervision has improved with the addition of lived experience leadership positions. However, onboarding procedures and training should be comprehensive to equip FPWs for the role and the clinical workplace.

Understanding and acknowledgement of FPW in organisations stems from value at a state/national level, and then extends to staff and FPWs. Barriers include low pay; 'role confusion'; ambiguous job descriptions that confuse staff and FPWs; 'role drift' whereby FPWs undertake irrelevant or inappropriate tasks; and tension and stigmatising attitudes from staff. FPWs' mental health can be impacted by these experiences, alongside inadequate safety management, experiencing vicarious trauma, emotional effects of sharing lived experiences, and the solitary nature of the role. Success in the role is facilitated via prior education/experience; feeling connected to other FPWs; regular supervision; collaboration, acknowledgment and support from staff; and endorsement on a state, national, and organisational level.

The Orygen FPW program has advanced, as has the broader FPW field. Facilitators and barriers should be considered by organisations implementing a FPW program, and by governing bodies aiming to provide effective services. It is important for youth services to offer FPW since families also experience challenges, and young

people's recovery can be facilitated when families are supported.

Dealing with Student Trauma: Exploring School Leadership Experiences and Impact

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 934

Ms. Anushka Phal (Umeed Psychology)

Up to 65% of Australians experience a traumatic event at some stage of their lives. In a classroom of 30 students, an average of 13 children will experience toxic stress from 3 or more traumatic incidents. Trauma can be especially challenging for adolescents as they are still learning about themselves, establishing their identity, and gaining independence.

Trauma in students increases their likelihood of failing classes, exhibiting behavioural issues, self-reporting poorer health, and declining attendance. Receiving support during, or soon after, the traumatic experience can make a vital difference to an individual's recovery. For students, often their most accessible support systems stem from the school environment.

Existing literature suggests that school leaders are vital in shaping culture and in determining support systems within their school environment. School leaders also have the capacity to organise and provide required training to school staff however they need to be aware of what training and support is needed. Furthermore, whether a program is successful or not can depend on how well school leaders have implemented the program (i.e., suicide prevention programs, anti-bullying campaigns, youth mental health training).

The current study investigated the experiences, training, and support needs of school leaders regarding students who have experienced trauma. It was conducted due to a paucity of existing research in this area.

This study used a generic qualitative research methodology and followed a constructivist epistemological approach. In addition, the semi-structured interview schedule was developed with the opportunity for both the interviewer and interviewee to further explore the responses from the latter. Leadership staff in Australian primary and secondary schools participated in interviews regarding student trauma. Thematic analysis incorporated a process of reading and re-reading transcripts, identifying themes and related subthemes within the data, and defining and naming the themes and subthemes.

A school's ability to support students following trauma is likely to be greatly influenced by the level of awareness and competence of the school leaders to provide support, implement programs, and drive wider school cultural change. This study found school leaders to understand this responsibility but that they lacked adequate policies and educational structure to be able to implement evidence-based trauma programs and policies. The results of this study indicate that school leaders require system-level policies, additional training, and evidence-based comprehensive school frameworks to assist them to generate supportive school environments for staff and students impacted by trauma.

Based on the limited literature exploring school leader experiences in dealing with student trauma, this study provides new and important insights into the needs of school leaders regarding how to effectively support young people impacted by trauma, and how to support the teachers who support these students. In addition to providing adequate training, external support from mental health specialists should be available to school leaders and staff to assist with responding to student trauma. This study also has positive implications for school policymakers, repeating this research in other sites would assist with building the research base for both trauma policy and training.

A link to this article: <https://doi.org/10.1080/15700763.2020.1836231>

Developing a healthy relationship and gender wellness toolkit for Indigenous youth in Canada

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 945

Mrs. Carolyn Melro (Dalhousie University), Dr. Nicole D'Souza (McGill University), Mr. Tristan Supino (McGill University), Mr. Clifford Ballantyne (Sturgeon Lake First Nation ACCESS Youth Centre), Mr. Gregory Brass (Cree Board of Health & Social Services Of James Baypimuiteheu - Maanuuhiikuu), Mrs. Daphne Hutt-MacLeod (.), Dr. Patricia Boksa (.), Dr. Srividya Iyer (McGill University and Douglas Hospital Research Centre)

Introduction: ACCESS Open Minds (AOM) is a Canadian network of youth mental health service providers, researchers, youth and families who have been working over the past 7-years to evaluate and transform the youth mental health care system by providing timely, culturally relevant and community-based services. Within this network, there is an Indigenous Advisory Council (IAC) who were interested in exploring, mapping, and developing a plan to implement programming geared towards building healthy relationships and gender wellness for Indigenous youth across AOM sites. The project was conducted over two phases: 1) to map health services targeting Indigenous youth; and 2) to develop a toolkit through a participatory process of youth engagement that could be integrated within programming in the AOM communities

Objectives: In partnership with the IAC, this presentation will illustrate the findings of the environmental scan of programs for Indigenous youth in Canada relating to building healthy relationships and fostering gender wellness. Second, the presentation will illustrate the importance of building relationships to develop a toolkit to assist in program development to address the gap of healthy relationships and gender wellness programming offered to Indigenous youth through AOM.

Methods: As part of Phase 1 an environmental scan was completed between May to June 2021 and consisted of: 1) a web search of services and programs centered on healthy relationships and serving Indigenous youth across Canada; 2) consultation with the AOM IAC; and 3) a review of the Indigenous AOM sites health, social and cultural programs. Phase 2 is currently ongoing.

Results/ practice implications: In Phase 1, 67 programs were identified and illustrate healthy relationships are fostered through land/cultural activities, peer mentoring, and family relationships. Further it was found that programs differed based on gender. Programs oriented to serve Indigenous girls focused on prevention of sexual health and developing a positive social identity. In contrary, boy programs more often focused on cultural and connection to land programming. There were limited programs that focused on 2SLGBTQ+ and often they focused on providing a safe space for Indigenous youth to explore their gender identity. Through consultation with the IAC and a review of AOM IAC sites programs, it was found that a focus on gender wellness and healthy relationship are not advertised as the foundational purpose given the stigma attached to gender-based topics, and the reluctance of youth to attend programs specifically targeting healthy relationships. As such, we are currently undergoing

relationship building with Indigenous youth to inform the development of a toolkit based on the environmental scan.

Conclusion: Recognizing relationships are broadly defined to include connection to land, romantic partners, peer and familial relationships the research team set out to complete an environmental scan of all publicly available Indigenous youth programming in Canada focusing on healthy relationships and gender wellness. In consultation with AOM IAC, we are currently working on building relationships with Indigenous youth to identify community level program needs to ensure existing and new community-based programming meets the needs of Indigenous youth and are culturally relevant to youth accessing services.

Comorbidity in Pediatric Bipolar Disorder - a Systematic Review

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 948

Dr. Katrine Maigaard (Child and Adolescent Mental Health Services, Capital Region of Denmark), Ms. Anne Mette Fahrenдорff (Child and Adolescent Mental Health Services, Capital Region of Denmark), Prof. Anne Katrine Pagsberg (Child and Adolescent Mental Health Services, Capital Region, Denmark), Prof. Lars Veddel Kesssing (Copenhagen Affective Disorder Research Center (CADIC))

Background: A growing body of evidence indicates that pediatric bipolar disorder (PBD) frequently co-occurs with comorbid disorders such as attention deficit hyperactivity disorder (ADHD) and anxiety disorders. This indicates that there may be special developmental relationships operant in context to comorbidity in this group of patients.

Objective: The aim of this study is to review the existing literature on the prevalence of psychiatric comorbidity and general functioning in children and adolescents with a primary diagnosis of PBD.

Methods: We performed a systematic literature search on the PubMed, Embase and PsycInfo databases in April 2021. We included original papers on children and adolescents (<18 years) with bipolar disorder and comorbid autism spectrum disorder, ADHD, eating disorders, anxiety disorders, obsessive-compulsive disorder, mental retardation, tics or Tourette's disorder, conduct disorder (CD), oppositional defiant disorder (ODD) and substance-related disorders. We extracted data and calculated weighted means to assess the comorbidity prevalence. This review complied with the PRISMA statement guidelines.

Results: 20 studies with a total study population of 2722 children and adolescents (mean age = 12.2 years) with PBD were included. We found an overall high prevalence of comorbidity in patients with PBD. The most common comorbidities were ADHD (60%) and ODD (46%). Anxiety disorders, OCD, CD, tic disorders and SUD affected between 13.2% and 29% of cases, while one in ten had comorbid mental retardation or ASD. The prevalence of comorbid disorders was lower in studies that assessed the current prevalence in patients in full or partial remission. The overall general functioning of the children and adolescents with PBD was poor.

Conclusions: There is a high prevalence of comorbidity in patients with PBD, however, assessing children and adolescents who are not in remission may lead to an overestimation. Comorbidity may have therapeutic implications with regards to treatment choices and response and conversely the treatment of comorbid conditions may increase the risk of destabilization of mood. Furthermore, an unrecognized or untreated comorbidity in patients with PBD may result in more severe mood symptoms, less response to treatment and a decreased general functioning. Therefore, it is of paramount importance to improve our understanding of comorbid conditions in pediatric bipolar disorder.

The OPUS YOUNG trial - Efficacy of early intervention versus treatment as usual for children and adolescents with a first episode psychosis. Protocol of a randomised clinical trial

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 950

Prof. Anne Katrine Pagsberg (Child and Adolescent Mental Health Services, Capital Region, Denmark), Dr. Marianne Melau (Child and Adolescent Mental Health Services, Capital Region of Denmark), Prof. Anne Thorup (Child and Adolescent Mental Health Services, Capital Region of Denmark), Prof. Pia Jeppesen (Zealand Region Mental Health Services, Roskilde, Child- and adolescent psychiatry & Copenhagen University), Dr. Jens Richardt Moellegaard Jepsen (Child and Adolescent Mental Health Services, Capital Region of Denmark), Dr. Lene Halling Hastrup (Zealand Region Mental Health Services, Roskilde), Ms. Naja Kirstine Andersen (Child and Adolescent Mental Health Centre)

Background:

In Denmark, the incidence of schizophrenia and other psychotic disorders in childhood and adolescence is increasing. The prognosis for young individuals with psychotic disorders is grave, with high risk of low quality of life, low rates of recovery, substance misuse, higher rates of suicide, violence, and legal problems, low educational and vocational attainment, and a significantly reduced life expectancy of 15-20 years.

To address the evident need to improve the treatment of psychosis in children and adolescents, we developed a new psychosocial intervention and treatment manual (OPUS YOUNG) based on the OPUS manual targeting young adults and will examine its effectiveness in a randomized clinical trial.

The overarching purpose of the OPUS YOUNG trial is to improve the treatment and outcome of first-episode psychosis in children and adolescents. No trials have investigated Early Intervention Services in samples of patients below age 18 years with a randomized controlled design. We will compare the efficacy and cost-effectiveness of OPUS YOUNG to treatment as usual (TAU) in adolescents with first-episode psychosis aged 12-17 years.

Methods:

Between June 2021 and June 2023, we will include 284 participants and randomize them 1:1 to a two-year intervention of OPUS YOUNG versus TAU. We will conduct a blinded assessment of treatment effects after 12 months, after 24 months (treatment endpoint), and at 30 months to evaluate the sustainability of the intervention effects.

The OPUS YOUNG builds on the Danish evidenced based intervention for young adults, OPUS, and is adjusted to meet the specific needs of adolescents. The OPUS YOUNG intervention consist of 1) intensified support for caretakers and relatives including siblings; 2) social cognition and interaction treatment; 3) individual cognitive behavioral case management; 3) school or educational support; 4) prevention and treatment of substance misuse; and 5) addresses specific challenges of psychopharmacologic treatment in adolescents by providing a treatment algorithm.

Our primary outcome at treatment endpoint will be a blinded investigator assessment of social functioning. Secondary key outcomes measures are positive and negative symptoms, client satisfaction, and health-related quality of life. Further outcomes are the broader psychopathology, neurocognitive functioning, social cognitive functioning, self-efficacy, experience of service, treatment alliance, the use of pharmacotherapy, school adherence, family burden, substance misuse, adverse treatment effects, and health economic measures.

Discussions:

The overwhelming individual and socio-economic burdens of psychosis combined with the severe prog-

nosis and increasing incidence of child and adolescent schizophrenia spectrum disorders, emphasize the lack of trials to direct clinical practice. Hence, there is an urgent need for evidence-based interventions that integrate psychosocial and pharmacological treatment while enforcing resilience factors in age-appropriate programs for psychosis with onset in individuals below age 18 years.

Shared decision-making for adolescents with severe mental illness

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 956

Assistant Prof. Stig Bjønness (University of Stavanger)

Human rights, national legislation, and research literature highlight the need for treatment to emphasize user participation. Shared decision-making is advocated as a recommended method. Previous research shows that shared decision-making is well suited to treating mental disorders because it increases self-esteem, promotes collaboration, and patients are more satisfied with their treatment. However, little previous research has explored shared decision-making in inpatient treatment for adolescents with mental disorders.

This project explores experiences with user participation and shared decision-making for adolescents with severe mental illness in inpatient treatment. A qualitative method with an exploratory and inductive study design was used. The project was designed in collaboration with two co-researchers with experience in mental healthcare services. In addition, a panel of young people with user experience contributed with input to the research. Three sub-studies were carried out, exploring healthcare professionals, adolescents, and parents' perspectives on shared decision-making. The sample consisted of a total of 37 informants. A meta-synthesis of the three sub-studies resulted in five cross-cutting themes: 1) recognizing and balancing participation; 2) relationship and trust; 3) information and perceived control; 4) cooperation and coordination; and 5) person-centered rather than diagnosis-centered.

Shared decision-making was considered a process throughout the treatment and was not limited to a method used in selected moments for decision-making. There is a need for changes in work culture and routines at the clinics to achieve individualized services adapted to individual needs and make shared decision-making a reality. Shared decision-making is challenging when the context is short admissions with standardized treatment courses in acute units pressured on capacity. At the same time, shared decision-making can increase adolescents' ownership of their treatment and reduce readmissions and the need for coercion. It presupposes an approach that emphasizes safe relationships between adolescents and healthcare professionals, adapted information, sufficient time, flexibility, and continuity in treatment. A dialogue with an adolescent about user participation and shared decision-making should preferably start before admission. Parents play essential roles in the implementation of shared decision-making. Treatment that makes use of family-oriented approaches utilizes the resources parents represent. Different understandings among professionals about adolescent problems and needs hinder continuity and emphasize the need for a treatment plan and coordination of healthcare services. Diagnoses were perceived as stigmatizing and limiting for individual adaptation and shared decision-making. The study recommends a person-centered approach to inpatient treatment of adolescents with mental disorders.

If adolescents admitted for mental illness are allowed to take part in decisions on how the treatment will take place, the chance increases that they will benefit from the treatment. The results from this study can be used to raise the quality of the healthcare service by bringing the field of user participation further and carrying out shared decision-making in practice.

LevelMind@JC: service model and evaluation of a community early intervention program for young people in Hong Kong

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 964

Prof. Eric Chen (University of Hong Kong), Dr. Yi Nam Suen (The University of Hong Kong), Dr. Lai Ming Christy Hui (The University of Hong Kong), Dr. Ming Yin Stephanie Wong (Department of Psychiatry HKU), Dr. Kai Tai Chan (The University of Hong Kong), Prof. Michael Tak Hing Wong (The University of Hong Kong), Dr. Gloria Wong (The University of Hong Kong), Dr. Sherry Kit Wa Chan (The University of Hong Kong)

Existing mental health services in Hong Kong are inadequate to meet the needs of young people. The LevelMind@JC project established a community-based, youth-specific mental health centre platform (“hub”) for early intervention involving youth workers, multidisciplinary professionals, and young people. The project aims to (1) pilot a community platform that includes a youth-friendly early screening tool with preventative intervention capabilities; (2) establish a state-of-the-art training system for youth mental health workers; (3) establish a community clinical support team; and (4) develop a timely evaluation system to monitor the service and evaluate its outcome and cost-effectiveness in comparison to generic youth services and community youths with no intervention. The objective 4 consists of two components: (1) a naturalistic distress level tracking system and (2) a quasi-experimental study. All service users (approximately n = 9000) will be invited to provide basic demographic in initial contact and to complete a 2-minute mini distress tracker in each visit to hub. Six hundred service users, 600 young people people visiting generic youth centres, and 100 young people from the community will be evaluated. The participants will be controlled for on age, gender, years of education, socioeconomic status, and distress level. At baseline and at 3, 6, and 12 months, assessments will cover demographic characteristics, psychological distress, quality of life, depressive and anxiety symptoms, functioning, physical health and lifestyle, personality and social measures, cognitive assessments, and health economics. Mixed-model models will be utilized to identify interactions between services and time periods. Built on a model of community-based support, LevelMind@JC aims to promote positive mental health in youth through the collaboration of mental health professionals from multiple disciplines. If efficacy and cost-effectiveness are demonstrated, the project could be expanded, resulting in greater access to care. We expect its success to be crucial in combating mental health issues caused by both individual and societal stressors.

Youth mental health in the context of multiple ongoing population stressors: findings from the first large-scale household-based epidemiological study in Hong Kong

Friday, 30th September - 08:45: Conference poster presentations (on display during all catering breaks) (Poster presentation area - Øksnehallen Main Hall) - Poster - Abstract ID: 965

Dr. Stephanie Wong (The University of Hong Kong), Dr. Lai Ming Christy Hui (The University of Hong Kong), Dr. Yi Nam Suen (The University of Hong Kong), Dr. Sherry Kit Wa Chan (The University of Hong Kong), Dr. Kai Tai Chan (The University of Hong Kong), Prof. Michael Tak Hing Wong (The University of Hong Kong), Dr. Edwin Ho Ming Lee (The University of Hong Kong), Prof. Eric Chen (University of Hong Kong)

Background:

Depression is one of the most common youth-onset psychiatric conditions that is associated with significant burdens both to the young person and society. Particularly in this digital age and the world of increasing occurrences of large-scale stressors, such as social unrest and COVID-19, studies have reported heightened rates of psychopathology across populations. Despite improvements in the availability and efficacy of youth-targeted mental health services, help-seeking remains suboptimal across many societies. Considering the influences of not only intrinsic vulnerability factors but also external stressors may not only offer new insights into the mechanisms underlying depression but may also provide a less stigmatising perspective for young people to understand the presentation of their conditions.

Method:

Data were analysed from a large sample of young people aged 15–25 years consecutively recruited from a large-scale epidemiological youth mental health study in Hong Kong between May 2019 and June 2022 ($n = 3,026$). The sample was comprised of 58.1% females with the mean age being 19.83 ($SD=2.79$). We first determined the prevalence of 12-month major depressive episodes (MDE) as assessed using the Composite International Diagnostic Interview Screening Scales. Weighted adjustments were applied according to the age and sex data from the local 2019 Census. The prevalence of help-seeking for mental health needs was also investigated among both those with and without 12-month MDE. Next, to examine factors associated with 12-month MDE, we applied a multivariable logistic regression model with personal background factors, smartphone overuse, as well as three types of external stressors, including personal stressful life events (SLEs), social unrest-related traumatic events (TEs), as well as COVID-19 pandemic-related events (PEs).

Results:

The weighted prevalence of 12-month MDE in the Hong Kong youth population was 13.6%. Among those who met the criteria for 12-month MDE, only 3.3% are currently receiving psychiatric medications or mental health services from trained psychologists. Multivariable logistic regression findings revealed that apart from lower resilience ($OR=0.92$, $CI=0.90-0.94$), high smartphone overuse ($OR=1.62$, $CI=1.28-2.04$), as well as experiences of personal SLEs ($OR=1.61$, $CI=1.25-2.06$), social unrest-related TEs ($OR=1.39$, $CI=1.05-1.83$), and COVID PEs ($OR=1.32$, $CI=1.04-1.67$), also significantly contributed to 12-month MDE. In the background, female sex ($OR=1.97$, $CI=1.54-2.52$), experiences of childhood adversity ($OR=1.91$, $CI=1.50-2.44$), and psychiatric history ($OR=3.84$, $CI=2.82-5.22$) were also significant factors. No significant age effect on MDE was observed within the age range of this youth sample ($p>0.05$).

Conclusion:

The high rate of 12-month MDE observed, coupled with the extremely low help-seeking rate, is extremely concerning. Our findings highlight the importance of considering not only intrinsic factors but also the role of environmental factors and the wider context in our understanding of depressive disorders. Conveying such a message to young people and the general public may possibly help reduce stigma and may, in turn, improve

help-seeking and early preventative intervention work.

The power of safe story telling: A framework to help young people share their lived experience

Friday, 30th September - 11:30: Concurrent 1.1 Oral - Speak up! the power of stories and creative methods in Youth Mental Health (Øksnehallen Breakout Room 1) - Oral - Abstract ID: 535

Mr. Rupert Saunders (headspace National)

Introduction

As a peak national youth mental health agency in Australia, headspace (Australia) works with many young people to share their stories of lived experience. Headspace believes in the power of storytelling as a positive agent for improving the mental health and wellbeing of others. Personal stories of lived experience have the power to make others feel understood, connected and encourages action for their mental health and wellbeing. Sharing stories carries the risk of re-traumatisation of story tellers and vicarious trauma for others. Headspace identified a gap in youth specific resources that support safe storytelling and sought to develop a framework to support lived experience speakers to share safe and effective stories.

Objectives

Our aim was to develop a safe storytelling framework and accompanying resources to support lived experience speaker development at headspace. Investing in our advocates supported them to promote hope and resilience, capture public attention and empower others to act for themselves whilst reducing the risk of vicarious trauma. This presentation will summarise the headspace approach to deliver lived experience speaker development in the youth mental health sector, and the implications of this work.

Approach

Headspace created a framework in partnership with young people which enabled the development of an interactive training package to share principles of safe storytelling, and support young people to develop their own story. A complementary story development guide supported this training. Through implementation of this framework and training, we've developed a suite of resources to empower young people to use their lived experience in an impactful and clinically safe way. We've seen an increase in how safe and supported young people feel in preparing and sharing their stories.

Implications

Headspace has a model of speaker development training that is advantageous to organisations wanting to embed lived experience of people in their work. Continued use of this framework has enabled headspace to improve the approaches undertaken by partner organisations in supporting lived experience participation and advocacy. These activities are broadening sector capacity to support safe, effective and meaningful stories of hope and recovery.

Conclusions

Headspace has a structured and consistent approach for any advocate within our organisation who wishes to share their lived experience. This enables our advocates to more effectively empower others to take positive action for their mental health and wellbeing. Lived experience speakers through use of this framework feel empowered to share their stories in a safe and supported way for themselves and their audiences.

‘Mann Mela’: A web museum of young Indian’s mental health stories of breaking stigma, finding support and recovery

Friday, 30th September - 11:30: Concurrent 1.1 Oral - Speak up! the power of stories and creative methods in Youth Mental Health (Øksnehallen Breakout Room 1) - Oral - Abstract ID: 937

Ms. Sweta Pal (Sangath)

Introduction

India has the world’s largest population of young people aged 10-24 and mental health problems are the leading health concern for this group. Socially conservative attitudes and discrimination and abuse based on gender, sexuality, caste and religion-based discrimination, are among the diverse reasons for young people’s poor mental health. Lack of awareness on mental health and widespread stigma further compound this challenge. We co-designed a bi-lingual mental health museum with young people, which used the power of lived experience storytelling to highlight different social and cultural causes of mental health problems for youth in India to change perceptions amongst readers and share information about coping strategies, and mental health support.

The objectives of this project were to:

1. Build awareness amongst diverse groups of young people about mental health needs to reduce stigma
2. Create engaging and accessible ‘experiences’ to help young people learn about mental health
3. Amplify voices of young people with lived experiences of mental health needs

Methods

1. Conduct participative co-design using best practices in human-centered design and immersive digital media
2. Organise youth engagement activities to raise awareness through lived experience storytelling
3. Build a digital resource of narratives focused on engagement with audiences and museum media

Results

Mann Mela reached 22.2 million users online, 100,000+ web museum visitors, 7000+ podcast listeners, 350+ event attendees and received 67 story contributions. Feedback from youth advisors highlighted that being in the project helped them to feel confident to speak about their personal mental health experiences. Website feedback (n=165) indicated that most visitors felt that visiting the web museum had positively impacted their understanding of mental health; helped them feel more comfortable talking about their mental health with others; and that they were more likely to seek support in the future. Feedback from story contributors highlighted that they felt involved in drafting their script and in producing their stories and that being part of the project helped them to learn new things from their participation in the project. They also felt that their contribution has made a difference to raising mental health awareness for youth in India.

Conclusion

Implications for future work: Our team gained rich insights into social and structural determinants of young people’s mental health through individual stories. We were able to learn and explore good storytelling practices in designing the journey of an individual’s self-disclosure all the way to publishing the story in a mixed media or interactive format online. We learned that sharing personal narratives can be an empowering and enabling experience for contributors and that collaborative storytelling can produce very impactful media.

Limitations A key challenge was remotely collecting impact data for website visitors beyond online metrics. Insights related to enablers and barriers of self-disclosure for potential contributors; more feedback from museum visitors and their preferences for museum contents would provide valuable insights for future projects related to storytelling.

Knowledge to action: A multi-layered approach to how lived experience stories are influencing practices, policies and systems around them

Friday, 30th September - 11:30: Concurrent 1.1 Oral - Speak up! the power of stories and creative methods in Youth Mental Health (Øksnehallen Breakout Room 1) - Oral - Abstract ID: 811

Ms. Stephanie Vasiliou (batyr), Ms. Michelle Duong (batyr), Mr. Nicolas Brown (batyr)

Introduction

This presentation will share how reimagining youth mental health led to turning the volume up on youth voices to influence systems in a new way. Australian preventative mental health organisation, batyr, will demonstrate its unique, multi-layered approach to amplifying lived experience stories safely to influence policy and practice, with youth voices at the centre.

Objectives

Since 2011, batyr has reached over 310,000 young people with evidence-based, peer-to-peer programs with the objectives of reducing stigma and improving help-seeking. batyr's collaborative, community-based approach has been forging pathways for decision makers to learn directly from young people on how to better meet their needs and prevent crises in the first place. This has also led to informing internal practices by working with young people to maximise impact.

Approach

batyr will share the approach it has taken by establishing a model for lived experience stories to not only be heard, but used to inform action in different ways. This will include presenting three elements to our approach, with practical examples for each that can be translated to other contexts by delegates. First, we will present the specific ways we listen to thousands of young people a week to collect data that informs and evolves our services and practices. Second, we will share the ways we actively engage young people as staff, in our governance, and in influencing youth mental health policy in the broader sector. Finally, we will highlight how in reimagining youth mental health, we have leveraged technology to amplify these opportunities and the voices of young people. This will include sharing the role sentiment analysis, AI and Machine Learning technology is playing in elevating youth lived experience stories en masse, through a first-of-its-kind app called OurHerd that batyr developed with input from over 500 young people.

Results or practice/policy implications

Specific examples of how these approaches have been integrated in practice will be shared, including a case study of working with Australia's National Mental Health Commission to inform their National Stigma and Discrimination Reduction Strategy. We will also share the way OurHerd has transformed what we can learn from young people when there is a safe and engaging platform to collect real perspectives that can not only help us address the nuances of young people's needs, but that in turn has been demonstrated to have positive wellbeing outcomes for young people, including empowering them to confidently provide informal support for one another. We also look forward to sharing some of the specific insights and themes we have learned from stories on OurHerd to shine a light on the importance of digging deeper into the power of young people's stories.

Conclusion

We are excited to share with delegates the learnings we have gained when lived experiences of mental ill-health and of being a young person are not only listened to, but acted on. We hope to leave the audience with practical takeaways for their own context to continue a ripple effect around the world.

Debating Mental Health: Using speech and debate coaching to support young people to speak out about mental health

Friday, 30th September - 11:30: Concurrent 1.1 Oral - Speak up! the power of stories and creative methods in Youth Mental Health (Øksnehallen Breakout Room 1) - Oral - Abstract ID: 245

Mrs. Laura Wallis (Debating Mental Health), Ms. Palloma Furtunato (Debating Mental Health), Ms. Grace Hennessy (Debating Mental Health)

Debating Mental Health uses speech and debate coaching activities to support young people to decide what matters to them in mental health, to formulate and articulate their thoughts and to advocate and work for change. We know that all young people have a voice and our programmes help them to realise the power of their voice and to use it to drive the changes they want to see within the mental health sector.

We work collaboratively with young people and professionals in healthcare, education and community settings both face-to-face and online. We have a team of fully trained Young Leaders and Youth Facilitators who co-design and co-deliver our programmes and support in our decision-making processes.

Debating Mental Health takes a creative, youth-led and human rights based approach to reimagining the mental health sector and redressing the barriers and existing power structures that prevent young people from accessing the support that suits them. Young people participating in our programmes engage in interactive, skills-based sessions designed around them and their needs. During and after participating in our programmes young people develop the skills, knowledge and confidence they need to critically engage in their own mental health care, with researchers and policy and decision makers. We have supported young people to: lead sessions at the Global Ministerial Mental Health Summit in London, 2018; debate at conferences and events across the UK; quiz leading academic researchers about their work; engage with their local policy and decision-makers and; develop skills and confidence that enable them to engage as active, critical, thinking members of society who are better prepared to face the demands of their ever-changing world. Our work changes the way policy and decision makers (including clinicians and researchers) engage with young people moving away from traditional methods of “hearing views” toward real and genuine policy and practice change created and led by engaged, highly skilled young people.

Our presentation will be a collaborative effort designed and delivered by two of our Young Leaders alongside our Founding Director. In it we highlight the ‘Debating Mental Health’ way and look at why and how we do what we do, our methods, impact and policy implications. We illustrate our work with the case study of a project undertaken with 13 school students aged 13-14, which demonstrably increased student confidence, public speaking skills and knowledge of mental health topics. We include interactive, youth-led elements to support participants to fully understand and engage with what we do, why it matters and, crucially, to see how much fun we have while doing all of this!

The Starving Artist- Understanding Eating Disorders and Mental illness Through Visual Art

Friday, 30th September - 11:30: Concurrent 1.1 Oral - Speak up! the power of stories and creative methods in Youth Mental Health (Øksnehallen Breakout Room 1) - Oral - Abstract ID: 480

Ms. Ally Zlatar (University of Southern Queensland)

"For such a long time, I thought if I were thinner, I would be happier. Instead, quite the opposite occurred, and I became confined to my body. While my eating disorder began at the age of 13, I was formerly diagnosed with Anorexia with a Binge Purge Subset at the age of 17. My condition further developed into Bulimia two years later and then followed by Orthorexia within the following year. Since then, I have developed a distorted relationship with food, weight, and body image. My central problem was not so much concerning the external physical ramifications of the illness, but the internalized psychological and emotional struggles that I have experienced. The reality of living with the 'inner torment' deriving from these diseases is unbearable. It is incredibly difficult to express how having an eating disorder can affect the self-identity and self-image of someone who is ill. My artist practice-led research emerges from this personal experience of these eating disorders and how I represent my body within my artworks as well as how I curate representations of the female body within art more broadly"

- Ally Zlatar

As an artist and curator my project explores the ways in which contemporary art can give us insight into the lived experience of those living with eating disorders. My research project takes on an autoethnographic approach in specifically addressing my own experience as well as understanding how other contemporary artists with eating disorders experience; examine and portray the complexity and depth of living with an eating disorder and mental illness (Bordo, 2001). The investigation is informed by my insider-researcher involvement as an academic researcher who is immersed and strongly connected with the subject and lived-in experience on ongoing basis (Smyth & Holian, 2008).

There will be analysis of the current gaps and lack of discourse in contemporary portrayals of eating disorders through examination of artists including American Figurative Realist Painter Lee Price, British photographer Kiera Faber, and German Artist Ivonne Thein as well as my own personal experience with eating disorders. The project aims to address the potency of art-creation in the individual experience of living in an unwell body. While also exploring the ways in which contemporary art concerned with personal artists' lived experiences with eating disorders and distorted body image can visually communicate about the broader human condition and social values around health and wellbeing.

The study approaches this subject through an auto ethnographic and practice-led methodology which outcomes of public engagement, workshops, artist residencies, exhibitions and publications will be used to provide insight to address these current gaps and discrepancies in the understanding of eating disorders. This study, therefore, engages in the fields of visual art and health to foreground the direct associations between eating disorders as a mental health matter, which is often omitted, misrepresented, or not widely portrayed.

Intinn: A multi-methods evaluation study of a film-based youth mental health and wellbeing intervention

Friday, 30th September - 11:30: Concurrent 1.1 Oral - Speak up! the power of stories and creative methods in Youth Mental Health (Øksnehallen Breakout Room 1) - Oral - Abstract ID: 27

Dr. John Goodwin (University College Cork), Dr. Laura Behan (University of southampton), Dr. Mohamad M Saab (University College Cork), Dr. Niamh O'Brien (Hibernia College), Dr. Aine O'Donovan (University College Cork), Mr. Andrew Hawkins (University College Cork), Dr. Lloyd Philpott (University College Cork), Ms. Alicia Connolly (University College Cork), Mr. Ryan Goulding (University College Cork), Prof. Corina Naughton (University College Cork)

Introduction

Adolescence has been identified as a key developmental phase to target mental health literacy and provide information about help-seeking. Given that the peak onset of mental illness emerges during the neurodevelopmental phases in mid-to-late adolescence, there is an urgent need to develop age-appropriate interventions for this population. Evidence is emerging on the use of arts-based interventions, such as film, for adolescents. In response, we developed the Intinn Youth and Mental Wellbeing programme, a three-part (film, post-film discussion, wellbeing webinar) intervention. The intervention is a collaboration between Cork International Film Festival and mental health nursing academics.

Objectives

This study aimed to assess the impact of Intinn on adolescent mental health literacy and wellbeing.

Methods

We adopted a pretest-posttest design with multi-methods evaluation. Students from ten schools in the transition (4th) year of secondary school took part in the study; these are students aged 15-17. Participants completed online surveys on wellbeing, resilience, stigma, mental health knowledge, and help-seeking, and were then exposed to the programme, which was facilitated online due to the COVID-19 pandemic. The same surveys were completed at two-weeks post-test, with additional questions asked about their experiences of Intinn. Teachers who facilitated the intervention were invited to either participate in a post-implementation interview or submit a written response. Quantitative analysis included Paired-t-tests and effect size calculations. Qualitative analysis was guided by Reflexive Thematic Analysis.

Results

Matched pretest-posttest data was available on 101 student participants. There were significant increases in wellbeing, personal resilience, and help-seeking attitudes for both personal/emotional problems and suicidal ideation. Student participants' free-text comments suggested the intervention was well-received, and that they enjoyed the film-based approach of Intinn. They also commented that, following the intervention, they were more likely to speak openly about mental health. Four teachers participated in individual interviews and one teacher submitted a written response. Teachers also endorsed Intinn, commending the focus on resilience-building exercises addressed as part of the wellbeing webinar. However, teachers also commented that "screen fatigue" as a consequence of COVID-19 may have negatively impacted engagement.

Conclusion

Intinn shows promise in improving adolescents' mental health literacy and wellbeing. Further research using a controlled design is needed to assess the effect of the intervention, especially in a face-to-face context.

A longitudinal exploration of school, training, and work among young adults with serious mental health conditions

Friday, 30th September - 11:30: Concurrent 1.2 Oral - Rise up! work, education and flourishing in Youth Mental Health (Øksnehallen Breakout Room 2) - Oral - Abstract ID: 877

Dr. Kathryn Sabella (University of Massachusetts Chan Medical School), Mr. Ian A. Lane (University of Massachusetts Chan Medical School), Ms. Emily Morrison (University of Massachusetts Chan Medical School)

Background: Longitudinal research on the education and employment activities of youth and young adults (Y&YAs) with serious mental health conditions (SMHC) is lacking. Research with similar populations has shown associations between one's school and work activities and self-efficacy, vocational outcome expectations, functioning, self-stigma, and psychological distress. It is hypothesized that these and other psychosocial and demographic factors influence (and are influenced by) the school and work activities of Y&YA with SMHC.

Objective: This presentation uses longitudinal data from a sizable sample of Y&YAs with SMHC to a) describe their school and work patterns over time, and b) investigate the extent to which malleable (i.e., changeable) psychosocial factors fluctuate over time and in conjunction with school and work activities.

Methods: Between 2017 and February 2020, 179 young adults (ages 16-25) with SMHC from the United States participated in a longitudinal quantitative study over 12 months. Every four months, participants were asked to describe their work, training, and school activities. Overall functioning, psychological distress, self-stigma, vocational outcome expectations and other psychosocial covariates were measured with previously validated instruments. For each participant, a composite variable representing school/work activity was created at each time point, and another composite variable was created to describe their school/work engagement over time. Data were analyzed with SPSS.

Findings: At baseline, 179 young adults identified as mostly white, non-Hispanic (66%) and female (55%) with an average age of 20.9 (sd = 2.5). Most reported multiple mental health diagnoses, anxiety disorders and major depression were most common. Participant school and work engagement over 12 months was coded as either 'school (with little to no work)' (29%), 'work (with little to no school)' (28%), 'working and going to school' (25%), and 'not engaged in employment, education or training (NEET) or struggling to engage' (18%). Across four timepoints, significant within group differences were found using Wilks' Lambda tests that indicate participants' functioning ($F(3, 135) = 4.757, p = 0.003$), psychological distress ($F(3, 135) = 4.769, p = 0.003$), perceived discrimination ($F(3, 135) = 4.763, p = 0.004$), and self-stigma ($F(3, 135) = 19.629, p < 0.001$) vary over time. Statistically significant between group main effects were seen in the estimated marginal means of individuals in the NEET/struggling to engage group resulting in worse functioning ($F(1, 3) = 6.805, p < 0.001$), greater psychological distress ($F(1, 3) = 3.806, p = 0.012$), and lower vocational outcome expectations ($F(1, 3) = 7.317, p < 0.001$), compared to other groups. Further analyses exploring additional covariates (e.g., race, gender, mental health) will be performed in Summer 2022.

Conclusion: Y&YA with SMHC navigate diverse school and work pathways while managing multiple mental health diagnoses. Their self-stigma, levels of psychological distress, and overall functioning do not remain static. Y&YA who struggle to engage in school or work may be particularly vulnerable. Potential differences between the groups of young adults who are engaged to varying degrees (e.g., school only, work only, both school and work) and whether these associations remain after the COVID pandemic need to be explored.

When do we stop?

Friday, 30th September - 11:30: Concurrent 1.2 Oral - Rise up! work, education and flourishing in Youth Mental Health (Øksnehallen Breakout Room 2) - Oral - Abstract ID: 464

Prof. Eoin Killackey (Orygen and Centre for Youth Mental Health, The University of Melbourne)

Introduction

Each year researchers spend thousands of hours of researchers applying for grants in order to study and establish the evidence base for interventions in mental health. While a significant number of these research projects focus on establishing brand new knowledge, a certain proportion seek to replicate initial findings or examine if previously researched interventions work in new locations, or in new populations. This secondary kind of research is important to establish the validity and generalizability of interventions. However, how do we know when there has been enough research on an intervention?

Using the vocational recovery intervention called Individual Placement and Support as an example, this presentation will seek to answer this question.

Method

This presentation presents the results of a cumulative meta-analysis conducted on Individual Placement and Support studies for people with severe mental illness over the last 20 years. Cumulative meta-analysis is a way of examining the extra knowledge that is gained by each subsequent study of a particular intervention. Using this method, we can see when each additional new study stops telling us things that we didn't already know.

Results

The cumulative meta-analysis indicated that studies published after 2012 did not add any new knowledge to the literature.

Discussion

The example of Individual Placement and Support indicates that for this intervention little was learned by studies that were published after 2012 in terms of our knowledge of the effectiveness of Individual Placement and Support for people with severe mental illness. This raises serious questions about: The ethics of continuing to research interventions when the evidence base is well established; the appropriateness of utilising rare research resources to conduct these studies, and; the absorption of researchers time and effort in applying and conducting studies when their talents might be best deployed to other pressing questions. These findings also raise questions about the lower value placed by funding bodies on implementation of effective interventions into regular practice. This presentation will discuss these issues.

Development and Testing of the F-PROM: a self-report measure of function for youth accessing integrated youth services

Friday, 30th September - 11:30: Concurrent 1.2 Oral - Rise up! work, education and flourishing in Youth Mental Health (Øksnehallen Breakout Room 2) - Oral - Abstract ID: 558

Dr. Skye Barbic (Foundry), Dr. Steve Mathias (Foundry), Mrs. Rachael Callaghan (University of British Columbia Department of OT), Mrs. Caity Wright (University of British Columbia Department of OT), Dr. Nikki Ow (University of British Columbia Department of OT)

Introduction or rationale:

Youth experiencing mental illness and substance use challenges can encounter barriers in accessing services and face high levels of functional impairments. To serve this group better, understanding and measuring the scope of functional problems youth experience is of utmost importance. To date, we are unaware of any existing measure of function for youth with mental health and/or substance use challenges accessing integrated youth services (IYS).

Objective:

The objective of this study was to develop a youth-centred measure to capture function of young people ages 12-24 years accessing IYS for mental health and substance use challenges.

Methods:

This study had 4 phases. In phase 1, we conducted focus groups with diverse young people to conceptualize the concept of function (n=44 youth). In phase 2, we used the results to co-design a set of items to capture the construct (n=89 items). In phase 3, we used cognitive debriefing methods and pilot tested the items with a sample of 78 youth to measure the extent to which these items are fit for purpose to measure function in young people accessing integrated health services. In this phase, the measure was also called the F-PROM (Function- Person Reported Outcome Measure). In phase 4, we administered the revised items (n=44) to 438 youth ages 14-24 years for additional assessment. We used classical test theory and Rasch measurement methods to determine a final item set for testing in clinical practice.

Results:

Psychometric analysis from participants provided evidence of strong validity and reliability of the F-PROM. We observed strong convergent validity with well-being and quality of life scores ($r > 0.60$, $p < 0.001$). High F-PROM scores were more strongly associated with better health and lower distress. Rasch analysis showed minimal floor and ceiling effects, good convergent and divergent validity, very good fit to the Rasch model ($\chi^2 = 107.1$, $df = 90$, $p = .10$), high reliability ($r_p = 0.96$), an ordered response scale structure, and no item bias for gender or age.

Conclusion:

By determining the fitness of purpose of this new measure, this study provides evidence for the F-PROM to be used in IYS to guide further assessment of function and inform interventions to support the function of youth. The measure has the potential to make a significant contribution to the quality of services that youth with mental illness and substance use challenges receive across IYS in Canada and beyond. Future research is needed to understand the extent to which the F-PROM can be used as a repeat outcome measure to evaluate the impact of IYS over time.

Randomised controlled trial of the Youth Online Training and Employment System (YOTES): An online career development intervention for young people with mental ill health

Friday, 30th September - 11:30: Concurrent 1.2 Oral - Rise up! work, education and flourishing in Youth Mental Health (Øksnehallen Breakout Room 2) - Oral - Abstract ID: 105

Dr. Magenta Simmons (Orygen), Ms. Gina Chinnery (Orygen), Dr. Shaunagh O'Sullivan (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Daniela Cagliarini (Orygen and Centre for Youth Mental Health, The University of Melbourne), Mr. Matthew Hamilton (Orygen and Centre for Youth Mental Health, The University of Melbourne), Prof. Sarah Bendall (Orygen), Dr. Simon D'Alfonso (Orygen and School of Computing and Information Systems, The University of Melbourne), Prof. John Gleeson (Healthy Brain and Mind Research Centre and School of Behavioural and Health Sciences, Australian Catholic University), Prof. Eoin Killackey (Orygen and Centre for Youth Mental Health, The University of Melbourne), Prof. Mario Alvarez (Orygen and Centre for Youth Mental Health, The University of Melbourne)

Background: Developing career adaptability, defined as the ability to respond flexibly and make informed career decisions, is crucial for people with mental ill-health who face vocational barriers. The Youth Online Training and Employment System (YOTES) is an online intervention to help young people with mental ill-health develop career adaptability for engaging in work and education.

Objectives: The objective of this study was to test the effectiveness of YOTES when added to existing services. The primary aim was to compare career adaptability between the intervention (YOTES) and control groups at 6 months post baseline. Secondary aims were to compare i) number of hours worked, ii) congruence between preference for work hours and actual hours worked; iii) state based/dispositional hope; iv) career confidence; v) health economic outcomes; and iv) psychological distress, between the YOTES and control intervention groups at 6- and 12-month follow up.

Methods: Unblinded randomised controlled trial with 174 young people (16-25 years; 37.9% males; mean=20.24; SD=2.48) with mental ill-health seeking vocational support at youth mental health services randomised to receive enhanced treatment as usual (TAU) plus YOTES (a moderated online intervention; n=87) or enhanced TAU (n=87). As part of usual care for all participants, in-person vocational support (Individual Placement and Support, IPS) was available at some sites and approximately 50% of the YOTES and enhanced TAU groups engaged in IPS. The primary outcome was career adaptability assessed at six-months post-baseline and secondary outcomes included psychological distress, number of hours worked in past 7 days, hope, career confidence, and health economic outcomes.

Results: There was no significant group by time interaction for the primary outcome of change in career adaptability at six months ($F(1,127)=2.11, p=0.15$); however, both YOTES and enhanced TAU groups had significant improvement ($F(1,126)=18.28, p<0.001$). Subgroup analyses showed that participants who received IPS and YOTES had significantly increased career adaptability ($F(1,18)=13.35, p=0.002$) at six months, compared to IPS and enhanced TAU ($F(1,21)=0.38, p=0.54$). The IPS and YOTES subgroup showed decreased psychological distress ($F(1,30)=10.27, p=0.003$) compared to IPS and enhanced TAU ($F(1,36)=0.13, p=0.72$).

Conclusion: While YOTES did not increase career adaptability alone, when we looked at individuals who received IPS, adding YOTES to IPS demonstrated improvement in the primary outcome. These findings have implications for the added benefit of digital support to in-person vocational support for young people with mental ill health.

Enhancing Academic Persistence in College among Young Adults with Mental Health Conditions: A Cognitive Remediation Intervention, FSST

Friday, 30th September - 11:30: Concurrent 1.2 Oral - Rise up! work, education and flourishing in Youth Mental Health (Øksnehallen Breakout Room 2) - Oral - Abstract ID: 890

Dr. Michelle Mullen (University of Massachusetts Medical School)

College students with mental health conditions (MHC) are considered to be the most rapidly growing population on campus (Reetz, 2016) with 20% of students reporting a diagnosed psychiatric condition (ACHA-NCHA, 2019). Students with MHC have an estimated dropout rate of 86% (Collins & Mowbray, 2005; Kessler et al., 1995), more than three times the drop-out rate of freshmen. This is the highest drop-out rate of any student population including those with other disabilities (Kessler et al., 1995; Salzer, 2012; Arria, et al., 2013). Symptoms and poor grades have historically been assumed to be the reason for attrition, however our recent findings suggests that students may drop-out due to sustained periods of cognitive overload due to over-reliance on working memory and under-refined executive functioning skills (Mullen et al., in progress).

This presentation will describe a randomized control study evaluating the effectiveness of a 12 -session cognitive remediation intervention, Focused Skills and Strength Training (FSST), on academic persistence among a young adult subsample (18-24 years old; n=40) of the original trial (Mullen et al., 2017). FSST targets executive functioning skills, specifically prospective memory, attention, learning and memory, and problem solving. This sub-study focused on FSST's impact on working memory, self-efficacy, and academic persistence. The MCCB measured cognition; CSEI measured self-efficacy; and transcripts were collected to assess persistence from baseline to 2nd semester. Generalized Estimating Equation analyses showed participants in the FAST condition were more likely to academically persist at 2nd semester than students in the control condition, while not significant, likely due to sample size, the effect size was large ($d=.89$). FAST improved self-efficacy ($p=.02$) and had a very large ($d=1.89$) effect on working memory.

This presentation will focus on how the results of this study will help to reconceptualize the reasons for attrition as well as develop and refine services to enhance academic persistence of college students with MHC.

A risk and protective perspective on body esteem, body dissatisfaction and body change behaviours in sexual minority youth.

Friday, 30th September - 11:30: Concurrent 1.3 - Oral - Listen up! how we can better support LGBTQIA2S+ young people (Øksnehallen Breakout Room 3) - Oral - Abstract ID: 288

Dr. Ciara Mahon (University College Dublin), Dr. Amanda Fitzgerald (University College Dublin), Dr. Aileen O'Reilly (Jigsaw, The National Centre for Youth Mental Health), Dr. Courtney McDermott (University College Dublin), Dr. Clodhna O Connor (National Suicide Research Foundation (Ireland)), Prof. Barbara Dooley (University College Dublin)

Introduction

Body dissatisfaction, which is prevalent among young adults, is predictive of poorer mental health outcomes and eating disorder risk. Conversely, aspects of positive body image such as body esteem, defined as self-promotive evaluations of one's appearance, are uniquely associated with higher levels of resilience and positive health behaviours. Recently, research has emphasized the importance of understanding positive body image to support mental wellbeing. Given the negative effects associated with body dissatisfaction and the potential of positive body image to buffer against these effects, there is a need to understand these facets of body image, and the risk and protective factors associated with them, particularly in sexual minority groups. Sexual minority groups are shown to be differentially affected by body image concerns compared to their heterosexual counterparts, however, there has been a lack of research investigating body image in sexual minority youth.

Objectives

This study compared body esteem, body satisfaction, body change behaviours, along with the risk and protective factors for body esteem across sexual orientation subgroups. It investigated relationships between body esteem and body-related behaviours, as well as risk (e.g., discrimination) and protective factors (e.g., resilience) for body esteem across sexual orientations.

Methods

Cross-sectional data from My World Survey 2 Post Second Level (MWS-PSL) were employed. Participants were young adults aged 18-25 years. The sample consisted of 1,985 heterosexual, 256 gay, 170 bisexual, 90 questioning men and 4,521 heterosexual, 167 lesbian, 781 bisexual, 356 questioning and 121 pansexual women. Risk and protective factors for body esteem were analysed across groups using Chi Square Tests of Independence and Analyses of Covariance. Logistic regressions identified relationships between body esteem, body change behaviours and risk and protective factors for each group.

Results

Heterosexual men exhibited significantly higher levels of body esteem compared to gay, bisexual and questioning men. Bisexual women exhibited lower levels of body esteem compared to heterosexual women and were more likely to report body dissatisfaction. Pansexual women were less likely to report body satisfaction compared to heterosexual, lesbian and questioning women. Weight loss attempts were elevated in gay and bisexual men.

For gay men, resilience, social support and comfort with sexuality were predictive of high body esteem. For bisexual men, resilience was a predictor of high body esteem, while weight loss by eating less was a negative predictor. Among questioning men, social support was the only predictor of high body esteem.

For lesbian and questioning women, comfort with sexuality was a significant predictor of body esteem, while resilience was a predictor of body esteem in pansexual women. Social support and resilience were predictors of higher body esteem in bisexual and questioning women.

Conclusions

For some sexual minority groups, social support and resilience were the only significant predictors of body

esteem, indicating that these psychosocial factors may be an important focus for promoting body esteem in sexual minority youth. This study expanded the literature beyond focusing on risk factors and provides important contributions for strengths-based approaches to promoting healthy body image in sexual minority groups.

The pathologizing of our existence: Understanding mental health problems and pathways of help seeking among LGBTQ youth

Friday, 30th September - 11:30: Concurrent 1.3 - Oral - Listen up! how we can better support LGBTQIA2S+ young people (Øksnehallen Breakout Room 3) - Oral - Abstract ID: 747

Ms. Sanjana Goutham (Schizophrenia Research Foundation, Chennai), Dr. Vijaya Raghavan (Schizophrenia Research Foundation, Chennai)

Introduction:

LGBTQ youth have an elevated risk for mental health problems, especially anxiety, depression and loneliness globally. In the Asian context, there is meagre research on the implications of distress and discrimination among LGBTQ youth and the pathways they seek to get mental health support. Research suggests that these individuals are more susceptible to emotional, psychological and physical abuse at institutions and workplaces and face amplified health disparities.

Objective of the Research:

The objective of this study was to understand the mental health problems faced by LGBTQ youth and the pathways of mental health support sought by them. An exploration of the pathways of support was done to identify barriers, facilitators and opportunities for change.

Methods:

In this paper we combine three different data sources to explore the mental health problems, pathways and barriers to seeking mental health support in LGBTQ youth: in-depth interviews with those who identify as a queer person (n=15), focus group interviews (n=10) and meeting observations of the queer community events (n=3). The in-depth interviews and focus group discussions with LGBTQ youth affiliated to queer support groups were audiotaped, transcribed verbatim and analysed using thematic analysis.

Results:

The mean age of the participants was 22.5. A total of 15 in-depth interviews, 2 focus group discussions and 3 meeting observations were conducted by recruiting participants from queer collectives and support groups in Chennai, in South India. Participant narratives highlighted facing stigma and discriminatory attitudes especially while accessing necessary healthcare services and seeking support in academic institutions. The major themes that emerged were

i) internal factors as barriers to help seeking (ii) sources of social acceptance and community building (iii) mental health problems faced iv) trusted health information and services opted. Grassroot level organisations working with LGBTQ+ individuals and social media being one of the strongest emerging avenues for social connection and self-expression.

Conclusion:

The exacerbated effects of alienation from family members, internalised homophobia and the scarcity of queer-friendly resources is a pressing concern for LGBTQ in Chennai. Desensitisation and active engagement of institutions and organisations in taking tangible measures to build an LGBTQ+ friendly space is critical in addressing the multi-dimensional issues faced by LGBTQ youth. Improving the credibility and safety of online support groups and combating misinformation about the LGBTQ community using movies, public events and through social media can facilitate improved health outcomes among LGBTQ youth.

Trans Suicide Prevention and Mental Health Promotion Toolkit

Friday, 30th September - 11:30: Concurrent 1.3 - Oral - Listen up! how we can better support LGBTQIA2S+ young people (Øksnehallen Breakout Room 3) - Oral - Abstract ID: 99

Mx. Fae Johnstone (Wisdom2Action)

Wisdom2Action, in partnership with SPECTRUM Waterloo, and with funding from the Canadian Women's Foundation, created the first ever Trans Suicide Prevention and Mental Health Promotion toolkit. This toolkit brought together key information and research on suicide and mental health in trans communities, with a particular focus on trans young people, and features tools and strategies for service providers, parents of trans youth, trans individuals themselves, and other key stakeholders, on trans mental health promotion and suicide prevention. This toolkit was created through deep consultation with trans and gender diverse communities in the Waterloo region, alongside engagement with other key stakeholders; families, service providers and allies and an extensive review of academic and grey literature on trans suicide prevention and mental health promotion.

Responding to the emergent needs of local communities, this toolkit demonstrates the breadth and depth of issues that shape trans suicidality and poor mental health, and responds directly to key factors that exacerbate poor mental health; street harassment, barriers to accessing healthcare, familial breakdown, and more. The toolkit includes information and tools for trans individuals to care for themselves and manage their own mental health, alongside resources for parents and service providers on how to best support trans and gender diverse communities on the topic of mental health and suicide.

This toolkit is an evergreen resource, and one we are committed to improving and strengthening. It is the first toolkit of its kind, and an essential contribution to the child and youth mental health sector which often struggles to address and respond specifically to the mental health needs of trans and gender diverse young people.

Improving school support for sexual and gender minority young people: A qualitative study of student, staff and training provider perspectives

Friday, 30th September - 11:30: Concurrent 1.3 - Oral - Listen up! how we can better support LGBTQIA2S+ young people (Øksnehallen Breakout Room 3) - Oral - Abstract ID: 344

Ms. Amy Morgan (King's College London), Ms. Emily Cunningham (University of Glasgow), Mx. STEPS Coproduction team (King's College London), Dr. Charlotte Woodhead (King's College London)

Introduction: Internationally, there is robust evidence that young people identifying as LGBTQ+ disproportionately experience difficulties with mental health due to discrimination and marginalisation. The school environment has a significant impact on young LGBTQ+ people's mental health and staff professional development has been identified as a target to improve school climate. However, research into staff training to support LGBTQ+ young people is limited and there is a lack of diverse perspectives. For example, schools-based research on the experiences of LGBTQ+ young people is predominately, US-based, quantitative research and focussed on White, cisgender students.

Objectives: The primary objectives of the study are to identify UK-based LGBTQ+ training available to schools and colleges and what relevance it has to young persons' mental health; and, how this compares to staff training needs identified by pupils and staff. Specifically, we examine this from an intersectional perspective, focusing on intersections with race, ethnicity and religious/faith communities. Furthermore, to understand systemic influences on training uptake by schools and colleges and identify ways to encourage uptake.

Methods: This qualitative study has been co-produced by researchers at the ESRC Centre for Society and Mental Health, young people, and the Mosaic LGBT+ Young Persons Trust. Between May 2021 and December 2021, online interviews and focus groups were conducted with 63 participants, including 22 school and college staff and 32 students (aged 13-19) from geographically dispersed UK secondary schools and colleges, and 9 training providers. This included students and staff from minoritised racial and ethnic groups, faith communities, as well as those living in rural and coastal areas. Data were analysed using thematic analysis to identify common patterns of meaning within and across participant groups.

Results: We identified one overarching theme which captured the need for an intersectionality informed, contextually adaptable, whole school approach to inclusion of sexual and gender diversity. Importantly, our findings suggested moving away from our original narrow focus on staff training to focus on the whole school environment as well as working with parents and the local community. Five related themes were identified: 'shifting the narrative, relocating the problem and moving away from deficit thinking'; 'feeling safe, seen and celebrated: embedding signs, signals and symbols for visibility'; 'working together'; 'embedding a culture of change'; and, 'why isn't this happening?'.

Conclusion: This research informs public mental health approaches to inequalities experienced by sexual and gender minority young people. It emphasises the need for whole school and intersectional approaches to inclusion of sexual and gender diversity which address the entire school system and incorporates engagement with parents and communities. It also emphasises the need to more fundamentally 'shift the narrative', away from deficit thinking and challenging the cis/heteronormative education structures. Further research is needed to examine the influence of such an approach on health disparities and to develop evidence-based implementation strategies to support uptake and adoption.

Rainbow Bridges: Improving mental health services for the LGBTQIA+ and CALD intersection

Friday, 30th September - 11:30: Concurrent 1.3 - Oral - Listen up! how we can better support LGBTQIA2S+ young people (Øksnehallen Breakout Room 3) - Oral - Abstract ID: 37

Ms. Winn Ma (Orygen), Ms. Jennifer Huang (Orygen), Mx. Janssen Louise (Orygen)

Introduction: Youth mental health is a multi-faceted and complex challenge, with those identifying as culturally and linguistically diverse and LGBTQIA+ facing additional risk due to cultural barriers, stigma and discrimination. While there is much work identifying the risk factors and mental health needs of CALD and LGBTQIA+ communities respectively, very little work has been done to understand the needs of young people living within its intersection.

Rainbow Bridges is an LGBTQIA+ youth peer-led scoping project that seeks to understand and identify the unique needs of CALD LGBTQIA+ young people accessing mental health services across three of the largest growing multicultural Local Government Areas in Melbourne's North-Western suburbs. 8 young LGBTQIA+ identifying community members were recruited to lead this project. The young leaders co-designed and co-facilitated consultations with the aim of hearing out the experiences and identifying the needs and recommendations of young LGBTQIA+ and CALD young people accessing mental health services.

Objectives: The goal of Rainbow Bridges are 3-fold. Firstly, to provide young people with a platform to share their story. Secondly, to increase the inclusivity of our services and resources for CALD LGBTQIA+ young people and their friends and families. Finally, to enhance LGBTQIA+ youth participation through establishing a LGBTQIA+ youth leadership group that can exist beyond the life of the project, and which can continue to work alongside the centre staff to improve LGBTQIA+ young people's safe and accessible access to care.

Methods: 8 young community members who identify as LGBTQIA+ were trained to co-design and co-facilitate community consultations alongside staff representatives at headspace Sunshine, Werribee and Glenroy. Participants were invited to share their experiences and recommendations around safety, communication/language and provision of helpful information in the context of accessing mental health support. These consults were then co-written into a report and presented to clinical teams.

Results: 25 young people identifying with the CALD and LGBTQIA+ intersection were consulted. Participants shared many insights, including the ways in which communication, and relationships with staff are paramount to a positive experience when help-seeking. They shared recommendations on how to create safer spaces through visible supports (e.g. lanyards, signage and brochures that have people that look like them), genuine and humble curiosity, mindfulness of heteronormative standards, availability of translations and considerations when including family. Findings were presented to Orygen's headspace teams as well as LGBTQIA+ community networks. The report is publicly available and council organisations such as Brimbank Youth Services are incorporating recommendations into their own service delivery.

Conclusion: An intersectional approach allows us to appreciate that every person has a complex network of cultures, beliefs, social pressures and expectations that dictate, conflict and drive their path and mental well being. Understanding this will help us create more sensitive and inclusive access to mental health services.

A multilevel analysis of intersectionality and determinants of adolescent mental health in an Irish second-level sample.

Friday, 30th September - 11:30: Concurrent 1.4 - Oral - Look up! Learning from global population data (Øksnehallen Breakout Room 4) - Oral - Abstract ID: 628

Ms. Alanna Donnelly (University College Dublin), Dr. Emma Howard (University College Dublin), Prof. Barbara Dooley (University College Dublin)

Rationale: Adolescents develop in a web of multiple contexts, e.g. family and society, and social categories, e.g. gender, sexual orientation, ethnicity, and disability. Intersectionality represents the complex ways in which these contexts and categories interact resulting in processes and determinants affecting mental health. In Ireland, there is a lack of quantitative research applying intersectionality to adolescent mental health. Objectives: The present study sought to address this gap by examining the effects of social categories, processes, and determinants, on the mental health of adolescents in an Irish secondary-school sample. Methods: In a pooled sample of 9,011 adolescents (55.65% female) the novel and robust method of Multilevel Analysis of Individual Heterogeneity and Discriminatory Analysis (MAIHDA) was used to examine the multiplicative intersectional effects of gender (k=2), ethnicity (n=5), sexual orientation (k=3) and disability (k=3) in a 2x5x3x3 model with 90 intersections, on the mental health outcomes of self-harm, suicide attempt, anxiety, and depression. A series of fixed-effects regression models were also conducted to investigate the individual effects of social categories and risk/protective determinants on adolescents' mental health. Results: No significant multiplicative effects emerged in the MAIHDA models indicating that intersectionality was not a significant contributor to adolescent mental health outcomes in the present study. Instead, a fixed effects model of risk/protective determinants identified significant effects on mental health outcomes for adolescents identifying as female, LGBAP (lesbian, gay, bisexual, asexual, pansexual), Black or Black Irish, and having a disability. Experiences of oppressive processes of bullying, discrimination, and stressful life events were also significantly associated with mental health outcomes. Protective effects were observed for connectedness to school, optimism, and self-esteem. Possible explanations for non-significant intersectionality effects were discussed, including the complexity of social categories, research methods, and the context of the present study. Conclusion: Nonetheless, findings demonstrated the detrimental effects of oppressive processes and highlighted salient factors effecting adolescent mental health. These findings have implications for intervention targeting and wider adolescent mental health policy.

PREVALENCE OF MENTAL HEALTH ISSUES AMONG YOUNG IMMIGRANTS IN JAPAN - PITFALLS AFFECTING THEIR MENTAL WELLBEING

Friday, 30th September - 11:30: Concurrent 1.4 - Oral - Look up! Learning from global population data (Øksnehallen Breakout Room 4) - Oral - Abstract ID: 617

Dr. Francia Ivonne Campos Chinchilla (Haibara General Hospital)

INTRODUCTION:

International migration has been increasing in Japan, due to need of filling the gap in the working force of the aging Country. Young immigrant families keep arriving despite the traveling restrictions caused by the world public health situation, however, a comprehensive understanding of this situation need to be addressed by the government and its employment, education and health systems, in order to implement actions aimed at guaranteeing the well-being of the new members of the society.

OBJECTIVE:

To present the prevalence of mental health issues among young immigrants in Japan and the different aspects of the migration that are affecting their mental wellbeing.

To identify or generate strategies that could be useful for addressing different issues and improve their wellness and integration process.

METHODS:

Ethnographic and ecological approach (individual, family and community) of more than 250 young immigrants and their families residing in the central region of Japan, between April 2013–January 2022. Information sources were medical consultations, community talks, PHQ-15, PHQ-9, GAD-7 screeners, face-to-face and/or online interviews.

RESULTS:

Incidence and prevalence of mental health issues are frequent and differ by age and gender among the young members of the evaluated immigrant community. Trauma and stressor related disorders, affective symptoms, somatization, depression, anxiety, sleep disorders and sexual dysfunction didn't show a significant difference by gender.

Eating disorders, suicidal ideation, borderline personality disorder, panic disorder and agoraphobia are more frequent among teen girls and young women, while substance/alcohol abuse, impulsive behaviors, PTSD, ADHD, conduct disorder and irritability are common in men.

Domestic/gender violence and postpartum depression affect young women in high proportion and are still two under-diagnosed entities associated, not only to language barriers but also to cultural differences, gender inequalities and lack of social support.

CONCLUSIONS:

The existing gender and age differences in the prevalence of mental health issues and disorders among youth immigrants in Japan are also modified by cultural background, their family structure and the degree of adaptation to the new culture.

A general tendency among the young women to be more determined when seeking mental health treatment was observed, however several external barriers still prevent a proper assessment and/or an adequate outcome in many cases.

A surveillance and early detection system aimed to identify and address structural or emerging socioeconomic barriers to an adequate mental health care as well as promoting quality mental wellness systems for immigrants need to be implemented promptly in order to strengthen the demographically transforming Japanese society.

Climate Anxiety in Adolescence: From Overwhelming to Empowering

Friday, 30th September - 11:30: Concurrent 1.4 - Oral - Look up! Learning from global population data (Øksnehallen Breakout Room 4) - Oral - Abstract ID: 301

Ms. Tara Crandon (QIMR Berghofer Medical Research Institute), Prof. James Scott (QIMR Berghofer Medical Research Institute, QLD, Australia), Prof. Fiona Charlson (Queensland Centre for Mental Health Research), Dr. Hannah Thomas (QIMR Berghofer Medical Research Institute, QLD, Australia)

Introduction: Being aware of climate change may evoke climate anxiety in youth. Climate anxiety describes fear, angst and worry about climate change. For some young people, this experience can be driven by helpful thoughts (e.g., problem solving), feelings (e.g., hope) and behaviours (e.g., climate action). For other young people, climate anxiety may involve a cycle of unhelpful and debilitating worry, feelings of overwhelm, and avoidance. Research has linked climate anxiety to stress, generalised anxiety, depression, and impairments in personal, social, and occupational functioning. Adolescence, in particular, is a time where young people might be affected by elevated levels of climate anxiety, with research showing that hopelessness in relation to climate change is greater during at this age. However, where adolescent experiences of climate anxiety fit on the continuum from helpful to unhelpful is currently unknown.

Objective: To explore climate anxiety responses in adolescents and consider how such findings may inform future research and practice.

Methods: Approximately 400 Australian adolescents (aged 12-17) were recruited from social media, and through participating secondary schools across Queensland, Australia. Participants completed an online questionnaire assessing their experiences of climate anxiety across cognitive, affective, and behavioural dimensions. The survey also explored factors that may influence these different experiences (e.g., exposure to climate change, subjective knowledge about climate change, attitudes of parents or schools).

Results: The survey is currently underway, and results will be presented within this talk.

Conclusions: Findings of this study will help to guide how parents, educators, health practitioners and policy makers can best engage with and support young people in channeling their anxiety in ways that are helpful and meaningful, particularly as the climate crisis evolves. may best support young people in channeling their anxiety in ways that are helpful and meaningful, particularly as the climate crisis evolves. Future research may also draw on these findings to shape the development of a climate anxiety measurement scale for a youth specific population, which could be used to identify young people most in need of mental health support.

Longitudinal associations between arts engagement and flourishing in late adolescents and young adults: A fixed effects analysis of the Panel Study of Income Dynamics

Friday, 30th September - 11:30: Concurrent 1.4 - Oral - Look up! Learning from global population data (Øksnehallen Breakout Room 4) - Oral - Abstract ID: 93

Dr. Jessica Bone (Research Department of Behavioural Science and Health, Institute of Epidemiology and Health Care, University College London), Dr. Feifei Bu (Research Department of Behavioural Science and Health, Institute of Epidemiology and Health Care, University College London), Dr. Jill Sonke (Center for Arts in Medicine, University of Florida), Dr. Daisy Fancourt (Research Department of Behavioural Science and Health, Institute of Epidemiology and Health Care, University College London)

Rationale There is growing evidence for the impact of arts engagement on flourishing. However, social gradients in arts engagement and flourishing may have led to an overestimation of this impact, and there is a lack of longitudinal research in young people.

Objectives We aimed to test the longitudinal associations between arts engagement and flourishing in adolescence, accounting for observed and unobserved individual characteristics.

Methods We included 3,333 participants aged 18-28 from the Transition into Adulthood Supplement of the Panel Study of Income Dynamics, which included a nationally representative sample of young people in the United States. Participants completed waves biennially from 2005 to 2019. In every wave, a 14-item Languishing-Flourishing scale measured flourishing across three wellbeing domains: emotional (feeling satisfied and interested in life), psychological (feeling autonomy and mastery), and social (feeling part of a positive community). Frequency of engagement in any artistic, musical, or theatrical organized activities was measured in every wave (never, monthly, daily, weekly). We analyzed data using fixed effects regression and Arellano-Bond estimators to control for bidirectional relationships, and adjusted for time-varying demographic, socioeconomic, and health-related factors.

Results Increases in arts engagement were associated with increases in flourishing in a dose-response relationship. Changing from never to weekly engagement was associated with a 0.28 point (95% CI=0.13-0.44) increase in flourishing and changing from never to daily engagement was associated with a 0.45 point (95% CI=0.22-0.68) increase in flourishing after adjustment for time-varying confounders. This relationship was driven by enhanced psychological (adjusted daily coef=0.14, 95% CI=0.04-0.23) and social wellbeing (adjusted daily coef=0.22, 95% CI=0.10-0.33). Controlling for bidirectionality, increases in arts engagement predicted subsequent improvements in flourishing (adjusted daily coef=1.26, 95% CI=0.25-2.27) and social wellbeing (adjusted daily coef=0.80, 95% CI=0.15-1.44). In sensitivity analyses, residential area was a moderator; arts engagement was only associated with flourishing in metropolitan (and not non-metropolitan) areas.

Conclusion Weekly or daily arts engagement is associated with enhanced concurrent and subsequent flourishing within individuals. This associations occurs mainly through enhanced social wellbeing and holds across many subgroups of late adolescents and young adults, although those in non-metropolitan areas may have fewer opportunities for arts engagement. Next, more specific definitions of arts engagement should be explored, enabling identification of the active ingredients that influence flourishing. Future work must also consider how funding can be distributed to ensure that the arts are accessible across communities and geographical areas, providing all young people with opportunities to experience their potential benefits.

Psychoactive Substance Involvement among undergraduate Students in North-Eastern Nigeria

Friday, 30th September - 11:30: Concurrent 1.4 - Oral - Look up! Learning from global population data (Øksnehallen Breakout Room 4) - Oral - Abstract ID: 406

Dr. Amaya Pisagih Shittu (Department of Psychiatric, Federal Teaching Hospital, Gombe, Gombe State.), Dr. Sadique Kwajaffa Pindar (Mental Health Department, Faculty of Clinical Sciences, College of Medical Sciences University of Maiduguri, Maiduguri, Borno State.), Dr. Victor Chidi Onyencho (Mental Health Department, Faculty of Clinical Sciences, College of Medical Sciences University of Maiduguri, Maiduguri, Borno State.)

Introduction: The widespread use of psychoactive substances among undergraduate students in Nigeria dates back to time immemorial. In Nigeria, previous studies focused on the prevalence rate of psychoactive substance use among students without considering other factors that could predispose the students to psychoactive substance use.

Objective: This study aims to examine psychoactive substance patterns of involvement and its relationship between students' socio-demographic parameters among undergraduate students in North-Eastern Nigeria.

Methods: A multi-stage, stratified random sampling method was used to select the students and divide the students into two groups; Alcohol, Smoking, and Substance Involvement Screening Test (ASSIST) were used to screen 704 undergraduate students of University of Maiduguri.

Results: The student's ages ranged from 18 – 40 years; with a mean age of 22.2. Factors that were associated with substance use are; being male, levels of study, off-campus resident, monogamous setting, parental tertiary educational level, parental occupation, medium family size, birth position, history of medical conditions, and absent history of mental illness.

Conclusion: There is a need for intervention-based research to address the alarming rate as well as the deficits in knowledge of substance use among young people in Nigeria. There is also a need for the development of a national policy on school-based prevention and intervention program.

Keywords: North-Eastern Nigeria, Substance Involvement, Undergraduate Students

@ease: visitors' characteristics and lessons learnt from at risk sub groups

Friday, 30th September - 11:30: Concurrent 1.4 - Oral - Look up! Learning from global population data (Øksnehallen Breakout Room 4) - Oral - Abstract ID: 438

Dr. Sophie Leijdesdorff (Maastricht University, Department of Psychiatry and Neuropsychology Maastricht, the Netherlands), Dr. Rianne Klaassen Klaassen (Levvel), Dr. Nina Grootendorst (Erasmus Medical Center Rotterdam), Prof. Wim Veling (UMC Groningen), Prof. Arne Popma (Amsterdam UMC, department of psychiatry; Amsterdam, the Netherlands), Prof. Thérèse van Amelsvoort (Maastricht University, Department of Psychiatry and Neuropsychology Maastricht, the Netherlands)

Aim: As part of the worldwide youth mental health movement, and aiming at preventing development and persistence of psychiatric disorders, the first 8 @ease-centres were opened in the Netherlands. @ease is a youth driven, professionally supported initiative, providing peer-to-peer counseling, anonymous and free of charge, for people aged 12-25. Young-adult peers, including experts by experience, were trained in listening, motivational interviewing and solution focused strategies and supervised by a diverse group of healthcare professionals.

Methods: Characteristics of all young people accessing the services between its inception (January 2018) and December 2021 were described. In addition, young people at increased risk of developing mental health problems, including those with intellectual disabilities and/or a migrant/refugee background were interviewed about barriers and facilitators in their help-seeking process.

Results: A total of 935 visitors, aged 20 on average, were satisfied to very satisfied with @ease's services. Psychosocial distress, social functioning and quality of life measures at first visit showed moderate to severe levels of impairment and almost half of all visitors missed classes because of their problems. One third reported parental mental illness, 29% suicidal ideations and 11% had made specific plans to end their life. Only one quarter of all visitors received mental health care in the three months prior to their visit. First results regarding the interviews will be presented at the conference.

Conclusion: This study showed the necessity as well as the feasibility of a youth driven, professionally supported organization offering peer-to-peer counseling in the Netherlands. @ease has shown to be a flexible organization, aiming at normalizing where possible and intervening when necessary.

‘IDEAS’: the development of an Interventive, Dynamic, Emotion-focused Assessment and Support programme for young people with emotional regulation difficulties

Friday, 30th September - 11:30: Concurrent 1.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning -
Abstract ID: 850

Dr. Joanna Baines (NSFT), Prof. Franco Orsucci (NSFT), Ms. Isobel Salloway (NSFT), Ms. Sasha Campbell (NSFT), Ms. Annabel Harding (NSFT)

- Introduction or Rationale

Significant pressure upon NHS mental health services have led to long waiting lists for assessment, lack of timely access to evidence-based interventions, and increasingly high thresholds for support. Young people presenting as emotionally overwhelmed (often conceptualised within a framework of ‘Personality Disorder’) face long waiting lists for assessment and further delays for appropriate support. The presence of risk-taking behaviours usually dictates the speed and level of support for individuals, with limited options for those struggling with emotional regulation with less frequent or less significant high-risk behaviour present.

Evidence-based psychological therapies including Dialectical Behaviour Therapy (DBT) are often in short supply and high demand, meaning waiting lists for appropriate intervention are long. Formal therapy with highly trained therapists/psychologists is not always necessary though alternatives are limited. There is a need to explore the benefit of brief, responsive therapeutic approaches for this group to ensure high-quality intervention at all level of need and to manage service pressures.

- Objectives (of project and or research)

The current project aims to deliver a brief DBT-informed intervention for young people aged 16-25 presenting with emotional dysregulation and mild/moderate risk-taking behaviours. Programme-delivery will be supported using co-produced workbooks/clinician guides allowing a person-centred approach where individuals can choose elements of the programme most suited to their needs. The intervention will be delivered by clinicians with basic training, supervised by DBT therapists/psychologists.

- Methods or Approach

Young people aged 16-25 referred to secondary care Youth teams will be screened according to agreed inclusion/exclusion criteria upon referral, or taken from existing waiting lists. An 8-week intervention will be offered immediately following screening. Outcome measures capturing symptom severity, quality of life scores, and degree of suicidality/SH will be taken at three time points (start and end of intervention and at follow-up). Intervention will include an assessment and emotion-focused formulation session, six individualised DBT-informed therapy sessions, and a review/outcome session.

- Results or Practice/Policy Implications

The pilot stage of the current project is ongoing. It is hoped that initial data will support the benefit of time-limited, responsive, evidence-based interventions for this group, demonstrated by improved quality of life scores, and reduced symptom severity (including self-harm and suicidality). At individual level, benefits will include responsive and appropriate intervention at all levels of need, reduced waiting time and timely, appropriate discharge from services to support recovery. At service-level, benefits will include reduced waiting lists, faster throughput and improvements in the delivery and quality of care.

- Conclusion

Increased pressure on NHS secondary care mental health services have led to high thresholds and a prominent focus on risk as a driver for intervention. Services must be creative in the development of responsive and cost-effective interventions to support young people at all levels of need. Clinicians with more basic training can be supported to deliver high-quality interventions if adequate support is offered through the development of structured interventions and ongoing guidance and supervision from highly qualified colleagues. Co-production remains central to innovation and service improvement across the board.

Measuring psychological distress in Indigenous Australian young people

Friday, 30th September - 11:30: Concurrent 1.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 913

Ms. Maddison O'Gradey-Lee (Black Dog Institute)

Background: Indigenous Australian young people report higher levels of psychological distress than non-Indigenous young people, with up to three in 10 Indigenous young people rating high to very high levels of distress from mood or anxiety symptoms compared to 13% of non-Indigenous people. The symptoms associated with anxiety and depressive disorders can cause significant life interference for youth and their parents. Although there are multiple validated measures for assessing anxiety and depressive symptoms and disorders in the general population, there are only a few culturally validated measures to assess Indigenous Australian youth and no studies have examined the tools used exclusively for Indigenous youth.

Method: Web of science, PUBMED, PsycInfo and CINHALL were searched using terms relating to Indigenous youth (aged 5-15) mental health assessment. Abstracts were screened and included in the study if they met inclusion criteria.

Results: From 165 abstracts, 25 studies were included in the review. Out of the 25 studies included we found that 9 studies used at least one generic valid and reliable measure for Indigenous young people, and only 5 studies used a bespoke and validated measure for Indigenous youth. Within the 9 studies which used generic measures, only 4 used the measure as it was recommended. The review identified 3 bespoke measures- Westerman Aboriginal Symptom Checklist - Youth, Strong Souls, and IRISE_C, and 2 generic validated measures the Strengths and Difficulties Questionnaire and the Personal Wellbeing Index.

Conclusions: More research is required into the measurement and assessment of Indigenous Australian young peoples' mental health. Measures that are specifically developed for and with Indigenous Australian young people will allow for a more culturally appropriate tool and a better understanding of mental health within this population, improving assessment and monitoring. It is important that researchers and clinicians use measurement tools that have been culturally validated for use, and in the correct format to ensure an appropriate assessment.

Team-based secondary consults: increasing confidence, reducing stress and providing direction to staff when working with clinical complexity.

Friday, 30th September - 11:30: Concurrent 1.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 579

Ms. Sian Lloyd (Orygen - National Centre of Excellence in Youth Mental Health), Ms. Sophie Prober (Orygen - National Centre of Excellence in Youth Mental Health), Mr. Craig Hamilton (Orygen - National Centre of Excellence in Youth Mental Health), Ms. Yamiko Marama (Orygen - National Centre of Excellence in Youth Mental Health)

Introduction

Young people present to mental health services with a broad range of needs, and it can be difficult for mental health staff to hold expertise in all areas of care. In response to limited access to psychiatry and specialist care, as well as variability in supervision and support structures across Australia, Orygen has developed a team-based secondary consultation program. Evaluations show the program is accessible, supports teams to provide helpful therapeutic care when working with clinical complexity and supports effective knowledge translation so staff feel more equipped in their roles.

Objectives

The primary aim of the program is to increase the knowledge and confidence of youth mental health staff to support young people presenting with complex needs. In turn, it is expected that this will increase the quality of care provided to the young people and families they are working with.

The program also recognises that recommendations need to be negotiated and explored between the facilitator and teams so that any recommendations can be adapted to the local context and consider individual staff needs.

Approach

There are three streams of the program: psychiatry, specialist clinical and reflective practice.

All three are team-based, and follow a similar format. The participating team prepare case reviews, which include background information, presenting concerns and current treatment plans for young people they are working with. They also include a series of key questions to drive the discussion.

The team then discuss the case via videoconference with an Orygen facilitator. In the psychiatry and specialist clinical streams, the discussion focusses on recommendations around the key questions. The reflective practice sessions are similar, but aim to draw more on the knowledge, skills and approach of the team to develop a consensus, and explore other factors that may contribute to care, such as staff or system pressures.

The pilot program was evaluated in 2019, and ongoing expansions have subsequently been monitored for continuous quality improvement purposes.

Results and practice implications

Overall, the evaluation and ongoing feedback show that the program is feasible, acceptable, appropriate and effective. All respondents reported an increase in their knowledge and confidence, and that the recommendations provided were practical and applicable to their work. Participants reported implementing the strategies immediately, and also found that they were able to translate recommendations from discussion of one young person, and apply them more widely with others in practice. One participant reflected that the program, "adds another level of strength and credibility to what we're offering to young people."

Staff also reflected on feeling reassured and validated for the work they had already done. Similarly, they felt contained as risk was being shared, which reduced their stress.

Conclusion

Team-based secondary consultation provides a feasible, acceptable, appropriate and effective avenue for increasing access to specialist care and improving the capacity, wellbeing and connection of youth mental health

teams and services who continue to remain under significant workload pressures.

Reimagining services for young people presenting with complex needs: the YES model

Friday, 30th September - 11:30: Concurrent 1.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 574

Ms. Sian Lloyd (Orygen - National Centre of Excellence in Youth Mental Health), Ms. Sophie Prober (Orygen - National Centre of Excellence in Youth Mental Health), Mr. Craig Hamilton (Orygen - National Centre of Excellence in Youth Mental Health), Ms. Yamiko Marama (Orygen - National Centre of Excellence in Youth Mental Health)

Introduction

There is a well-established need for services to support young people with, or at risk of, severe and complex mental ill-health, who would otherwise fall through the gaps. Best-practice evidence for service delivery in this space is limited, but emerging. We know that any service model for young people presenting with these types of needs requires a flexible approach, in which young people receive appropriate treatment at a time and place which suits them, and allows them to exit and re-enter the service as needed. Furthermore, programs vary considerably in the level of resourcing, and operate in vastly different contexts. A one-size-fits-all approach is therefore unlikely to be effective, but rather the model must also be adaptable to the local context.

Objectives

Orygen have developed a model for Youth Enhanced Services (YES), which provide support to young people presenting with complex needs across Australia. The YES model consists of five core components: enhanced access, evidence-based psychological therapies, case management, access to specialist medical care, and partnerships and integration, as well as seven underpinning principles. The model has been informed by complex systems theory and advancements in implementation science, along with our previous experience of developing youth mental health services such as early psychosis services. The model is designed to be adapted to local contexts whilst retaining integrity of its core components. This also allows the model to continue to evolve as new evidence emerges.

Approach

By describing key components and underpinning principles, we ensure that programs are based on evidence, while providing room for local adaptation. The operationalisation of each component will vary depending on these contextual and resourcing factors, but the function of each component is retained. Alongside a rationale for each component, we provide examples of how the model could be operationalised at a 'minimum' level and an 'extended' level. Most services should aim to at least meet the minimum level, and where resourcing and local context allows, they can develop further to the extended level.

Practice/Policy Implications

The YES model has been tested with a range of commissioners and service providers working in this space. The response has been overwhelmingly positive, especially for its flexibility to context and the descriptions of the minimum and extended levels for each component, which provide useful benchmarks.

Along with continuing to update and grow the model as evidence emerges, the next steps include using the YES model to support services with quality improvement initiatives. We have developed a model mapping tool that sits alongside this model, to guide services through a review of their existing model, and to identify strengths and opportunities for improvement.

Conclusion

As the evidence continues to grow, service models must continually adapt and improve to ensure the highest quality care is provided to young people. Further, service models must be adaptable to the variation in resourcing and local contexts, and be flexible to the needs of individual young people. The YES model aims to provide guidance for the development of evidence-based, but flexible service models.

Using the PTMF with young people: How do we make it relevant and accessible inside and outside of the therapy room?

Friday, 30th September - 11:30: Concurrent 1.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 241

Dr. Gillian O'Brien (Jigsaw, The National Centre for Youth Mental Health), Dr. Jim Lyng (Jigsaw, The National Centre for Youth Mental Health), Dr. Cian Aherne (Jigsaw, The National Centre for Youth Mental Health), Dr. Emma Hickey (Jigsaw, The National Centre for Youth Mental Health)

The Power Threat Meaning Framework (PTMF) is a framework for understanding human experiences developed via the BPS and published in 2018. The framework provides a non-medical lens for viewing challenges to our mental health and acts as an alternative to psychiatric approaches. It is a move away from the language of “what’s wrong with you?” and “what are your symptoms?” towards an exploration of context and making sense of a person’s responses to their context.

The basis of the framework includes four core questions:

What has happened to you?

How did it affect you?

What sense did you make of it?

What did you have to do to survive?

There are two further questions that make up the framework:

What are your strengths?

What is your story?

These questions give us an outlet to explore a deeper understanding of human experiences.

Jigsaw is the National Centre for Youth Mental Health in Ireland and provides brief therapeutic interventions for young people aged 12-25. In our services, we have integrated the PTMF into a variety of contexts including closing letters and referral letters, supervision and group supervision, and the development of a booklet and worksheets that can be used in therapeutic sessions with young people. Young people’s voices and language have been placed at the heart of these ventures.

The PTMF gives an opportunity to sit side-by-side with a young person and collaborate with them to explore what is meaningful about their mental health and well-being. In this sense, we are reimagining what it means to offer a therapeutic service to young people as we strive to do therapy *with* the young person rather than *to* them. We have been attempting to use the PTMF to demystify therapy in a way that makes it understandable to the young person so that they have their own language about it and are the chief purveyors of the direction of the therapeutic approach.

The PTMF has given us a framework to reimagine the landscape of youth mental health as we move away from reductionist understandings of human experience towards a deeper understanding of the context for our emotions and responses to life experiences. This presentation will give an overview of our work to date, a sharing of our booklet and worksheet and case examples of where the PTMF has been used to good effect in therapeutic settings.

Family Mental Health Support Service – a new wave of early intervention for vulnerable youth in rural Australia

Friday, 30th September - 11:30: Concurrent 1.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 302

Ms. Sarah Langley (CatholicCare Victoria)

Over the past two years, Australia has experienced major strains on the youth mental health system due to COVID-19 and increasing demands for service delivery. The Family Mental Health Support Service (FMHSS) program at CatholicCare Victoria is an early intervention program for young people aged 0-18 that aims to reduce the demand for clinical support by engaging in preventative work with youth at risk of developing a mental illness.

The overall objective of the FMHSS program is to improve the mental health prospects of young people and their families living in rural communities in Victoria, Australia. The program also aims to help families improve their communication and strengthen relationships; establish or improve routines; manage stress and anxiety and enhance coping mechanisms.

The FMHSS program operates across several rural towns in Victoria that experience high rates of youth mental ill-health; Shepparton, Ballarat, Mildura and Melton. A defining aspect of the FMHSS program are three internally designed programs that focus on enhancing emotional regulation and building positive coping strategies: Emotikids (5-7yr olds), Stress Busters (10-12yrs) and Girls Resilience (12-16yrs). All eligible young people entering the FMHSS program can access individual and/or group supports, with a focus of the program being strong parental engagement to enhance outcomes at home. Individual support sessions with young people are facilitated as regularly as weekly and are designed specifically to address the needs that the client is presenting with. Emotikids, Stress Busters and Girls Resilience were all designed internally by FMHSS practitioners in response to emerging needs within the local community and the three programs can be facilitated in a group format or via individual sessions.

Approximately 4500 young people have participated in FMHSS across CatholicCare Victoria since the program began in 2016. Internal data collection found that 95% of clients self-reported positive changes in their circumstances after participating in one or more aspects of the FMHSS program. Key strengths of FMHSS include no fees, no waitlists, outreach options, self-referral pathways and clients are assigned a case manager that can support them for up to a year. The FMHSS program is a valuable opportunity to ensure that young people experiencing vulnerability do not fall between the cracks by providing regular support sessions and through the development of a unique and creative set of resources for the young people to use to express themselves in a safe and effective way. The relationships that practitioners form with the participating young people and their parents is a key to the program's success as the benefits of the FMHSS approach flow from the young person to the parents, which is improving emotional identification and expression for both parties.

This presentation will explore our experiences with the delivery of the Family Mental Health Support Service, with a focus on the internal group programs we have developed in response to community need. The FMHSS program model will be shared in further detail and the presentation will conclude with a reflection on future opportunities for growth for the program.

Thoughtful Schools; Generating International Trauma-Informed Practice Principles for Schools (ITIPPS)

Friday, 30th September - 11:30: Concurrent 1.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 762

Prof. Karen Martin (The University of Tasmania), Ms. Kate Fitzgerald (The University of Western Australia), Dr. Madeleine Dobson (Curtin University), Ms. Maddie Ford (The University of Western Australia), Dr. Helen Egeberg (Edith Cowen University), Dr. Rebecca Walker (Curtin University), Dr. Stephan Lund (The University of Western Australia), Prof. Helen Milroy (The University of Western Australia), Dr. Emily Berger (Monash University)

Recognition of the need for schools to be trauma-informed is burgeoning internationally, however consensus on the best approach for trauma-informed practice is not available. The objective of this research was to develop internationally relevant, best-practice trauma-informed principles for schools through extraction of common themes from existing programs, followed by expert refinement and consensus. A four-phase methodology incorporated: (i) identification of school-relevant trauma-informed practice programs, (ii) inductive thematic analysis of main concepts underlying existing programs, (iii) draft practice principle generation, and iv) principle revision and finalisation via Delphi study. The drafted principles achieved excellent consensus in the first distribution round. Reworded and ordered principles sent in the next round received close to 100% agreement. Minor wording changes led to the International Trauma-Informed Practice Principles for Schools (ITIPPS) incorporating four Overarching Principles and ten Practice Principles. These principles encompass the importance for person-centred, culturally informed, and collaborative school communities which are flexible and open to change and growth. These new school trauma-informed practice principles hold important implications for education systems, schools, and other learning settings in efforts to provide environments that can assist all children, even those who are most disadvantaged, to flourish. This approach to generate best practice principles can be utilised by other sectors and across disciplines and concepts.

An Innovative Mental Health & Wellbeing Service for University Students - the Pause@UoB collaboration

Friday, 30th September - 11:30: Concurrent 1.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 631

Dr. Paul Patterson (Forward Thinking Birmingham (NHS)), Ms. Mica Gray (Forward Thinking Birmingham (NHS)), Mr. Drew Linforth (University of Birmingham), Mr. Sandev Panaser (University of Birmingham), Ms. Jane Thakoordin (The Children's Society)

Introduction

The mental health and wellbeing of students in Higher Education (University) settings is increasingly of concern. In the UK context, student declarations of a mental health condition on application to university have increased ninefold between 2011 – 2020 and are associated with lower rates of continuation, attainment, and progression into skilled work or further study, if left without support. This is in the context of increasing pressures on young people's mental health services and long delays in getting appropriate support for many common mental health difficulties. We present an overview of the first two years - from 2019 - of an innovative partnership approach to meeting the needs of student's wellbeing – the **Pause@UoB** drop-in service - a preventative low-stigma open-access drop-in wellbeing service for 18-25 year olds giving students choice in getting support at the time they need it. The project represents a collaboration of the 0-25 years CYP mental health service Forward Thinking Birmingham (NHS), The University of Birmingham and The Children's Society.

Objectives

We wanted to understand who used the service, their presenting issues and their experience of support; how representative they were of the student population; the impact of Covid-19 on the service provision and how the rapid and flexible adaptations to new working methods were achieved. We explored and will describe the impact of this novel wellbeing intervention from the perspectives of student users of the service; of the partnership collaboration; of the service provider team and from wider university welfare staff.

Approach

Continuously collated data on all users including demographics, presenting issues, interventions offered and service-user feedback were analysed and a summary is provided. A series of individual interviews were carried out with key stakeholders including partnership leads, service providers and wider university welfare staff with thematic analysis of interview data. Case studies of student interventions and care pathway experience are described with workshop and wellbeing survey data providing additional contextual information.

Implications

The project demonstrated the importance of flexibility in provision of student wellbeing interventions and enabling rapid and easy access to support when addressing increasing pressures on services. Training needs of wider student service providers were identified to enable better understanding of mental health issues and the need for providers to have flexibility when adapting to changing conditions such as Covid-19 was demonstrated. Key learning points from collaborative partnership working and the key importance of trust, shared objectives and good communications in partnership working are emphasised. We provide a summary of recommendations for collaborative (education & health) interventions in supporting the mental health and wellbeing needs of higher education students.

Conclusion

Increasing demand on mental health and wellbeing support for University students requires innovative approaches and novel thinking. We describe a successful two year open-access project at a UK Higher Education institution as an example of meeting the needs of this population and one of the first aligned to UK national policy directives for building collaborations across mental health and education for the 18-25 student population.

Don't Garden Bi+ Yourself: Reducing loneliness for youth and older Bi+ individuals through a community garden project.

Friday, 30th September - 11:30: Concurrent 1.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 178

Mx. Claire Smith (The Social Exchange Project)

Introduction or rationale

Bisexuality (Bi+) can be defined as non-binary and non-monosexual identities, inclusive of pansexuality, omni-sexuality, or fluid sexuality (Flanders et al., 2016). Bi+ individuals hold a majority within the Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, and Asexual (LGBTQIA+) community (Brewster et al., 2013; Higa et al., 2014), however they report experiencing severe rejection both within the LGBTQIA+ community, and within wider society leading to increased feelings of loneliness (Brewster et al., 2013; McCormick & Barthelemy, 2020). For Bi+ youth and older adults, loneliness and wellbeing outcomes are even poorer (Perone et al., 2020; Van Der Pol-Harney & McAloon, 2018).

There is limited data on the LGBTQIA+ population within Australia (Australian Bureau of Statistics 2021). LGBTQIA+ services available are often over capacity (LGBTIQ+ Health Australia, 2021), and there are few Bi+ youth specific services available in Australia (LGBTIQ+ Health Australia, 2021).

A community garden project dedicated to providing transgenerational peer support to youth and older Bi+ adults is the focus of the proposed research.

Objectives (of project and/or research)

The aim of this research through the use of a mixed methods approach, is to explore the benefits of trans-generational (youth and older adults) peer support in a community gardening setting in reducing feelings of loneliness experienced by youth and older Bi+ adults.

Methods or approach

A complimentary mixed methods approach will be taken, allowing for the discovering of rich knowledge of experiences, whilst also exploring the benefits of transgenerational peer support in reducing loneliness, in a community gardening setting (Gray, 2018; Hanson et al. 2005). An inductive and evaluative approach will be implemented, focusing on identifying ways to improve and inform both current and future interventions (Gray, 2018). Underpinning this approach is the theoretical perspective of symbolic interactionism, centred on flexibility of meaning based on experience, in particular sense of self (Gray, 2018).

Results or practice/policy implications

LGBTQIA+ organisations are focused on improving wellbeing outcomes for the LGBTQIA+ community, however. Bi+ youth and older adults still feel isolated within the community, highlighting that the nuanced needs of this sub group have not adequately been addressed. Critical and honest reflection of the LGBTQIA+ community structures and hierarchies, will provide LGBTQIA+ organisations with deep Bi+ community insights, that can be utilised to improve their current and future services for Bi+ youth.

Conclusion

Whilst there are support services available to the broader LGBTQIA+ community focused on increasing social connection and improving wellbeing outcomes there are few Bi+ specific services available in Australia. Based on the negative experiences such as rejection and microaggressions many Bi+ youth and older adults experience there is evidence to suggest that specific Bi+ loneliness interventions are required to meet the unique needs of this sub group.

The development of a community garden project dedicated to providing transgenerational peer support to Bi+ youth and older adults will allow a safe space for connection leading to a reduction in loneliness and improved

wellbeing, whilst also providing vital data to assist in the development of future Bi+ youth specific services.

How to drive long term mental health literacy in young people

Friday, 30th September - 11:30: Concurrent 1.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 472

Mr. Brett Reardon (headspace), Dr. Nick Duigan (headspace)

- Introduction

Australia is a vast country with a population spread far and wide. The mental health needs and impacts of young people living in capital cities differ greatly to those in regional and rural locations. These needs are also nuanced depending on a young person's sexuality, gender identity and ethnicity.

So how does a national organisation like headspace work to support as many of these young people as possible? How do we create flexible campaigns and messaging that speaks a universal language?

- Objectives

Our youth centric co-design process, and our cross functional collaboration (via participation, clinical, marketing and media) have created some of the most impactful campaigns headspace has released in recent years for First Nations, LGBTQIA+, Young Men, and Parent audiences. All of which utilise our "7 tips for a health headspace" as a call-to-action, but in each instance the tips have been adapted or translated into unique, separate campaign hooks to bring them to life.

In this presentation we reveal the origins of the 7 tips, how they are firmly entrenched in transdiagnostic mental health and wellbeing insights, and how sustained usage of them are driving an increase of mental health literacy in young Australians and their parents.

- Approach

By elevating the voice of the young person to be front and centre and ensuring the campaign co-design process is authentic, we bring to life personal stories with the young people articulating the 7 tips through their own voice and through their own eyes.

We will showcase these campaigns and these stories, demonstrate their impact and articulate how we have translated the messaging to align to each theme, whilst still retaining the core clinical advice.

- Results

Our biannual research is clear on the results. There has been a consistent increase in literacy over an extended period by reinforcing the tips as calls-to-action, even though they are nuanced by campaign. We can show that awareness of the 7 tips has been continually growing since first released. As has the perception of the tips being understood as clear and beneficial ways to better manage your mental health and wellbeing.

- Most young people feel that each of the 7 tips are important in the maintenance of mental health (scores range from 72% to 89% depending on the tip)
- After seeing a recent campaign with the 7 tips embedded, 80% of young people took action and practiced a mental health self-care behaviour

In addition, our digital and social engagement is strong with more young people than ever before clicking through to resources and support on our website (demonstrating efficacy and help seeking behaviours) and watching our content to completion (Campaign for First Nations young people resulted in twice the completion rates as industry average), demonstrating the content is impactful and resonates.

- Conclusion

By creating flexible and adaptive messaging, the same marketing mechanics can be utilised for years without any evidence of fatigue; and by reinforcing consistent self-help clinical messaging, you can drive long term awareness and mental health literacy in young people.

Are you doing the Model? An evolving approach to measuring service model alignment in headspace centres

Friday, 30th September - 11:30: Concurrent 1.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 559

Mr. Nathan Hobbs (headspace National Mental Health Foundation), Mr. Frank Hughes (headspace National Mental Health Foundation), Ms. Fiona Tansley (headspace National Mental Health Foundation)

Introduction

The headspace centre service model is an evidence-informed approach for delivering trusted, quality services to meet the needs of young people across Australia.

To determine whether services are operating in alignment with this model, we created the headspace Model Integrity Framework (hMIF) and certification process. This provides a detailed set of model requirements and a consistent way to assess the 145 headspace services.

Based on the learnings and feedback from the first hMIF process completed between 2017-2019, enhancements to the hMIF process were identified. In addition, with various challenges within the youth mental health sector and the changing needs of young people themselves, it was considered worthwhile to develop an updated version of the hMIF to ensure ongoing relevance.

An evolutionary approach was taken for hMIF version 2 to enable a more sophisticated measurement of model integrity and to better understand how the model was implemented on the ground in busy headspace services.

Objective

This presentation will explore the learnings from the evolution of the headspace service model certification program via two distinct approaches between 2017 to 2022. Factors that informed this evolution will be shared, including what changed in our process of measuring model fidelity, what stayed the same, and why. We will explore how this has helped model alignment efforts and the challenges experienced.

Method

At the completion of the hMIF V1 rollout in 2019, we reviewed the model assessment process prior to developing V2.

We analysed the assessment outcomes of all services to identify trends, pain points, and factors that may contribute to model alignment or model drift.

An external evaluation process gathered feedback from stakeholders about the V1 process via surveys and qualitative interviews of service representatives and funders, assessors, hMIF support team, and model decision-makers.

Finally, we drafted the updated model requirements and assessment approach in workshops with stakeholders, including youth and family and friends' representatives, to identify realistic improvements in the V2 framework and approach. Endorsement of V2 was achieved in late 2020.

Results

We completed the development of a second and distinct model fidelity approach (V2) in 2020 after implementing V1 with 102 services. Version 2 has so far been implemented with 49 services.

Important updates were made for V2 including:

- Clearer articulation of model expectations with detailed guidance for services and assessors
- Tailored coaching support for each service
- A broader approach to assessment by including interviews with key service staff and youth representatives to focus on what was happening in practice

- Enhanced assessment tools with better features for services and assessors
- New assessment stages to clarify interim findings with services

Conclusion

The hMIF process has evolved from the lessons learned from the initial rollout. Improvements to the assessment process and clarity to model requirements have seen positive changes in how we provide guidance to set model expectations, measure and assess model integrity, and support model alignment. These findings have international relevance to organisations who wish to measure and promote model alignment to ensure the quality and safety of services.

One size doesn't fit all – tailoring support to ensure service model alignment

Friday, 30th September - 11:30: Concurrent 1.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 557

Mr. Frank Hughes (headspace National (Australia)), Mr. Nathan Hobbs (headspace National (Australia))

Introduction:

The headspace service model is a well-established and effective model of primary youth mental health care across Australia. headspace National has the mandate to ensure continuous model integrity across over 145 services spread across Australia. The implementation and maintenance of integrity to the model over time can be challenging particularly where it involves a large number of services across a vast geographic spread. Drift from the model in between assessment cycles is a concern, with peaks and troughs in model alignment presenting as a common challenge. The development of a new framework to support and optimise continuous model alignment is an important initiative to improve youth mental health services.

Objective:

This presentation describes the challenges of continuous model integrity and presents a new model implementation framework to guide and optimise continuous alignment to the headspace services model across Australia that also meets the individual needs of each headspace service. Case examples will emphasise the value of this new framework.

Method:

Every 3 years, headspace National assesses and certifies each of the headspace services in relation to alignment to the headspace model using the headspace Model Integrity Framework (hMIF). Data from the first two hMIF assessment cycles were reviewed to provide a gauge of model slippage over time. A review of the literature formed the basis of developing a model implementation framework for supporting services in maintaining model alignment in between these three-yearly cycles of integrity assessment. This framework is now being applied.

Results:

Model alignment slippage was evident over the three-year cycle of integrity assessment for most services. A new framework was developed to provide individualised support to services. The model implementation framework considers individual service factors and best-practice methods of support as a guide to a tailored response to the needs of services striving for continuous model integrity. The details of the individual service factors and methods of support will be presented.

Conclusion:

The new headspace model implementation framework provides a useful guide to organisations and funders who are invested in maintaining model integrity over time in youth mental health services. It will assist in providing a level of confidence in ongoing model alignment outside of the intermittent assessment periods. Maintaining continuous model integrity to effective models of service delivery has benefits for young people and their families and friends in the safety and quality of care they receive.

How do we ensure cultural relevance when working with a global audience?: Creating cross-cultural understandings of mental health

Friday, 30th September - 11:30: Concurrent 1.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 751

Ms. Nataya Branjerdporn (Orygen and The University of Queensland), Ms. Maddison O'Grady-Lee (Orygen and University of New South Wales), Ms. Corinne Rugolo (Orygen), Ms. Ella Gow (Orygen)

- **Introduction or rationale**

The Orygen Global Youth Mental Health Advocacy Fellowship (the Fellowship) is a 7-month virtual program for young people aged 18-30 from across the globe. The program candidates (the Fellows) are passionate about youth mental health and strive to create long-term change in the mental health landscape within their communities. Although, when working with such a diverse group of passionate young people, how do you ensure that the knowledge and resources shared are culturally relevant?

It is important to consider the global nature of the Fellowship wherein certain ways of knowing and being will not be relevant to all contexts, cultures, and communities. The Fellowship has been developed to provide a range of experiences and knowledge by presenters and experts from different cultures and contexts to ensure a diverse representation of the different ways of knowing, being, and doing that are shared with the Fellows.

- **Objectives**

One of the core objectives of the Fellowship is to create cross-cultural understandings of mental health and advocacy to be adapted and applied to the Fellows' localised advocacy projects.

- **Methods or approach**

The Fellowship contains 6 modules that are structured to follow the five sections of the Global Youth Mental Health Advocacy Toolkit, which was developed by Orygen in partnership with the World Economic Forum. Each module contains 2-3 sessions involving a range of presenters from diverse contexts and experiences. In many of the individual sessions, there are multiple presenters to provide different perspectives on a single topic. The inaugural Fellowship program launched in 2021 and partnered with 37 presenters from 15 countries. The Fellowship program continues to strive to achieve diversity in representation, taking learnings from the inaugural program. Fellows were also provided with the opportunity to adapt the Advocacy Toolkit to further enhance its cultural relevance globally.

- **Results or Practice/Policy Implications**

Fellows are empowered with a rich understanding of mental health and advocacy by learning about different contexts and world views. Throughout the course of running the Fellowship, valuable insights have been gained regarding how to ensure the relevance of sessions across geographical and cultural contexts. Fellows reported great value in being challenged by alternative perspectives and learning about different understandings of mental health from their peers; ultimately leading to them becoming more inclusive and culturally responsive in their advocacy work.

- **Conclusion**

The Fellowship applies a cross-cultural lens to youth mental health advocacy and what it may look like in different cultures, contexts and countries. The Fellowship provides young advocates with the opportunity to connect with other advocates and leaders from around the world to engage in sharing cross-cultural learnings that can be taken and adapted to different local contexts.

Knowledge Equity Through Mentorship and Training: Frayme's Knowledge Mobilization Fellowship Program

Friday, 30th September - 11:30: Concurrent 1.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning -
Abstract ID: 845

Ms. Kristy Allen (Frayme), Ms. Micaela Harley (Frayme), Dr. Travis Sztainert (Frayme)

Introduction

It is critical to include persons with lived expertise (PWLE) as partners in the design, planning, implementation, and evaluation of mental health and substance use services and supports. At Frayme, we ground our approach to engagement in capacity building and allyship. To this end, Frayme developed and implemented a Knowledge Mobilization (KMb) Fellowship program. This program aimed to support youth, caregivers, and advocates from our Groundbreakers network in building a fundamental understanding of knowledge mobilization as a concept and in practice.

Objectives

After attending this presentation, we hope participants will be able to:

- Engage in co-production strategies to create new knowledge products alongside youth, caregivers & advocates
- Build capacity in individuals with lived expertise through mentorship
- Apply the principles of knowledge equity in practice with community stakeholders

Approach

Our first cohort of KMb Fellows consisted of 10 individuals with lived/living expertise. We will discuss the logistics of this program, including our approach to selection, compensation and communication. Importantly, we will explore how we co-created KMb outputs with our Fellows through training, mentorship, allyship, and capacity building. Our KMb training consisted of five virtual sessions, alongside additional asynchronous learning, resulting in a certificate of completion which the Fellows can leverage for future opportunities.

Results

Frayme takes a knowledge equity approach in our work, and we will explore the experiences of both the Frayme staff/allies and the KMb Fellows in contributing to this approach. We will also discuss the results of our KMb Fellowship evaluation. Finally, we will showcase some of the innovative KMb outputs created through our Knowledge Mobilization Fellowship program, and explore how we were able to disseminate and amplify these outputs to the system.

Conclusion

Through careful consideration and reflection, we can meaningfully (and ethically) engage with community members to co-create knowledge products and dissemination strategies. Frayme places high importance on mentorship and co-production, which when done with intention, can lead to innovative solutions and creative KMb outputs.

Integrated Youth Services: Benefits of an International Collaboration

Friday, 30th September - 11:30: Concurrent 1.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 680

Dr. Steve Mathias (Foundry), Mr. Jason Trethowan (headspace National), Dr. Joseph Duffy (Jigsaw), Ms. Kelly Veillette (Foundry), Ms. Siobhan McGory (Jigsaw), Dr. Aileen O'Reilly (Jigsaw, The National Centre for Youth Mental Health), Prof. Debra Rickwood (headspace National), Ms. Vikki Ryall (headspace National), Dr. Nick Duigan (headspace), Dr. Karen Tee (Foundry)

Introduction: Building from the momentum of IAYMH 2019, a formal collaborative was formed between Foundry, headspace and Jigsaw to provide ongoing connection and collaboration opportunities for the three organizations. Given the established nature of each entity, the intent of the collaborative is to enable the organizations to leverage each other's expertise and experiences on themes that would enhance organizations' capacities.

Objectives: The primary purpose of this presentation is to describe this collaboration and how it is being used to transfer knowledge, leverage resources, and to better understand emerging issues related to youth and families/caregivers, service improvement approaches, implementation of novel innovations, research, and evaluation. The secondary objective is to invite dialogue about the cross-organizational collaboration to scale integrated youth services globally and share innovative practices.

Methods: Through rotation, each organization acts as the Secretariat and is responsible for the facilitation and coordination of meetings, decisions, and the exchange of knowledge. Over a series of collaborative-wide and focused themed meetings, a summary of the transpired work and future opportunities has been collated.

Results: To date, this collaboration has facilitated global improvements in data collection systems and tools, shared outcome measures, and the potential for an international Minimum Data Set to support the creation of a Learning Health System for integrated youth services across multiple countries. Shared learnings were instrumental in supporting the launch and delivery of Foundry Virtual (an online integrated youth services platform in British Columbia), a work/study initiative, school strategies, family engagement and services, mental health and substance use service innovations, and joint research collaborations. For young people, the collaborative increased global sharing and connection opportunities, including co-designing approaches to safely engage diverse youth in digital storytelling, planning, research, and policy.

Conclusion: While this intentional, international collaboration has resulted in ongoing knowledge exchange, shared learnings, and joint research projects, the greater learning has emerged as staff from the organizations develop a strong sense of mutual trust and begin to share not only successes but challenges. Creating a safe space for teams and young people to meet, share and reflect together on what works best for youth has been an enriching, empowering, and enlightening experience.

Queer Café: A 2SLGBTQIA+ Program in an Integrated Virtual Health Care Service.

Friday, 30th September - 11:30: Concurrent 1.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 703

Ms. Bronwyn Lawrence (Foundry BC), Mx. Al Raimundo (Foundry, 915-1045 Howe Street, Vancouver, BC, Canada, V6Z 2A9)

Introduction or rationale

In Canada, youth of gender and/or sexual minorities are at a greater risk of mental illness, substance abuse, self-harm, and suicide (1). The COVID-19 pandemic has disproportionately exacerbated mental health issues among 2SLGBTQIA+ youth (2). Furthermore, 2SLGBTQIA+ youth face more barriers than their peers when accessing mental health services during the pandemic (2).

Foundry is an integrated youth services (IYS) organization for youth ages 12-24 in British Columbia, Canada, with Foundry Virtual providing online support. Youth Peer Support Workers (YPSWs) within Foundry Virtual identified a need for a program dedicated to 2SLGBTQIA+ youth. This sparked the idea of the Queer Café program.

Objectives (of project and/or research)

The objectives of the Queer Café program are to 1) create a safer space for youth across the province to get support and 2) evaluate the impact of the program.

Methods or approach

YPSWs who identify as 2SLGBTQIA+ launched Queer Café as a regular social group through Zoom. The groups were designed to allow youth to socialize with peers (e.g., Drag Night), learn about community resources (e.g., Gender-Affirming Care Q&A with Trans Care B.C.), and build mental health resiliency (e.g., Conflict Resolution Workshop). The integration of the program within Foundry Virtual allows for a seamless transition between Queer Café and other services. The impact of the program was measured through verbal feedback and two anonymous surveys.

Results or practice/policy implications

Queer Café has been running cohorts since 2020. We have had 252 participants from ages 12–24 since launching the group, including both new and returning youth. Analysis of survey results is ongoing. Based on observations and discussion, YPSWs theorize that Queer Café is reaching a significant number of youth living with mental health challenges, neurodivergent youth, youth in rural communities, and youth facing social isolation.

Quotes from participants, collected in feedback surveys:

“It’s nice to be around other queer people; even if we aren’t always talking about queer things, it’s nice to be in a safe and fun environment with other people who are similar to you.”

“Thank you for being supportive, welcoming, understanding, and making this feel like a safe place to be myself”

Conclusion

The success of the Queer Café program provides hope and direction for future mental health and wellness programs for 2SLGBTQIA+ youth. Youth felt comfortable using additional services in the IYS model after attending Queer Café, suggesting this initiative could be valuable to similar IYS programs in Canada and beyond.

References

1. Canadian Mental Health Association (2022). Lesbian, Gay, Bisexual, Trans & Queer

identified People and Mental Health. <https://ontario.cmha.ca/documents/lesbian-gay-bisexual-trans-queer-identified-people-and-mental-health/>

1. Chaiton, et al. (2021). Access to mental health and substance use resources for 2SLGBTQ+ youth during the COVID-19 pandemic. *Int J Env Res Public Health*, 18(21):11315.

The Jigsaw Journey: Understanding Experiences of Engaging with Brief Intervention Support for Young People's Mental Health

Friday, 30th September - 11:30: Concurrent 1.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 848

Mr. Neil Mac Dhonnagain (University College Dublin), Dr. Aileen O'Reilly (Jigsaw, The National Centre for Youth Mental Health), Prof. Barbara Dooley (University College Dublin)

Introduction: Recent advances in youth mental healthcare internationally include the provision of brief intervention support through integrated youth mental health services such as Jigsaw (Ireland), headspace (Australia) and @ease (the Netherlands). Emerging evidence suggests brief intervention support is acceptable to young people and that typically outcomes are positive. However, there is a lack of research using the voice of young people and clinicians in researching brief intervention support, where there has been an absence of studies investigating facilitators or barriers to young people's experiences.

Objective: This study aims to understand how young people experience engaging with brief intervention support using a phenomenological qualitative approach.

Method: Participants were 11 young people (5 female, 6 male; age range = 17-23 years) who engaged with Jigsaw for a brief intervention and nine Jigsaw Clinicians (7 female, 2 male). Data were collected via semi-structured virtual interviews. Sections of each interview included the beginning of the journey with Jigsaw, the middle of the journey and progress of young people, barriers and facilitators to the intervention, the end of the engagement with Jigsaw, and receiving support from Jigsaw during COVID-19.

Results: Interpretative Phenomenological Analysis was chosen to analyse the lived experiences of young people and clinicians' observations of these experiences. The experiences of the intervention among the youth participants were overwhelmingly positive. Five themes were identified from youth interviews; (1) *Help-seeking – an uncertain experience*, (2) *Therapeutic relationship as a non-judgemental collaboration*, (3) *Feeling appropriately supported*, (4) *Opening up*, and (5) *A bittersweet ending*. Analyses of clinician interviews are ongoing. Emergent themes identified in clinician interviews to date include (1) *A positive first formal help-seeking experience*, (2) *Therapeutic relationship as a foundation of trust and safety*, (3) *A youth-led, strength-focused intervention*, (4) *Understanding emotions*, and (5) *The end as a challenge*. Superordinate themes generated from the analysis of youth and clinician interviews will be compared to identify similarities and differences between young people's experiences with the intervention and clinicians' observations of young people's experiences.

Conclusion: Supporting previous research with brief interventions, young people participating in this study held favourable opinions of their engagements with brief intervention support. The therapeutic alliance and emotional engagement were identified as key elements in facilitating a positive experience with brief intervention support. Furthermore, the findings suggest young people and clinicians view help-seeking as an ongoing experience beyond the intervention, where young people may engage in informal help-seeking or return for further formal help-seeking in future. Findings from the study will be of interest to those providing services to young people, helping to identify barriers and facilitators to experiences of engaging with youth mental health support.

Setting up for success: Preconditions for effective implementation of Integrated Youth Services in community

Friday, 30th September - 11:30: Concurrent 1.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 319

Ms. Krista Gerty (Foundry), Ms. Rebecca Sharma (Foundry), Ms. Toni Carlton (Foundry), Ms. Sukhdeep Jassar (Foundry), Ms. Stefanie Costales (Foundry), Mr. Dan Nixon (Foundry), Ms. Tamara Throssell (Foundry), Ms. Nancy Zhao (Foundry), Ms. Pamela Fennell (Foundry), Dr. Karen Tee (Foundry)

Introduction: Foundry is a network of integrated youth service centres located in British Columbia, Canada. The network has expanded from its first centre opening in 2015 to 11 now open and 12 more in active development. The development of Foundry centres starts within community and engages local partners, youth, and families/caregivers. This includes a designated lead agency, a non-profit organization or health authority already present in the community, to lead centre establishment and operations at the local level. Over the past seven years, through a developmental evaluation and practical experience, Foundry is learning what conditions are required within lead agencies and communities that enable a centre to successfully open and operate, and what kind of relationships need to exist between the lead agency and Foundry central office in order to achieve our shared vision.

Objectives: To share the conditions that are required within lead agencies and communities, and in relationships between lead agencies and the central office, in order to successfully open and operate a Foundry integrated youth service centre across multiple dimensions, while maintaining organizational values, service quality, and integrity. These dimensions include capacities related to leadership; meaningful youth and family/caregiver engagement; organizational partnerships; equity, diversity, and inclusion; Indigenous cultural agility, safety, and humility; project management (capital and program-related); operations; and service delivery.

Method or approach: Drawing from our 2018 developmental evaluation[1], the practical experience of staff, and feedback from our network and youth and family advisors, an assessment of the capacities listed above were integrated into Foundry's 2019-2020 expansion activities to identify eight new communities ready to host a Foundry centre. We are also beginning to embed these learnings into our new phase of expansion this calendar year.

Results for practice/ policy implications: Two years later, despite the number of challenges presented by a global pandemic, the eight communities selected in the 2019-2020 expansion process are progressing well in their centre development, leading us to assess that the application of our learning has been effective (though our learnings continue). Foundry's learnings from 2015 to present can be used to inform the development of integrated youth services centres in complex, multi-stakeholder environments. We have been sharing our learnings to date with provincial and national government representatives and agencies across Canada and internationally, as well as funders and other decision-makers interested in developing integrated youth services in their jurisdictions.

Conclusion: Foundry has a unique set of experiences and data that provide an informative case study for other integrated care organizations to consider, learn from, and improve. Throughout the process to open and operate a centre, all activities should be undertaken with key input from young people and their families/caregivers.

[1] Salmon, A., Fernando, S., and Berger, M. (October 2018). *Developmental Evaluation of Foundry's Proof of Concept*. Retrieved from <https://foundrybc.ca/wp-content/uploads/2020/06/L.7-Foundry-Developmental-Evaluation-Report.pdf>

TABLE 1 - SERVICE DEVELOPMENT: A unique narrative in how to successfully establish primary youth mental health services in rural and remotes areas of Australia

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 727

Mrs. Raina Washington (headspace National), Mrs. Alyssa Blamey (headspace National), Ms. Alison McRoberts (headspace National)

Introduction:

headspace services are now accessible in over 150 locations across Australia. Establishing services in rural and remote areas based on a national model of youth mental health service delivery provides a range of unique challenges. This also provides opportunities to approach service delivery in different ways to metro and urban environments.

An important consideration in regional and remote areas is working with First Nation peoples who typically experience less than optimal services. Understanding the challenges and working with existing service systems is essential in establishing safe, quality services for young people and their families and friends living in rural and remote parts of the country.

Objective:

This presentation aims to provide a rare narrative in identifying and describing the particular challenges and enabling approaches in establishing primary youth mental health services in Australian rural and remote areas. It will describe enabling factors that have contributed to effectively establishing services that may be relevant to many rural and remote areas around the world.

Method:

The headspace National Centre Services Team created a reflective forum to identify firstly, the key challenges in establishing rural and remote services and secondly, the various strategies used to overcome the many challenges from relationship, process, resource and cultural perspectives. Key challenges and strategies were explored in detail to form a guide for Centre Service Advisors establishing headspace centres in rural and remote areas.

Results:

Some of the key challenges met included working with diverse range of expectations, key stakeholders, communities and cultural populations. Key strategies included adopting a curious mindset to understand local issues and building on existing community and cultural strengths. Underpinning this is establishing respectful, collaborative relationships with local services. These will be explored more in detail in the presentation.

Conclusion:

Successfully establishing local primary youth mental health services in rural and remote areas is possible but provides particular challenges while also creating opportunities and an environment for innovation and creativity in service development and delivery. Understanding and respecting these nuances and challenges as opportunities and adopting a commitment to building the strengths of the local communities is critical in providing meaningful services to young people and their families and friends. The findings of this presentation will be transferable to those countries that operate, or are seeking to expand, youth mental health services in rural and remote areas.

TABLE 1 - SERVICE DEVELOPMENT: Service Transition Plan: Moving to Adult Mental Health and Addiction Services

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 508

Ms. Scarlett Davidson (mindyourmind)

Introduction

Service providers in the area of London, Ontario, Canada wanted to implement a protocol for young people transitioning from youth to adult mental health and addiction services. Various studies have shown that a common outcome of poor transitions is that youth, despite experiencing enduring mental health concerns, disengage from services; this is happening in approximately 60% of known cases (Ontario Centre of Excellence, 2011). A large proportion of these youth are resurfacing in the system a few years later in inpatient and crisis settings (Pottick et al., 2008). This suggests that without proper transitions, many young people are falling through the cracks and not getting help until their condition severely deteriorates. The aforementioned service providers wanted to put a protocol in place to help young people in their region be better supported as they transition into adult services. They also wanted to provide tools for service providers to better support these youth. The TRACK study (S.P. Singh et al., 2008) evaluated this same issue in the United Kingdom and identified four components for high-quality transitions:

- Information continuity
- Relational continuity
- Cross-boundary and team continuity
- Care continuity

These recommendations were key in the subsequent work that was done to co-create our local protocol.

Objective

Our objective was to co-create, with young people at the forefront, a protocol that would help local youth to have planned, consistent, and successful transitions from child and adolescent services into appropriate adult services. Subsequently, the hope is that this will result in improved outcomes and experiences for youth. This protocol will involve a respective plan for the youth in transition, as well as a plan for the service provider(s) involved.

Method

mindyourmind recruited a group of young people aged 16-26 who were either approaching the transition to adult services, or had already received treatment in both the youth and adult systems. These young people participated in a two-day Design Studio (which is an interactive and creative design process involving facilitators, content experts, and designers) facilitated by **mindyourmind** to brainstorm the general content and design of this protocol.

The youth plan is a 32-page booklet that breaks the transition process into four stages each equipped with checklists that may assist the young person with their transition. Intermixed throughout the stages are various inspirational quotes, coping strategies and more.

Results

The service provider plan is a 20-page booklet meant to be used adjunctively with the youth plan and intends to assist local services in ensuring a coordinated transition for the relevant youth. It outlines the same four stages, but instead provides information and tasks that apply to the service providers' role.

Organizations such as CMHA Thames Valley Addiction and Mental Health Services and what was formerly known as the Anago-Parkhill Therapeutic Care Residence implemented it, however the COVID-19 pandemic disrupted evaluation processes.

Conclusion

We strongly believe that, given the right platforms, this tool can help to “reimagine” a more successful path for boundless youth who may have otherwise fallen through the cracks. We would be honoured to present!

TABLE 1 - SERVICE DEVELOPMENT: Investing in partnership to support youth well-being: Foundry BC & BC Children's Hospital

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 672

*Mr. Andrew Tugwell (BC Children's Hospital), Ms. Michelle Cianfrone (BC Children's Hospital), Dr. Steve Mathias (Foundry),
Dr. Karen Tee (Foundry)*

Introduction

Facing a challenging and fragmented system for youth mental health in British Columbia (BC), the team now known as Foundry BC and the BC Children's Hospital Health Promotion & Health Literacy team connected and discussed the benefits of partnering to bring their collective resources and expertise together. The Foundry BC team had developed a 'youth hub' model being piloted in Vancouver on Granville Street, with the aim of establishing hubs across BC. The BC Children's team, in partnership with a BC regional health authority, had developed a youth early intervention-focused website, mindcheck.ca, along with the family-focused Kelty Mental Health Resource Centre website, as part of a child, youth and family health literacy strategy. The partnership was formed and has resulted in increased information, resources and support for young people and families in BC, delivered in a coordinated and collaborative way.

Objectives

Foundry BC and BC Children's Hospital share the common goal of enhancing youth and young adult mental health and ensuring that young people can find care and support when they need it. Recognizing that mental health experiences exist on a continuum, the teams' combined skills and expertise support a continuum of care approach, with the BC Children's team supporting health promotion and health literacy and Foundry BC offering services online and in the community. The beginning of the partnership centered on the development of a shared youth mental health web platform, foundrybc.ca, to offer a one stop access point for youth mental health resources in BC. The BC Children's health promotion and health literacy team develops content on the foundrybc.ca website and leads education initiatives and promotion campaigns, provincially and in community settings to enhance this holistic, continuum of care approach.

Approach

Through a 'Collaborative Agreement' which articulated team roles and responsibilities, Foundry BC and BC Children's teams have developed products and tools to support this work. The website, foundrybc.ca, has been a core element of the partnership, along with supporting activities that include social media channels, campaigns, market research surveys, and the creation of promotional materials.

Practice/Policy Implications

As the partnership enters its seventh year, the products of the collaboration and its continuation speak to its success. Developing partnerships is an investment, adding to a sustainable and holistic system of care. As a result of this partnership to date:

- Over 600 pages of website content have been developed with over 1.5 million visits to the site

- Social media channels and campaigns raise awareness about Foundry BC, improve mental health literacy, and drive traffic to the website and services
- More collaboration and cross-promotion occurs across networks, with established partnerships throughout each organization and amongst their partners

Conclusion

The Foundry BC and BC Children's Hospital Team partnership has resulted in a comprehensive, accessible hub of resources and supports for youth mental health in BC. The collaboration aligned the teams' skills and expertise, resulting in a holistic, continuum of care approach.

TABLE 2 - LGBTIAQ+ 1: Understanding LGBTQ+ young people's self-management of their mental health: A mixed methods investigation of self-management, mental health, outness and minority stress

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 769

Mrs. Rosa Town (Anna Freud National Centre for Children and Families and University College London), *Dr. Daniel Hayes* (Anna Freud National Centre for Children and Families and University College London), *Prof. Peter Fonagy* (Anna Freud National Centre for Children and Families and University College London), *Dr. Emily Stapley* (Anna Freud National Centre for Children and Families and University College London)

Introduction

LGBTQ+ young people in the United Kingdom (UK) are more likely than their non-LGBTQ+ peers to experience a mental health difficulty, yet less likely to access specialist treatment due to fears of discrimination, long waiting lists, and previous negative experiences of health care. Self-management has been proposed in policy and good practice guidance as an adjunct or alternative to specialist treatment, particularly for young people with depression. However, there is little research into how LGBTQ+ young people perceive themselves to be self-managing their mental health, what helps or hinders their self-management, and how self-management relates to outness, stress, and mental health more generally. This has important implications for policy and interventions targeting LGBTQ+ young people, and young people's self-management more generally, as it will ensure this help or support is needs-based and preference-informed.

Objectives

1. To better understand LGBTQ+ young people's experiences and perceptions of self-managing their mental health, including how they perceive themselves to be self-managing, what stops or helps them to self-manage, and any aspects of LGBTQ+ identity that they perceive to affect their self-management.
2. To explore and define any similarities and differences that may exist in relation to LGBTQ+ young people's self-management, mental health, experiences of minority stress, and outness.

Methods

A qualitative study employing semi-structured interviews and focus groups was conducted. Audio recordings were transcribed verbatim, and data were analysed using Reflexive Thematic Analysis. To build on these findings, an anonymous online survey was developed containing five validated measures – the NOS, the SMFQ, the GAD-7, the SMASI and the MHSQ, as well as demographic questions related to sexual orientation, gender identity, ethnicity, age, and geographic location. Chi-square tests will be performed using SPSS 28 to investigate associations within the data, as well as an exploratory cluster analysis to identify case groupings.

Results

A total of 20 LGBTQ+ young people participated in the qualitative study. Participants were diverse in terms of sexual orientation, gender identity, age, geographic location in the UK and ethnicity. Themes were separated into three over-arching categories: self-management strategies and process, barriers to self-management, and facilitators to self-management. The most frequently mentioned self-management strategy was 'speaking to or meeting up with friends or a partner'. Participants highlighted barriers and facilitators to self-management related to being LGBTQ+, such as fear of family rejection and the LGBTQ+ community's support. Social support, LGBTQ+ youth groups and community support were cited as key facilitators to self-management, and outness was identified as a factor which could help or hinder self-management.

The survey analysis is currently in progress, and results will be presented in relation to the findings from the qualitative study, along with recommendations for policy and intervention development.

Conclusion

The findings from this research will have implications for policy and intervention development affecting vulnerable LGBTQ+ young people in the UK. The self-management strategies and techniques identified in this work, as well as the barriers and facilitators, likely have relevance beyond the UK and for other groups of marginalised young people.

TABLE 2 - LGBTIAQ+ 1: Qheadspace: How an online peer-moderated community provided a safe space for young people to connect and learn about everything LGBTQIA+

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 542

Ms. Grace Miller (headspace National Mental Health Foundation), Ms. Jasmine Elliott (headspace National Mental Health Foundation)

Introduction:

Qheadspace forms part of a peer-moderated online community forum series (Spaces Chats) operated by the Digital Mental Health Programs of headspace, The National Youth Mental Health Foundation in Australia. Qheadspace brings together young people from around Australia via the headspace website who identify as LGBTQIA+ and who want to share and discuss their experiences with other young people and seek and provide mutual advice and support. Qheadspace is supported by trained Peer Moderators, drawing on a peer support model of care that aims to harness peer workers' lived experience to provide connection, sharing, learning, and support to other young people.

Objectives:

It is well established that a sense of meaningful connection to others and opportunities to exchange advice, stories, and reflections are an essential aspect of mental wellbeing and that, especially young people, rely on the support of their peers for emotional health and wellbeing needs. As such, to provide young people with an opportunity for connection and support via an online peer support forum makes inherent sense. Yet, open, real-time online communities commonly evoke concerns that participants may conduct themselves inappropriately and might place others at risk, especially in a forum that is anonymous.

Method:

This tabletop conversation will showcase the unique moderation techniques, guidelines, and group chat activities that have been developed to ensure that young people coming to Qheadspace can access and participate in a live peer-to-peer online forum and feel safe, heard and supported. Specifically, we will highlight how 'chosen family' and gender expression can be made easier by having safe online spaces for 'experimentation' for young people. De-identified case examples of young people (both moderators and 'service users') will be used to illustrate how Qheadspace operates and what benefits young people associate with it.

Practice Implications:

Peer-to-Peer online community forums are an ideal way to connect young people and offer safe, beneficial, scalable and sustainable engagement and support options for young people. Anonymity is a key aspect of providing safe online spaces for young people who are within the LGBTQIA+ community, to feel comfortable and supported to experiment with identity and gender expression.

TABLE 3 - POLICY: Orygen Institute: improving youth mental health policy through collaboration and broader perspectives

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 427

Ms. Vivienne Browne (Orygen), Mr. David Baker (Orygen)

Introduction or Rationale

In 2015 Orygen established a policy think tank. The think tank has consistently provided advice to government and contributed to public policy through the release of policy research papers. Policy impact has been achieved across several areas including a university service framework and expanded public funding for allied health. To meet the current and emerging needs and experiences of young people a broader policy perspective is required in our responses to youth mental health. The Orygen Policy Institute has been established to achieve this vision.

Objectives

The objective of the Orygen Institute is to support the mental health and wellbeing of young people by exploring the broader societal drivers and impacts of youth mental health, facilitating conversations, leading new ways of thinking, and transforming policies and narratives around youth mental health.

Methods or Approach

The Orygen Institute has set expanded horizons for policy development through an external advisory panel that will contribute skills, expertise and perspectives to enable a renewed approach.

Internally, the Orygen Institute will develop collaboration to expand policy translation activities and outputs to drive engagement with policy makers.

Publicly, a greater policy discussion will be achieved through events and targeted communication to support mental health sector collaboration, as well as broaden participation of adjacent sectors and stakeholders.

Policy Implications

The Orygen Institute's strategic approach is designed to create a paradigm shift in our thinking and ideas. Young people's mental health and wellbeing is inextricably linked to the world around them. By expanding our evidence base to the social, cultural, economic and natural environment in which young people live, we can evolve our understanding of the drivers and impacts of mental health and wellbeing, enabling new and innovative solutions.

Conclusion

Engagement with policy makers needs to be strategic, solution focused and sustained. The Orygen Institute will support effective conversations and engagement with policy makers to improve mental health and wellbeing outcomes for young people.

TABLE 3 - POLICY: Integrated Youth Services: Canadian Policy Recommendations from Coast to Coast

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 861

Ms. Kristy Allen (Frayme), Ms. Julia Solimine (Frayme), Ms. Shauna MacEachern (Frayme)

Introduction

Integrated Youth Services (IYS) hubs are one-stop-shops that serve youth and caregivers within their communities. Many members of Frayme's national network are trying to implement an IYS model locally and provincially. IYS models provide an opportunity to address long-standing concerns from across the sector and with increased investment in the IYS hub model, there is a need to co-develop an aligned set of pan-Canadian IYS recommendations to guide next steps.

Objectives

Through the Tabletop Talk, participants will briefly explore how to:

- Create and action a national knowledge sharing event to form key recommendations for the youth mental health and substance use (YMHSU) sector
- Balance a diversity of lenses and forms of expertise shared by a variety of stakeholders to create key themes and recommendations
- Action policy recommendations to create meaningful change in the YMHSU system

Approach

As a national knowledge mobilizer, Frayme was well-positioned to convene IYS stakeholders nationwide share successes, identify challenges, and brainstorm solutions to expedite IYS implementation efforts. Each of the 3 days of the inaugural IYS Knowledge Series began with a position statement from IYS leaders to incite responses and dialogue amongst a curated panel of diverse stakeholders, including youth and caregivers with lived expertise. Each panel was followed by breakout sessions with smaller groups to discuss specific identified challenges and brainstorm solutions. These IYS stakeholder brainstorm sessions ultimately informed the resulting policy recommendations.

Results

Discussions and content shared were recorded and summarized. The cumulative content from the statements, panels, and breakout discussions informed 7 key policy recommendations:

1. Encourage truth and reconciliation in healthcare
2. Ensure common language & accessibility across the IYS sector
3. Expand capacity, training, and skill development with a focus on creating a holistic and seamless system of care
4. Determine funding priorities with diverse experts across the sector
5. Improving equitable services that address the unique needs of communities
6. Realign power dynamics between researchers, service providers and youth and caregivers
7. Standardize language, key data inputs, and evaluation expectations

Conclusion

Much like the Tabletop Talk format, this session explores the value of coming together to share knowledge and collectively brainstorm to address challenges and find common solutions in the IYS and YMHSU sectors. Through careful curation of panels and breakout discussions that balanced differing expertise and perspectives, the robust discussions from this event ultimately led to the valuable recommendations to inform system

transformation efforts. Frayne's goal is that these recommendations set Canada onto a path where the mental health and substance use system adequately meets the needs of youth, caregivers, and their communities.

TABLE 3 - POLICY: Global Mental Health Action Network (GMHAN)

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 779

Ms. Emma Scott (United for Global Mental Health/Global Mental Health Action Network)

The GMHAN is the largest global mental health network of its kind in the world, fostering close connections with other relevant global and national networks. It is an open cross-sector community of individuals and organisations who share a mission to promote the right to good mental health and work together through advocacy, communications, and collaboration to increase political and financial support for mental health across the world.

Together, we believe we can increase political and financial action on mental health so that by 2030, everyone, everywhere has someone to turn to when their mental health needs support. We have four key objectives,

1. Unite and guide overall advocacy strategy and implementation within the global mental health community
2. Strengthen mental health sector by providing a space for advocacy, coordination and collaboration
3. Champion specific areas of mental health expertise
4. Harness the influence of the network to champion mental health

The GMHAN will have a key role in contributing to the success of the Global Mental Health Advocacy Roadmap 2022 - 2024. This includes key targets within the areas of:

- Political, Policy and Funding Commitments
- A Social Determinants Approach to Mental Health
- Addressing Inequality and Taking A Rights-Based Approach
- Better MHPSS for Children and Adolescents
- The Workplace and Mental Health
- Improving Knowledge of What Works
- Improved Mental Health Monitoring and Accountability

These table top presentations will aim to educate conference attendees in the opportunities available to them through GMHAN and its seven working groups: Child & Youth, Youth Engagement, Global Financing, Universal Health Coverage, Suicide Decriminalisation, Communications and Francophone, and how they can contribute to a community of advocates creating change in their respective environments. In addition, discussion will be facilitated so that attendees can learn more about each other and their work and how they are already contributing to this collective vision. GMHAN can identify areas for support and follow up with participants after the sessions.

GMHAN is a free to join virtual network with members located in 117 countries around the world. Through a varying programme of membership engagement activities we help to facilitate coordination and joint action on mental health advocacy both globally and nationally.

GMHAN members collectively engage in global moments such as the World Health Assembly, UNGA and World Mental Health Day to influence policy and decision makers. The network facilitates peer learning, knowledge sharing and education at a global level to support advocates make change at a national level. GMHAN produces briefing documents, a webinar series and various materials to ensure greater understanding and action on mental health.

Attendees will leave this presentation with a greater understanding of key areas within global mental health that organisations within GMHAN are influencing. They will also be signposted to working groups, projects, resources and knowledge that will support them in their journey to become more effective advocates with connections to a global community across 117 countries.

TABLE 4 - LGBTIAQ+ 2: Improving access to early intervention mental health support for LGBTQ+ youth: A intersectional youth-rights approach

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 608

Prof. Elizabeth McDermott (University of B), Dr. Rachael Eastham (Lancaster University)

INTRODUCTION: LGBTQ+ youth have a higher risk of poor mental health in comparison to their cis-gendered heterosexual peers. Recent evidence suggests that despite a greater mental health burden, LGBTQ+ youth underutilize mental health services, do not access them until crisis point and often find them unhelpful. Research suggests these trends are due to homo/bi/transphobia, difficulties disclosing sexual and gender identity, and experiences of being misunderstood or judged. The international evidence-base examining LGBTQ+ youth access to mental health support is limited and barriers to access are typically conceptualised as structural only (e.g. service location). We report findings from a UK study that aimed to increase understanding of accessibility to early intervention mental health support for LGBTQ+ youth.

METHOD: We used a case study theory-driven evaluation methodology that included 12 mental health service sites. Data were collected to examine barriers/facilitators to access and views on sustaining engagement. At each case study *site* data were collected via: 1) online interviews with LGBTQ+ youth, family members and service staff (total n= 93); 2) documentary review; 3) non-participant observation; 4) a service cost survey. The data analysis strategy used a four phase ‘explanation-building’ analytical technique.

RESULTS: We use a youth designed boardgame to share our intersectional youth-rights model of access to early intervention mental health support. We present accessibility as multilevel. At a **structural level** access means services are known to wider support/service/educational networks for referral and provide support to access the service (e.g. transport costs, online, timing, flexibility). At a **cultural level** access means services actively demonstrate an LGBTQ+ inclusive culture ensuring that a multiplicity of identities is welcome and ‘worthy’ of seeking support. At a **disciplinary level** access means the systems (e.g. referral processes) do not burden the young person or exclude them (e.g. pathologising LGBTQ+ identities). At a **interpersonal level** access requires ‘proof of suitability’ of the service for LGBTQ+ youth and emotional comfort such as allaying fears of LGBTQ+ young people.

CONCLUSION: The UN Convention for the Rights of the Child (article 24) makes explicit that young people have the right to the best mental health and mental health services. To ensure the realization of this right, mental health policy and practice must acknowledge the complexity of improving access to mental health support for LGBTQ+ youth. Our intersectional youth-rights approach conceptualises accessibility as proactive, explicit and a transparent display of the support service across multiple levels. Across all levels, the power imbalance between the LGBTQ+ young person and service needs to be acknowledged and redressed. This can assist LGBTQ+ youth to feel more powerful, creating conditions to ‘first attend’ a mental health service, remain engaged and improve mental health.

TABLE 4 - LGBTIAQ+ 2: Addressing sexuality in mental health care for young people: A literature review

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 806

Ms. Kjersti Nedreboe (TIPS Centre for Clinical Research in Psychosis, Stavanger University Hospital, Jan Johnsens gate 12, 4011 Stavanger), Prof. Elisabeth Willumsen (Faculty of Health Sciences, University of Stavanger), Ms. Mette Pettersen (Clinic for child, adolescent and addiction mental health care, Stavanger University Hospital)

Introduction: Teenage years are developmentally critical, and sexual identity and good sexual health are at the core of psychological, social and physiological processes. Experience from clinical practice indicates that struggling with sexual issues and sexual health negatively impact general mental health. However, knowledge of young people's sexual health may be limited among mental health workers, as does their preparedness to address this issue during assessments, counselling or therapy. Indeed preliminary literature searches suggest limited research on the topic.

Objectives: To investigate how sexuality and sexual health can be incorporated as a natural part of client contacts between mental health workers and teenagers in mental health care.

Methods: Systematic literature review of peer-reviewed studies including 13-19 years-old mental health patients/clients published 1998-2021. Search terms in the databases Cinahl, Medline, Psycinfo, Soc INDEX, Web of Science and NORART were chosen using PICO and included "sexuality", "sexual health, intimacy", "youth, adolescent, young adult, young people, teen, youngster", "therapist attitudes, health personnel attitudes, psychotherapist attitudes, psychologist attitudes, psychiatric nurse attitudes, psychotherapist attitudes", and "psychotherapeutic processes, therapeutic processes, therapeutic alliance, milieu therapy". The PRISMA criteria were used to identify relevant studies. Publications were analysed using meta-analysis, allocating themes to three main categories chosen to organize the material: Sexuality as part of mental health in teenagers; the impact of the therapeutic relationship when discussing sexuality; ways of talking about sensitive topics in the therapeutic setting.

Results: Twelve studies were selected. Two main themes were identified: 1) Attentiveness towards challenges in sexuality in teenagers and 2) Ways of focussing on sexuality in mental health work with teenagers.

Practice implications: For the first theme, studies indicated that discussing sensitive themes increases trust in the therapeutic relationship. There are several ways that parents/carers, school and the media have an impact on how sexuality is discussed in mental health care. For the second theme, studies indicated that the mental health worker's own attitudes towards sexuality and sexual health define how the theme is addressed in therapeutic settings. Findings seem to underscore the importance of competence and training; of experience and routine.

Conclusion: The reviewed literature confirm a need for more structured and systematic assessments of sexuality in teenagers struggling with mental health issues.

TABLE 4 - LGBTIAQ+ 2: Learning from QTPOC voices: Co-designing and delivering mental health research in partnership with queer and trans young people of colour

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 773

Dr. Isabel Zbukvic (Orygen; Centre for Youth Mental Health, The University of Melbourne), Mr. Christopher Phung (Orygen; Centre for Youth Mental Health, The University of Melbourne; Centre for Multicultural Youth), Ms. Julie Youssef (School of Social and Political Sciences, The University of Melbourne, Parkville, Victoria, Australia), Ms. Sophia Ratcliff (Orygen, Parkville, VIC 3052, Australia), Ms. Phuong Nguyen (Orygen; Centre for Youth Mental Health, The University of Melbourne; Centre for Multicultural Youth), Prof. Leah Ruppner (School of Social and Political Sciences, The University of Melbourne, Parkville, Victoria, Australia), Prof. Nicola Reavley (School of Population and Global Health, The University of Melbourne, Parkville, Victoria, Australia), Dr. Penelope Strauss (Telethon Kids Institute)

Introduction: Research on the mental health care experiences of queer and trans young people is scarce, and even less is known about those who identify as people of colour. The purpose of this qualitative study is to describe experiences of engaging with professional mental health care for young queer and trans people of colour (QTPOC), and experiences and needs around providing care to QTPOC for youth mental health practitioners. This participatory action research project has been co-designed and delivered with young people with lived experience as QTPOC, as well as practice partners from community, clinical, and research organisations. Outputs will include resources designed to support positive experiences for young QTPOC accessing professional mental health support in Australia. In a reimagined future of youth mental health, research about marginalized youth, such as QTPOC, will be driven and led by community. This project provides an example of how to do this.

Objectives: The aim of this project is to investigate experiences of young QTPOC engaging with mental health care, and experiences of practitioners providing care to young QTPOC, to develop resources that will support positive experiences of care. This presentation will provide reflections on the process of developing and delivering this project in collaboration with community, from the perspective of the investigator team including youth researcher/s.

Methods: Interviews are being conducted with young QTPOC (age 14 – 25 years) and with youth mental health practitioners in Australia, to understand experiences accessing mental health care, and capacity, challenges and development needs related to engaging and supporting young QTPOC. Interview findings will be used to co-design resources that aim to support positive experiences for young QTPOC accessing mental health care. Interviews and workshop have been developed with youth advisors and researchers with lived experience as QTPOC; peer researchers – who identify as queer young people of colour – form part of the core investigator team.

Results: This research will provide insights into the mental health care experiences of young QTPOC, and the experiences and development needs of youth mental health practitioners who work with QTPOC. Investigators will reflect on the structures and people involved in this research that create comfort and address power imbalances between young people and academics. We will also discuss the importance of building trust with the community that supports reciprocity and not just extractive relationships. Reflections will highlight the power of language to describe marginalisation as a process and an experience, and the challenges of navigating complexity around the multiple histories and continued experiences of oppression for people of colour in Australia.

Conclusion: This is the first known study to work with community and practice partners to co-design research and resources focused on the mental health care needs of QTPOC in Australia. This presentation will encourage the audience to reflect on their positionality, posing key questions: How are you meaningfully collaborating with people with diverse lived and professional experience? How are you making your knowledge accessible

outside of institutions? How do you know that community is benefiting from your work?

TABLE 5 - YOUTH INVOLVEMENT: Not a one-size-fits-all! Learnings from youth engagement on a global scale

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 798

Ms. Ella Gow (Orygen), Mr. Peter Varnum (Orygen, Parkville, VIC 3052, Australia), Mr. Craig Hodges (Orygen, Parkville, VIC 3052, Australia), Ms. Corinne Rugolo (Orygen)

Introduction or Rationale

In the wake of COVID-19, there has been growing global recognition of the importance of addressing youth mental health and the need for young people to be actively engaged in designing, executing and evaluating the policies, research and services that impact them. Orygen Global (OG), a new program of work for Orygen, is committed to ensuring young people are active participants in all aspects of Orygen Global's activities and those of our partners, seeking young people's input and feedback at all stages of program development, implementation and evaluation. It achieves this through several youth engagement mechanisms; including a global youth expert community, a global youth mental health advocacy fellowship and partnerships with youth mental health networks and organisations.

Objectives

The session will delve into the topic of what youth engagement in youth mental health looks like on a global scale, describing the what, why and how. Further, we will share key learnings, challenges and considerations for successfully fostering youth participation across different geographical and cultural settings.

Methods or Approach

Youth engagement is fundamental to Orygen Global's agenda. We recognise the expertise that young people bring that other professionals do not have, and the need for truly inclusive youth participation in order for programs targeting young people's mental health to succeed.

Orygen Global has taken the approach of actively partnering with young people across the world through a variety of structures and mechanisms that aim to allow young people to participate in a way that best suits them.

Importantly, Orygen Global acknowledges that young people are not homogenous and it is impossible for a global organisation or team to engage all possible experiences and voices. Nonetheless, asking active questions about whose voices we are hearing, and whose we are not, will ensure that we actively break down systemic barriers to participation and engagement.

Results or Practice/Policy Implications

We will seek to highlight the successes, learnings and challenges we have encountered through Orygen Global's youth engagement activities to date. In particular, we will share the unique considerations of engaging young people across multiple geographic and cultural contexts, such as collaborating across time zones and building an inclusive, safe virtual space for collaboration. Further, this interactive session will consider how we can best remove barriers to ensure people with lived experience can engage in decision-making processes, and consider what young people get in return for their efforts.

Conclusion

Youth participation is not one-size-fits-all, particularly when engaging young people on a global scale. Through sharing learnings and considerations from Orygen Global's youth engagement activities to date, we seek to challenge attendees to consider how we can all work together to make space for more young, global voices and break down systemic barriers to participation.

TABLE 5 - YOUTH INVOLVEMENT: McPin Young People's Involvement Programme

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 506

Ms. Rachel Temple (McPin Foundation), Ms. Emma Garavini (McPin Foundation)

Introduction

The McPin Foundation is a UK mental health research charity (www.mcpin.org). We are passionate about supporting people with lived experience of mental health problems to be actively involved in designing and conducting mental health research. We believe that this greatly improves the quality of research, whilst offering people an active voice in matters which directly affect them. We have a Young People's involvement in research programme, where we support young people aged 13-28 to get directly involved in mental health research design, delivery and dissemination.

Objectives

The aim of our work is to ensure that mental health research is relevant and meaningful for those that it intends to affect: young people themselves. Our programme aims to be mutually beneficial to both researchers and young people. Researchers can collaborate or consult with us about how best to involve young people in their research. We work with them to build effective public involvement plans into their research, which not only improves the quality of the work, but provides young people with development opportunities that can help them both personally and professionally in the future.

Methods or Approach

Our work with young people has three key components: our Young People's Network, our Young People's Advisory Groups and conducting research as a 'co-researcher model'. We will illustrate these models by showcasing some examples of them in practice across a range of projects that we have supported.

Young people take an active role in leading our work. Our methods have been directly shaped by their own lived experience expertise. For example, our staff have applied learnings from their own personal experience of mental health issues when facilitating discussions with young people, ensuring they feel comfortable, safe and supported.

Results or practice/policy implications

Our work with young people in mental health research has demonstrated that high quality involvement can and should be done. We have over 230 young people involved in a wide range of mental health research. This includes young people trained and working as co-researchers. Our projects have high impact, including our Right People Right Questions project, which the research community is using to form ideas for future research projects. We have recently produced a written resource, in collaboration with our McPin Young People's Advisory Group to share our learnings about important things researchers should know when working with young people.

Conclusion

We hope that attendees gain an understanding of what our ways of involvement in mental health research look like in practice, as well as the value it offers. We welcome feedback and dialogue. Attendees will have the opportunity to contact us for further information.

TABLE 5 - YOUTH INVOLVEMENT: Creating Great Big Stories (GBS): How to support meaningful engagement in Knowledge Mobilization

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 853

Ms. Kristy Allen (Frayme), Mr. Tamir Virani (Frayme)

Introduction

Through the Great Big Stories (GBS) Program, Frayme provided grants to support a range of diverse organizations from across Canada to capture and share their stories of success. With a focus on telling stories that wouldn't typically be shared, the grant highlighted youth mental health and substance use initiatives and programs focused on increasing inclusion, collaboration, and equity across diverse social, cultural and geographical contexts.

Objectives

Through this presentation, participants will briefly explore how to:

- Co-create stories with youth and caregivers shared through creative, arts-based methods
- Build capacity in individuals with lived expertise through allyship
- Apply the principles of knowledge equity in practice throughout all stages of a granting process

Approach

Through a collaborative grant adjudication process, youth and caregivers from across Canada selected 10 grant recipients. Both adjudicators and grantees were supported by a Storyteller and Frayme's Knowledge Mobilization and Engagement Specialists throughout the adjudication and orientation process, thereby building capacity in storytelling, knowledge mobilization, and evaluation. Over 6 months, grantees co-created knowledge products alongside the communities they work with. Evaluation suggested that, as a result of the support and capacity building provided by Frayme, grantees gained new skills, made organizational connections, and facilitated meaningful youth and caregiver engagement.

Results

The final 10 products were showcased in an interactive virtual gallery, where grantees also shared the process behind creating the products and reflections on how the GBS program supported their ongoing organizational initiatives. The majority of grantees reported that their organization had gained new tools, particularly technical skills in knowledge mobilization and evaluation, that they will continue to use in their work. In addition, most grantees found that they successfully created a meaningful, informative, impactful, and/or inspiring and useful story that will continue to be used.

Conclusion

Lessons learned from the GBS Program include how to embed youth and caregiver engagement throughout adjudication and granting processes, and how to increase knowledge equity through sharing grassroots-level stories of success through storytelling.

TABLE 6 - PSYCHOSIS: Categorising and Understanding Engagement With a Multicomponent Digital Intervention to Improve Treatment Outcomes in First-Episode Psychosis

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 893

Ms. Shaunagh O'Sullivan (Orygen, Parkville, VIC, Australia; Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC, Australia), Dr. Lianne Schmaal (Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC, Australia; Orygen, Parkville, VIC, Australia), Dr. Simon D'Alfonso (Orygen, Parkville, VIC, Australia; Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC, Australia; School of Computing and Information Systems, University of Melbourne, Melbourne, VIC, Australia), Mx. Lee Valentine (Orygen, Parkville, VIC, Australia; Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC, Australia), Prof. John Gleeson (Healthy Brain and Mind Research Centre and School of Behavioural and Health Sciences, Australian Catholic University), Prof. Mario Alvarez (Orygen and Centre for Youth Mental Health, The University of Melbourne)

Introduction: Multicomponent digital interventions offer the potential for tailored interventions that aim to address high attrition rates and increase engagement, which is an area of concern in the field. However, increased flexibility in use makes it difficult to determine which components lead to improved treatment outcomes. Even once beneficial elements for improved outcomes are identified, other elements may be important for maintaining engagement and this also needs to be considered.

Objectives: This study aimed to identify user profiles on Horyzons, a digital relapse prevention intervention incorporating therapy and social networking, and examine the predictive value of user profiles for treatment outcomes. We then aimed to test which elements of the intervention drove engagement with other intervention elements.

Methods: Eighty-two young people (16-27 years) recovering from first-episode psychosis received Horyzons for six months. Clusters of longitudinal usage data from therapy and social networking components were analysed to identify user profiles. Analyses examined how user profiles predicted outcomes of social functioning, psychotic symptoms, depression and anxiety at 6 months. Multiple convergent cross mapping was then used as a test of causality to determine which elements of Horyzons drove engagement with other elements of the intervention.

Results: Three user profiles were identified based on usage metrics including: (a) low use; (b) maintained social; and (c) maintained therapy and social. The maintained therapy and social group showed improvements in social functioning ($F(2,51) = 3.58; P = .04$), negative symptoms ($F(2,51) = 4.45; P = .02$) and overall psychiatric symptom severity ($F(2,50) = 3.23; P = .048$) compared to the other user profiles. We also found that social networking aspects of Horyzons were most important for engagement, with social networking aspects driving engagement with most therapeutic aspects of Horyzons.

Conclusion: Continued engagement with both therapy and social components might be key in achieving long-term recovery. However, we found the social network to be the most engaging intervention element, leading to use of therapeutic content. Therefore, the social network should be leveraged to engage young people with therapeutic content to ensure treatment effects are maintained, as not all young people who engaged with the social network also engaged sufficiently with therapeutic content. Future research should aim to optimise the social network to be more therapeutic, promote more engagement with therapy and generate back and forth virtuous cycles between intervention components. This, in turn, could lead to a synergistic effect of all intervention components working together to ultimately improve treatment outcomes.

TABLE 6 - PSYCHOSIS: Depression in First Episode Psychosis- A journey from lived experience to research

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 757

Ms. Jeanti Profaca (Orygen)

Rationale: I have lived experience of psychotic and mood disorders. When I was unwell very little was explained to me about the interaction between my depression and psychosis. Later, I came to read about negative symptoms and found that I exhibited many. Reading about these symptoms I began to see an overlap with the depressive symptoms and was keen to find out more about their interaction in first episode psychosis. I found nothing. From here I felt committed to understanding the interaction of these symptom groups in this cohort, not only to guide treatment but so that there is information out there for those trying to navigate the symptoms of first episode psychosis. I was fortunate enough to be able to use my studies to fulfil this investigative passion.

Objective: Although psychotic disorders are primarily characterised by positive and negative psychotic symptoms, both comorbid depression and depressive symptoms can be common and can be associated with adverse outcomes such as increased suicide risk. Depression can be prevalent and severe in the early stages of psychosis. This study has three aims 1) to understand the dimensionality of depression in First Episode Psychosis (FEP), 2) to determine how the dimension(s) of depression correlate demographics, clinical and functioning in FEP and 3) examine the inter-relationships between the dimensions of depression and negative symptoms.

Method: Secondary data analysis was conducted on baseline data collected as part of a randomised control trial of Individual Placement and Support for young people with FEP (N=146). The Centre for Epidemiological Studies- Depression Scale (CESD) was used to assess depressive symptomatology, and a range of demographic, clinical and functioning data were collected. Negative symptoms were measured using the Scale for Assessment of Negative Symptoms (SANS). Exploratory factor analysis was used to explore the dimensionality of the CESD. Correlational and regression analyses were used to determine the inter-relationship between dimension(s) of depression, clinical and functioning measures as well as negative symptoms.

Results: Four factors were identified from the CESD which were labelled as core depression, life satisfaction, distractibility and social threat. These factors did not relate to gender or age, only showed weak correlations with comorbid intelligence and duration of untreated illness, but showed stronger correlations with positive symptoms and functioning. Regression models highlighted significant associations between the SANS negative symptom domains of anhedonia/asociality and avolition/apathy and the different depression factors.

Conclusion: The symptoms of depression within FEP are multidimensional. Depression in FEP correlates with a range of demographic, clinical and functioning characteristics and has a clear overlap with two subdomains of the SANS; anhedonia/asociality and avolition/apathy. This understanding has the potential to create targeted treatments that can be implemented in FEP, preventing the progression to more prolonged psychotic illness. But even before treatment, it has the potential to guide patient understanding of depression in first episode psychosis, empowering young people to take charge of their mental ill-health in a way that I know would have helped me when I was struggling all those years ago.

TABLE 7 - PEER 1: Re-imagining Youth Peer Work to Address the Evolving Needs of Young People.

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 326

Ms. Cassandra Jankovic (Orygen- headspace Craigieburn), Ms. Teresa Scicluna (Orygen- headspace Craigieburn), Ms. Megan Campbell (Orygen- headspace Craigieburn)

The pandemic was detrimental to the well-being of young people (aged 12-25). Research illustrates that during the pandemic, Australian adolescents experienced severe sleep disturbance, health anxiety and loneliness (Li et al., 2021). In Melbourne, the “most locked down city”, 43% of adolescents reported that COVID-19 had significantly increased their levels of distress and anxiety (Australian Institute of Health and Welfare, 2021).

Given the limited social connection, providing a welcoming and accessible space for offering hope and sharing experiences became invaluable. This is the primary role of Youth Peer Workers, young people (18-25) who utilise their experiences to provide socio-emotional support to others while building mutual relationships that involve sharing worldviews and a unique ‘relatable’ understanding to young people.

Providing accessible support and creating connections is fundamental to fostering psychological growth, particularly given that forming meaningful relationships is considered the most important marker of well-being among young adults (O’Connor, et al., 2017; Sharon, 2016). Therefore, from the onset of the pandemic, the goals were to create and maintain connections with more young people in our community and to enhance the accessibility of the headspace service, particularly peer support, to young people.

Re-evaluating the provision of peer support was essential in enhancing connections with young people during the unprecedented pandemic climate. To improve the accessibility of peer support, the service transitioned from brief in-person engagement sessions to long term support via Telehealth. Social media was also used as a means to connect with a young audience through co-facilitating online groups (e.g., art group and social group) and creating Instagram Live series, discussing timely topics such as self-care. Furthermore, Youth Peer Workers advocated for and mentored the Youth Advocacy Group, a diverse group of young community representatives, to enhance connection with our local community.

The following data was obtained from headspace Craigieburn, a youth mental health service located in a Melbourne community that was considered a ‘hot spot’ and therefore, in lockdown for longer than other areas. Findings indicate that compared to 2019, in 2021 more new young people sought help from headspace Craigieburn, and more occasions of service were provided to young people already engaged with the service. Youth Peer Workers provided Telehealth support for 77.1% of all occasions of service from 2020 - 2022. Additionally, from 2019-2021, young people’s self-rated psychological distress and functioning consistently significantly improved. headspace Craigieburn’s modified approach enhanced the accessibility of support, and ensured the improvement of young people’s well-being, despite living through a pandemic. Given the lack of data on the benefit of youth peer support in a community setting, it is important that future research explores this. Meanwhile, the headspace Craigieburn Youth Peer Workers will continue to re-imagine how to best support young people in the community.

TABLE 7 - PEER 1: Ten policy solutions to grow and support the youth peer workforce

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 122

*Mr. Nicholas Fava (Orygen), Dr. Magenta Simmons (Orygen), Dr. Rebekah Anderson (Orygen and University of Melbourne, School of Psychological Sciences), Dr. Isabel Zbukvic (Orygen; Centre for Youth Mental Health, The University of Melbourne),
Mr. David Baker (Orygen)*

Introduction

Despite the recognised importance of a peer workforce in youth mental health services and policy, existing workplace practices and supports are inadequate. Youth peer workers experience a lack of consistent standards and role clarity, unsupported career trajectories and unsupportive environments. While issues for the peer workforce are well-documented, youth peer workers experience unique barriers that are rarely addressed, such as being “aged out” of the workforce or experiencing greater confidentiality issues as there are fewer youth-specific services for them to access for their own support. These issues limit the full potential of this workforce to support young people experiencing mental health challenges.

Objectives

The project aimed to 1) understand what Australian youth peer workers felt was needed to define, grow and support the youth peer workforce, and 2) provide government policymakers in Australia with recommendations and policy solutions for growing and effectively supporting the youth peer workforce.

Methods or Approach

The needs of the national youth peer workforce were identified through literature review, stakeholder consultations, consultations with youth peer workers and a survey of 41 youth peer workers from across Australia.

Implications for Practice and Policy

The top barriers that youth peer workers defined as impacting their work included no opportunities for career growth, no long-term opportunities, age limits on roles and other staff being unclear about the peer work role. Identified solutions included mentoring from more experienced peer workers, youth mental health professional development and career progression opportunities.

Ten policy solutions and recommendations were made to governments and national organisations, including an ongoing national census and needs analysis of youth peer workers, guidance for allied health professionals on dual relationships with the lived experience workforce, the development of a national peak body for peer workers, and a centralised online hub for youth peer work resources, training and co-reflection.

Conclusion

Youth peer workers are currently employed across the country without adequate support, resulting in some youth peer workers being employed without guidance, training, career progression or job security. Youth peer workers have clearly identified solutions that would remove barriers to providing peer support and develop the youth peer workforce. Data collected through surveys and consultations with youth peer workers informed a range of policy opportunities that, if implemented, would allow the sustainable and supported growth of the youth peer workforce

TABLE 8 - PEER 2: International Student Mental Health Peer Work Project: A Peer Support Intervention for international students studying in Melbourne, Australia.

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 103

Mr. Rafi Armanto (Orygen), Ms. Gina Chinnery (Orygen), Ms. Kerryn Pennell (Orygen)

Studies have shown that international students are at increased risk of experiencing poor mental health, with isolation from families, culture, language barriers, financial stress and academic pressures among the key drivers. Furthermore, international students are found to be less likely to seek help for mental-ill health than their domestic peers. In 2020, Orygen consulted with international students and education providers across Australia to identify the current challenges regarding mental health support for this cohort. Consultations found that international students reported stigma and communication barriers, low service awareness and financial stress as some of the challenges to accessing mental health support. COVID-19 also heavily impacted the mental health of international students studying in Melbourne, Victoria. Many students were unable to return to their country of origin, and due to some of the strictest lockdown measures in the world, students had an extended period of online learning and were isolated from their usual supports.

Orygen's report identified informal peer support as a way international students support one another when experiencing increased levels of distress. Within mental health settings in Victoria, Australia, peer support is being rapidly implemented and expanded. Peer support involves the sharing of lived experience by employees trained to share hope and optimism in the recovery journey and normalise and validate difficult experiences. As mental health services have experience implementing peer support programs, an opportunity was identified to introduce international student mental health peer work into student wellbeing and support services within higher education settings.

With support from Study Melbourne, Orygen partnered with two higher education providers to implement an international student mental health peer work program within their student support and wellbeing teams. The project involved Orygen providing implementation support, introductory peer work training and regular peer work supervision throughout the project to ensure education providers and peer workers felt confident introducing mental health peer support to international students. International student peer workers employed on this project had lived experience of mental ill health combined with experience of studying as an international student in Australia.

The project aimed to support up to 100 international students through peer worker led initiatives ranging from one-on one peer support and group peer support in addition to a range of mental health promotion activities. Students who accessed international student peer support described the importance of being able to speak to someone who understands the international student experience and link them with culturally appropriate mental health support and information as well as connecting them with supports specific to international student such as migration lawyers, culturally inclusive community groups, visa and financial aid services.

TABLE 8 - PEER 2: Building a National Peer-to-Peer Service at Kids Help Phone in Canada

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 874

Ms. Sarah M Mughal (Kids Help Phone & McGill University), Ms. Alisa Simon (Kids Help Phone), Mr. Shayan Yazdanpanah (Kids Help Phone)

Introduction

We are there for young people, no matter what, and we must continually evolve to meet their changing needs. We know from current research that young people want peer-to-peer options and more people are turning to the internet for mental health support. In 2020/21, amid the COVID-19 pandemic, Kids Help Phone (KHP) developed and launched our first national, digital peer-to-peer service, developed with youth, for youth. The input of 266 young people across Canada guided our every step as we built this service. The KHP Peer-to-Peer Community is now where youth can come to share, support, and learn among their peers. The service is offered in both English and French, anonymous, and moderated to keep the space safe. In this presentation, we'll share our story of designing this service from just an idea, through to its launch, and demonstrate why it's critical that young people guide the development of services meant to support their needs.

Objectives

We will describe the new Peer-to-Peer Community, and key decisions made to ensure its safety, relevance, and applicability to young people across Canada. We will share our approach to co-designing this service, and foundational learnings from our pilot period. Finally, we will share early impact data from the service since launch. This presentation will provide an example of creating a novel service, as well as describe our approach to youth engagement in its development.

Approach

To build this service, we collaborated with international service providers in the peer-to-peer space, consulted emerging evidence, and conducted a national, co-design pilot period with 266 youth. In selecting pilot participants, we prioritized youth from often underrepresented populations (i.e. with mental illnesses, BIPOC youth, LGBTQ2S+ youth). During the pilot, we conducted focus groups, surveys, and user testing to guide service development including its design, layout, purpose, and messaging. Since its launch, evaluation data has been collected via opt-in user surveys and platform monitoring metrics.

Practice/policy implications

With this presentation, we will demonstrate how co-design principles can be feasibly incorporated in youth mental health service design and should be the standard approach for all service development. In addition, as more organizations are looking for digital service solutions, and as evidence on digital peer support remains in its infancy, our key learnings from developing this service will help others who are seeking to build a peer-to-peer space of their own.

Conclusion

KHP has established a safe digital space for youth, informed by youth, to help continue to meet youth service users where they're at. Learnings from this presentation will help anyone looking to create a safe, online support platform for young people, that, most importantly, celebrates youth as experts in their own experiences. In addition, this presentation showcases how co-design approaches can be used to build national, bilingual, mental health services, as youth-informed service designs and approaches are becoming more commonly recognized as crucial to the development of mental health services.

TABLE 8 - PEER 2: Being personal in an impersonal world: The service model and experiences of providing digital peer support on MOST (Moderated Online Social Therapy)

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 723

Mr. Rafi Armanto (Orygen), Ms. Shona Louis (Orygen), Dr. Felicity Cockshott (Orygen), Ms. Gretel O'Loughlin (Orygen, Parkville, VIC, Australia; Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC, Australia)

Background: Orygen Digital Moderated Online Social Therapy (MOST) aims to combine persuasive, social humane technology with evidence based novel psychological models and computational models to provide new and effective interventions to address key gaps and outcomes in youth mental health and integrate with youth mental health services. MOST is the first digital mental health platform to offer continuous, integrated face-to-face and digital care to young people. MOST offers its users guided therapeutic journeys, a personalised therapy toolkit, a therapeutic social network, professional online support (clinicians, peer workers and vocational workers) and content that is always available.

Peer support involves the sharing of lived experience by young people who are trained and employed by services to share hope and optimism in the recovery journey and normalise and validate difficult experiences. The role of a peer worker on MOST comprises of two main components – the provision of peer support through webchat on the MOST platform and the moderation of a social network on the site that encourages support and peer-to-peer help-seeking.

Objectives: To report on the development of a sustainable and scalable one-on-one peer support model and explore a model for safe peer-to-peer support and help-seeking on the social network on MOST.

Methods: MOST is a digital mental health intervention that offers one-on-one peer support as well as an online community for young people who are seeking support. Peer support is provided on an integrated webchat feature as well as an online community that is hosted on the platform.

Practice Implications: The service model of the webchat had a number of revisions where the priority of its development centred around scalability, staff workload and a tailored, personalised approach to each interaction with young people on the site. The clinical leadership team also had to consider how to best support the peer workers who were working on the site. The current iteration of the model provides 6-week periods of care where a young person is assigned a peer worker on the site that they can engage with on their own terms, centred around a goal or 'purpose' for engagement. The model of the site is based on Intentional Peer Support principles.

The social network is intended to be a space that is 'by peers, for peers.' The social network is moderated by peer workers who encourage help seeking and support on the community. Peer workers also create and post content on the community that is based on the concepts of SDT (Self Determination Theory).

Conclusions: When delivering peer support on a large-scale, consideration has to be made around balancing the amount of peer support provided to young people and the wellbeing and workload of staff members. Development of clear processes and protocols as well as workplace supports for peer workers were key to successfully operate a sustainable peer support program on MOST. Working alongside peer work staff to develop the service model was also key in ensuring the peer work service was informed by peer work principles.

TABLE 9 - COVID: Exploring Young people's Experiences of Youth Participation in a COVID specific Mental Health Promotion Campaign

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 832

Ms. Grace Killeen (Jigsaw: the National Centre for Youth Mental Health), Ms. Ciara O'Reilly (Jigsaw: the National Centre for Youth Mental Health), Ms. Sarah Louise O'Brien (Jigsaw: the National Centre for Youth Mental Health), Dr. Jeff Moore (Jigsaw: the National Centre for Youth Mental Health (Ireland)), Mr. David Kavanagh (Jigsaw, The National Centre for Youth Mental Health), Ms. Alexandra Moore (Jigsaw: the National Centre for Youth Mental Health (Ireland))

Introduction:

Although COVID-19 does not place most young people at significant physical risk, the evidence indicates that the global pandemic has resulted in increased mental health difficulties for this cohort. Studies have examined the impact of the pandemic on young people's mental health. However, few studies have examined the perspectives or lived experience of young people, particularly those actively participating in the design and delivery of mental health services during the pandemic.

Objectives:

In 2020, Jigsaw delivered a community-based participatory action research project that set out to help young people in North Dublin (Ireland) to make meaning of the pandemic. This paper describes the main themes that emerged during this PAR study, as well as the experiences of Youth Advocates in implementing this project at the outset of the COVID pandemic.

Method:

The project used a participatory action research approach with youth advocates involved in the design and analysis. As part of this project a workbook which included four structured questions from the Power Threat-Meaning (PTM) framework was sent to all schools and youth organisations in the region. A group of Jigsaw staff and Youth Advocates identified the main themes. Youth Advocates provided personal reflections on use of the PTM framework and implementation of the project.

Results:

The main findings from this PAR project were disseminated via a youth-led video and presented on World Mental Health Day 2021. This video will be presented as part of our conference contribution. We will conclude with reflections of Youth Advocates on participating in a COVID-specific campaign and learnings for young people involved in future campaigns.

TABLE 9 - COVID: REIMAGINING: Evolving the headspace brand in a post pandemic world

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 474

Mr. Brett Reardon (headspace)

- Introduction

headspace is a well-respected brand that, since its beginnings in 2006, has delivered more than 4.4 million occasions of service to young people around Australia. As we have grown, our marketing narrative has evolved from a focus on help seeking, to a shift towards mental health literacy. However, in a post pandemic world, where young people's expectations of how they engage with a brand have changed, where do we take our narrative now? How do we evolve our brand to stay relevant?

- Objectives

Our biannual brand research shows that the more services young people know we provide, the higher their trust in headspace, their intention to advocate for headspace and their likelihood to recommend. In order to help educate young Australians on the full breadth of wellbeing support they can access with headspace, we must evolve our messaging.

In this presentation, we will showcase the research and process undertaken to reimagine our external narrative, our customer experience, our website usability and how we plan to broaden and deepen knowledge of the brand in all Australians to increase trust and advocacy.

- Approach

As we evolve our offerings, see greater demand on our services, and reach a threshold for our brand health, we wanted to gain a better understanding of how young people and their family and friends experience headspace. In consultation with young people, headspace embarked on a rigorous research project with hundreds of young people. We commissioned focus groups, surveys, and empathetic interviews to help us better understand what young Australians wanted us to be saying, doing, advocating for, and more importantly *how* they wanted to engage with us.

To evolve our brand narrative, we analysed the current perceptions of our brand, investigated more detailed information around what people think of us, and established a strategy to evolve the narrative to reflect the true breadth of the organisation more accurately.

Whilst simultaneously, to assess the customer experience (CX), we mapped the different ways our audiences wished to connect with our brand, in both online and offline touchpoints, and worked to develop the appropriate capabilities to streamline these.

- Implications

The implications of this will not only foster a deeper understanding of help seeking options available to young people, but it will also promote and reinforce functional recovery, by increasing uptake of complimentary services to 1:1 counselling.

NB: headspace will be revealing the results of this review and previews of our new narrative exclusively at IAYMH.

- Conclusion

This Brand Evolution work provides cross-functional benefits and opportunities to understand much more about the way young people use our services, and where to prioritise and invest long-term to improve this experience all round.

The more we can understand what young people and their family and friends want from headspace, the more relevant and sustainable headspace will be to the community, both now and in the years to come.

TABLE 9 - COVID: Happier during lockdown: a descriptive analysis of self-reported wellbeing in 17,000 UK school students during Covid-19 lockdown

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 225

Ms. Emma Soneson (University of Cambridge), Dr. Stephen Puntis (University of Oxford), Ms. Nikki Chapman (FRESH+ Group), Dr. Karen L. Mansfield (University of Oxford), Prof. Peter B. Jones (University of Cambridge), Prof. Mina Fazel (University of Oxford)

Introduction. Relatively little research has focused on children and young people (CYP) whose mental health and wellbeing improved during Covid-19 lockdown measures. Yet, the experiences of these CYP might have important implications for how to optimise mental health and wellbeing moving forward.

Objectives. We aimed to (1) determine the proportion of CYP who self-reported improvement in their mental wellbeing during the first UK Covid-19 lockdown and (2) describe the characteristics of this group in relation to their peers.

Methods. We conducted a descriptive analysis of data from the 2020 OxWell Student Survey, a self-report, repeated cross-sectional survey of English CYP. A total of 16,940 CYP primarily aged 8-18 years reported on change in mental wellbeing during lockdown. We characterised these CYP in terms of school, home, relational, and lifestyle factors as well as feelings about returning to school.

Results. One-third (33%) of CYP reported improved mental wellbeing during the first UK national lockdown. Compared with peers who reported no change or deterioration, a higher proportion of CYP with improved mental wellbeing reported improved relationships with friends and family, less loneliness and exclusion, reduced bullying, better management of school tasks, and more sleep and exercise during lockdown. Patterns across the groups were not as distinctive with regards to feelings about returning to school after the lockdown.

Conclusions. A sizeable minority of CYP reported improved mental wellbeing during lockdown. Determining the reasons *why* these CYP felt they fared better during lockdown and considering *how* these beneficial experiences can be maintained for some CYP beyond the pandemic might provide insights into how to promote mental health and wellbeing in the future. All those working with CYP now have an opportunity to consider whether a systemic shift is needed to understand and realise any learnings from experiences during the pandemic.

TABLE 10 - POST SECONDARY CAMPUS: NITEO: A New Model of a Campus-Based Mental Health Resiliency Program for Young Adults

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 881

Mrs. Courtney Joly-Lowdermilk (Boston University - Center for Psychiatric Rehabilitation)

There is an alarming rise in the rate and severity of mental health challenges among young adults enrolled in college, which have a negative impact on academic performance, retention, and graduation rates, and ultimately, employability. Recent census data suggests that educational attainment among individuals with psychiatric conditions lags behind the general population setting the stage for later unemployment and underemployment. Universities and colleges are increasing their efforts to address the psychological health of students and to increase the ability of students to remain in school by enhancing psychological services, providing supports, and creating more socially inclusive and accepting milieus on college campuses. However, psychiatric conditions can and do disrupt the educational pursuits of young persons in college, resulting in medical or personal leaves of absence, or simply dropping out. In addition, campus-based initiatives generally cannot be accessed by students who are no longer matriculating and there are limited community-based rehabilitation options that are age appealing and developmentally appropriate. While treatment services are critical, there is a need to go beyond symptom reduction to provide critical skills and supports that encourage academic resiliency and wellness so that students can successfully return to and succeed in college.

To address the need for supported education services for students who have experienced a mental health-related disruption in their college education, we created a program, housed on a university campus, to address the academic and mental health needs of students who experience an interruption in their college education because of a psychiatric condition. NITEO consists of an intensive semester of classes, individual college coaching, and peer support—all aimed at assisting students to successfully re-enroll and succeed in college. Using both formative and summative evaluation methods, we refined NITEO and examined its objective and subjective effects on several intervention cohorts. In this table top discussion, we will report on the mechanisms and efficacy of the program that launched in 2014 and has graduated hundreds of young adults.

Among individuals who complete NITEO, significant improvements in academic self-efficacy, mental health status, and hopefulness accrued. Additionally, the great majority of individuals who complete the program re-engage in school and/or work. We were successful in developing a program that meets the academic and wellness needs of college students who have left school due to a psychiatric condition. NITEO has demonstrated its ability to set students on a path to greater academic achievement and thereby thwart the trajectory of increased educational disruption and potential disability. NITEO has been well received by participants and families as well as college personnel; NITEO has been successfully adapted across various secondary and postsecondary settings nationally and internationally with demonstrably high potential to disseminate across learning spaces. This table top discussion will be an opportunity to network and further disseminate this model.

TABLE 10 - POST SECONDARY CAMPUS: A Global Partnership Addressing Post-Secondary Student Mental Health Research

Friday, 30th September - 11:30: Concurrent 1.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 676

Dr. Kristin Cleverley (University of Toronto), Prof. Ian Hickie (University of Sydney), Prof. Shu-Sen Chang (National Taiwan University), Ms. Julia Haas (King's College London), Mx. CGCA Global Student Working Group (University of Toronto), Ms. Emma McCann (University of Toronto)

Introduction

Post-secondary student mental health concerns are an urgent priority raised by campus stakeholder groups across the globe. Yet, no meaningful international research partnerships exist addressing this problem, contributing to the critical gap in the foundation of research and knowledge. The current status quo is insufficient to meet these challenges, thus, given the complexity and magnitude of student mental health needs, we need big, bold ideas to transform the way we support student mental health. Foundational research partnerships between international research leaders, including students, staff, and faculty, are essential to develop this body of evidence and support the next generation of mental health researchers.

Objectives

Through this project, we will:

- Develop collaborative, interdisciplinary research partnerships with global research leaders at the University of Toronto, the University of Sydney, King's College London, and National Taiwan University.
- Lead the development and global launch of a novel student mental health engagement model.
- Co-design training modules to build student mental health research capacity and skills.
- Facilitate opportunities to share knowledge and build connections with global experts.
- Build a robust talent pipeline to support the next generation of student mental health researchers.

Approach

Through an initial grant application, this project has engaged research experts from across Canada, Taiwan, Australia, and the UK to develop further research partnerships on the topic of post-secondary student mental health. Program direction and deliverables are being co-designed with a Global Student Working Group, composed on graduate and undergraduate representatives from each university partner. Thematic priority areas in global student mental health will be co-developed through an inaugural Global Consensus in 2022 and culminating in a week-long Summer Research Institute in 2023. Additionally, the global research partnerships will also support the creation of a robust talent pipeline to support the next generation of student mental health researchers through an annual Research Mobilization Institute and Global Student Research Exchange.

Practice & Policy Implications

We aim to drive a Student Mental Health Research Network through global and community Partnerships. We will collaborate on a shared research infrastructure that will facilitate much-needed research on the entire mental health and wellness continuum to bridge the critical evidence gap. Additionally, we will support global partnerships to enable students to identify research priorities and co-design research projects that tackle shared global challenges in student mental health.

Conclusion

We aim to ensure long term sustainability in this partnership through a series of networking initiatives that will build stronger research partnerships. These partnerships will allow for knowledge transfer and application of research-driven solutions to this shared global challenge and build strong connections between renowned student mental health researchers and developing the next generation of researchers. This, in turn, would

transform the way we understand and support student mental health, leading to meaningful long-term global outcomes.

Symposium 1.7

Virtual interventions for youth mental health

Chaired by: Prof Andrew Thompson

In this symposium we present on the development of virtual interventions for youth mental health, starting at co-design with the young people themselves and closing with clinical implementation. Presentations will be about both virtual reality and online virtual worlds, and encompass a range of different classifications and symptoms.

First there are two presentations on the co-design of virtual interventions. Dean Kolovos will present on his experiences as a peer researcher working in partnership with young people to design and deliver three virtual reality VR and game-based mental health tools: Orygen Virtual Worlds (OVW), Revive, and Virtual Reality 4 Vocational Recovery (VR4VR). For the second co-design presentation Michelle Tennant will report the qualitative findings of clinician co-design workshops that informed our individual and group treatment approaches of OVW, as well as clinician perspectives on the clinical utility of virtual world assisted treatment following implementation.

The second part of the symposium are clinical trials on virtual interventions for youth mental health. Lucia Valmaggia will present an example of a virtual reality scenario developed with people who received the diagnosis of anorexia nervosa and show trial results on whether positive mood induction or social support during exposure to virtual foods could enhance extinction of fear and anxiety related to food. Marit Hidding will present on the effects of adding perspective-change to a single-session VR roleplay intervention on self-criticism and self-compassion in students with high self-criticism. Roos Pot-Kolder will present the pilot results of Revive, a virtual reality based cognitive behavioural therapy for improving social functioning in youth at risk for ill mental health.

The last part of the symposium will be about clinician and young people's perspectives on clinical implementation, on the use of virtual technologies, and their preferences on how they should be used.

Co-creating digital futures: the youth led co-design of virtual reality and game-based digital mental health tools

Friday, 30th September - 11:30: Concurrent 1.7 - Symposium 1 - Virtual interventions for youth mental health (Øksnehallen Plenary Room) - Symposium - Abstract ID: 912

Mr. Dean Kolovos (Orygen), Dr. Imogen Bell (Swinburne University, Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Jen Nicholas (Orygen), Dr. Rose Pot-Kolder (Orygen), Dr. Michelle Tennant (Orygen), Dr. Greg Wadley (University of Melbourne), Ms. Carli Ellinghaus (Orygen), Dr. Martin Reinoso (Orygen), Mr. Yang Liu (Orygen), Prof. Andrew Thompson (Orygen, Parkville, VIC 3052, Australia)

Introduction: digital mental health tools are attractive to a young audience. They offer anonymity, flexibility of access and often a more engaging service experience than traditional in-person services. However, these tools are emergent, and there are valid concerns around safety and data privacy. Virtual Reality (VR) is of special interest to the research community as it can deliver a level of immersion far greater than any other digital medium. VR therapies are new, and have a growing evidence base for their utility in mental health treatment. At this critical juncture in their development, it is essential that we involve youth voices in the design process to ensure that these tools are youth-friendly and relevant.

Aims & Objectives: to explore the appropriateness and effectiveness of youth participation in this space through the lens of my role as a peer researcher.

Method: this presentation will detail my experiences as a peer researcher working in partnership with young people to design three VR and game-based mental health tools developed at Orygen in Melbourne, Australia. Youth partnerships were approached in different ways according to the needs of the project, including higher commitment youth advisory roles, co-design opportunities and semi-structured consultations.

Results & Conclusions: this presentation will critically examine the appropriateness and effectiveness of different modalities of youth participation and discuss the obstacles faced when employing a participatory design model. This presentation will also include a wider discussion on peer research as an emerging discipline.

Virtual world assisted therapy: clinician co-design and clinical implementation within a youth tertiary mental health service in Australia

Friday, 30th September - 11:30: Concurrent 1.7 - Symposium 1 - Virtual interventions for youth mental health (Øksnehallen Plenary Room) - Symposium - Abstract ID: 719

Dr. Michelle Tennant (Orygen), Ms. Georgia Einfeld (Orygen), Dr. Imogen Bell (Swinburne University, Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Jen Nicholas (Orygen), Dr. Martin Reinoso (Orygen), Mr. Yang Liu (Orygen), Ms. Carli Ellinghaus (Orygen), Prof. Andrew Thompson (Orygen, Parkville, VIC 3052, Australia)

Introduction: During the COVID19 pandemic, youth mental health services largely moved to online delivery, supported by videoconferencing platforms such as Zoom. Whilst these platforms overcame a lot of issues with service access, many young people also struggled to engage with treatment. The poor usability and acceptability of these platforms are unsurprising given they were never designed to deliver youth mental health care. Virtual worlds are online, virtual environments where users can meet and interact as avatars and might be a more user-friendly, engaging alternative for delivering services to young people.

Objectives: The aim of the current project was to develop and test a prototype of a purpose-built online virtual world platform, Orygen Virtual Worlds (OVW), to support the delivery of remote youth mental health care.

Methods: This study is being conducted at Orygen, Melbourne, Australia. Six multidisciplinary mental health clinicians participated in two design workshops informing the development of OVW as a clinical tool (Stage 1). Following creation of the OVW MVP, individual and group therapy will be piloted (Stage 2). Twelve young people being treated within Orygen's specialist youth mood, psychosis and/or borderline personality disorder clinics will be recruited to participate in 8 sessions of one-on-one virtual world assisted skills training for improving emotion regulation and psychological distress tolerance; and sixteen young people being treated within Orygen's youth specialist mood clinic will be recruited to participate in 8 sessions of 'OVW-Connect' group therapy, an existing group program adapted for the virtual world.

Results & conclusion: There are several use cases for the utility of virtual world assisted treatment. This study will report the qualitative findings of the clinician co-design workshops that informed our individual and group treatment approaches, as well as clinician perspectives on the clinical utility of virtual world assisted treatment following implementation (results expected by the time of the conference). Anecdotal evidence of real therapeutic interactions will be provided, and facilitators and barriers to clinical implementation with respect to individual and group treatment explored.

Virtual Reality for mental health

Friday, 30th September - 11:30: Concurrent 1.7 - Symposium 1 - Virtual interventions for youth mental health (Øksnehallen Plenary Room) - Symposium - Abstract ID: 767

Dr. Lucia Valmaggia (VR Lab, Institute of Psychiatry, Psychology and Neuroscience, KCL), Ms. Katie Rowlands (VR Lab, Institute of Psychiatry, Psychology and Neuroscience, KCL), Mr. Jerome DiPietro (VR Lab, Institute of Psychiatry, Psychology and Neuroscience, KCL), Dr. Valentina Cardi (VR Lab, Institute of Psychiatry, Psychology and Neuroscience, KCL)

The Virtual Reality Research Lab (VR Lab) at the Institute of Psychiatry, Psychology and Neuroscience VR Lab, King's College London, is a multidisciplinary group of clinical academics, clinicians, neuroscientists, post-docs and students working alongside a VR developer and industry partners. The VR Lab is one of the largest programs of research focused on virtual reality-based interventions in mental health in the world with fourteen ongoing studies. We develop VR scenario together with people with lived experience of mental ill health and conduct studies in psychosis, eating disorders, depression, autism, discrimination, prevention and early intervention. In this talk we will give a brief overview of the VR Lab and present an example of virtual reality scenario developed with people who received the diagnosis of anorexia nervosa. We will also show the results of our recent study (N=150) aimed at establishing whether positive mood induction or social support during exposure to virtual foods could enhance extinction of fear and anxiety related to food.

Using perspective-change in Virtual Reality to increase self-compassion and decrease self-criticism in young people

Friday, 30th September - 11:30: Concurrent 1.7 - Symposium 1 - Virtual interventions for youth mental health (Øksnehallen Plenary Room) - Symposium - Abstract ID: 758

Ms. Marit Hidding (University Center of Psychiatry, University Medical Center Groningen, University of Groningen, Groningen, the Netherlands), Prof. Wim Veling (University Center of Psychiatry, University Medical Center Groningen, University of Groningen, Groningen, the Netherlands), Prof. Marieke Pijnenborg (Department of Psychotic Disorders, GGZ Drenthe and Department of Psychology, University of Groningen), Dr. Elise van der Stouwe (University Center of Psychiatry, University Medical Center Groningen, University of Groningen, Groningen, the Netherlands)

Background Excessive self-criticism is common in young people, and has been associated with psychopathology. People who suffer from excessive self-criticism, seem limited in their ability to be self-compassionate. However, self-compassion may contribute to the resilience and recovery of clinical populations making this an important target for intervention. Virtual Reality (VR) has the potential to improve existing interventions as it allows for personalized roleplays that can be experienced from different perspectives, by using the unique VR technique of perspective-change.

Objectives To investigate the effects of adding perspective-change to a single-session VR roleplay intervention on self-criticism and self-compassion.

Methods In total, 68 first-year university students with high self-criticism will be included. Participants are randomized to a VR roleplay intervention with or without a perspective-change component. Both interventions entail two roleplays where participants react compassionately toward a virtual character that expresses the participants' own self-critical thoughts. In the perspective-change condition, after each roleplay perspective-change is used in which participants view the roleplay again in VR but from the perspective of the virtual character, hearing back their own self-compassionate words. In the control condition, two roleplays are performed without perspective-change. Self-criticism and self-compassion are assessed pre- and post-treatment.

Results Currently, 180 students have been screened for high self-criticism and 79 were eligible. Forty students have been tested so far. The effects of the interventions will be presented during the conference.

Improving social functioning in youth at risk for ill mental health with a virtual reality based cognitive behavioural therapy: Piloting of Revive

Friday, 30th September - 11:30: Concurrent 1.7 - Symposium 1 - Virtual interventions for youth mental health (Øksnehallen Plenary Room) - Symposium - Abstract ID: 743

Dr. Rose Pot-Kolder (Orygen), Mr. Dean Kolovos (Orygen), Dr. Imogen Bell (Swinburne University, Orygen and Centre for Youth Mental Health, The University of Melbourne), Prof. Mario Alvarez (Orygen and Centre for Youth Mental Health, The University of Melbourne), Prof. Andrew Thompson (Orygen, Parkville, VIC 3052, Australia)

Introduction:

Adolescence is a crucial social developmental phase in life. Unfortunately, young adulthood is also the time where mental disorders such as psychotic disorders start to develop. Research shows it is possible to identify a subgroup of help seeking young people at Ultra High Risk (UHR) for developing severe mental health issues as adults. Impaired social functioning is a major contributing factor in predicting long term symptoms and dysfunction in this group.

Research has established safety of use and ecological validity of social virtual reality (VR) environments for UHR young people. We have developed four interactive VR social environments, together with young people with lived experience. By repairing social functioning early, right at the moment that social decline emerges, we hope to protect young people from developing more severe and chronic problems with social functioning.

Objectives:

- To establish if the VR environments and the VR-CBT protocol are appropriate, feasible and acceptable to young service-users.
- To explore the potential efficacy of VR-CBT in reducing anxiety and paranoia in social situations, and improving daily social functioning.

Methods: Ten young people with UHR status who are being treated by Headspace Frankston will be recruited for participation. This will include two assessment sessions with the research assistant, two weeks of real-life data gathering using a smartphone app, as well as 10 therapeutic sessions (twice a week) in the virtual social environments with a clinical psychologist (presenting).

Results & conclusion:

Results are expected to be in by the time of the conference.

Clinician and client perspectives on the use of virtual reality within treatment of youth mental ill-health

Friday, 30th September - 11:30: Concurrent 1.7 - Symposium 1 - Virtual interventions for youth mental health (Øksnehallen Plenary Room) - Symposium - Abstract ID: 745

Dr. Imogen Bell (Swinburne University, Orygen and Centre for Youth Mental Health, The University of Melbourne), Ms. Carli Ellinghaus (Orygen), Mr. Dean Kolovos (Orygen), Dr. Rose Pot-Kolder (Orygen), Dr. Michelle Tennant (Orygen), Prof. Andrew Thompson (Orygen, Parkville, VIC 3052, Australia), Mx. Lee Valentine (Orygen, Parkville, VIC, Australia; Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC, Australia), Dr. Jen Nicholas (Orygen), Prof. Mario Alvarez (Orygen and Centre for Youth Mental Health, The University of Melbourne)

Introduction:

Despite interest in using digital technologies for mental health, little is known about client and clinician perspectives on how they should be used. Virtual Reality (VR) has shown promise in helping people with mental ill-health. VR involves a head-mounted display where 3D images and sound are presented to the person, creating an immersive, visual and auditory environment. Preliminary evidence indicates this technology could be used to treat people with psychosis, but it is unclear if it is safe during early psychosis, and questions remain as to how it might help. We are interested in hearing clinician and client perspectives on the use of VR within an early psychosis service to understand how it might be included in routine clinical care.

Objective:

1) To examine perspectives of clinicians and clients of the use of VR in early psychosis services.

Methods:

This is a cross-sectional qualitative study to assess the perspectives of 20 clinicians and 20 young people with mental ill-health towards the use of VR within early psychosis services. One-on-one, online, semi-structured interviews will be conducted with young people who are clients of Orygen and Headspace early psychosis services. Clinicians of these services will be invited to participate in a 1hr hour focus group run at their site location. Data will be analyzed using thematic analysis (Braun and Clarke, 2016).

Results & conclusion:

Preliminary qualitative data will be shared, sharing insights about clinician and client perspectives on the use of VR in early psychosis.

Pilot randomised controlled trial of a remotely delivered online intervention for adolescent mental health problems in India: Lessons learned about low acceptability and feasibility during the COVID-19 pandemic.

Friday, 30th September - 16:00: Concurrent 2.1 Oral - Youth-informed approaches to digital interventions (Øksnehallen Breakout Room 1) - Oral - Abstract ID: 766

Ms. Pattie Gonsalves (Sangath India), Dr. Daniel Michelson (University of Sussex), Prof. Vikram Patel (Harvard University)

Background: “POD Adventures” is a gamified problem-solving intervention delivered via a smartphone app and supported by non-specialist counsellors for a target population of secondary school students in India during the COVID-19 pandemic.

Aims: To evaluate the feasibility and acceptability of undertaking a randomized controlled trial of POD Adventures when delivered online with telephone support from counsellors.

Method: We conducted a parallel, two-arm, individually randomized pilot-controlled trial with 11 secondary schools in Goa, India. Participants received either the POD Adventures intervention delivered over 4 weeks or usual care comprising information about local mental health services and national helplines. Outcomes were assessed at two timepoints: baseline and 6 weeks post randomization.

Results: 79 classroom sensitisation sessions reaching a total of 1575 students were conducted. 92 self-initiated study referrals (5.8%) were received, however only 11 participants enrolled in the study. No intervention arm participants completed the intervention. Outcomes at six weeks were not available for intervention arm participants (n=5) and only four control arm participants completed outcomes. No qualitative interviews or user satisfaction measures were completed as participants could not be reached by the study team.

Conclusions: Despite modifications to address barriers arising from COVID-19 restrictions, online delivery was not feasible in the study context. Low recruitment and missing feasibility and acceptability data make it difficult to draw conclusions about intervention engagement and indicative clinical outcomes. Prior findings that showed high uptake, adherence and engagement with POD Adventures when delivered in a school-based context suggest that an online study and delivery posed the biggest barriers to study participation and engagement.

The Road Ahead: Tracing the co-production of a serious videogame created by youth, for youth to promote resilience, recovery and leadership in young people following the Covid-19 pandemic

Friday, 30th September - 16:00: Concurrent 2.1 Oral - Youth-informed approaches to digital interventions (Øksnehallen Breakout Room 1) - Oral - Abstract ID: 776

Mr. Michael Serravalle (Ludic Mind Studio, McGill University), Mrs. Brittany Dalfen (LudicMind Studio, McGill University), Mr. Chay Sal (Ludic Mind Studio, McGill University), Mx. Nina Guniava (Ludic Mind Studio, McGill University), Mrs. Sarah McIlwaine (McGill University), Mr. Geoffrey Meugens (Ludic Mind Studio, McGill University), Mr. S. M. Hani Sadati (Ludic Mind Studio, McGill University), Dr. Gerald Jordan (McGill University), Dr. Judith Sabetti (Ludic Mind Studio, McGill University), Dr. Manuela Ferrari (McGill University)

Introduction: Playing videogames is an extremely popular leisure-time activity, with over two billion gamers worldwide. Given the popularity of videogames in the daily lives of youth, research interest is increasingly directed toward the role of digital game technology in promoting prosocial behaviors among players. Studies have also revealed the value of videogames as a non-traditional way of promoting recovery and mental wellness. Yet, important gaps in the literature remain, including lack of research on youth involvement in creating digital technology and videogames, an essential element in solutions that engage young players and meet their needs.

Objectives: Inspired by the waves and lockdowns of the COVID-19 pandemic, The Road Ahead is an RPG adventure videogame that explores various mental states, from distress to wellness, among youth seeking to overcome loneliness and social isolation while building resilience and hope, leading to mental health recovery. The Road Ahead is a unique game in being designed by, and for, youth. Members of the Gaming Against Stigma Advisory Group (the Advisory) include gamers, some with lived experience of mental illness. This presentation showcases the processes used by the Advisory in creating The Road Ahead and aims to answer the question: What methodologies and activities best promote the creation of videogame interventions by youth?

Methods: Using game design studies (e.g., co-design and game development life cycle models) and the ‘anti-stigma toolkit’ for serious videogames used to develop alternative messaging around mental illness, we will present the making of The Road Ahead: (1) conception and pre-production: how to ethically portray mental illness in videogames, and how messages addressing stigma can be integrated into game and learning elements while engaging the user; and (2) production: how to involve people with lived experience and expertise in game production. The Advisory has recorded their weekly meetings since April 2020. Notes on decisions taken in meetings were kept, and additional work uploaded to the team platform (Trello). Youth Advisory members offered training sessions on RPG Maker and pixelated art for the Advisory, students, and research staff.

Results: The Advisory and researchers will present a prototype of The Road Ahead, discussing game design and elements developed by Advisory members, and deployment to the RPG game platform. The game has nine villages, each portraying different mental health journeys and coping strategies. Players use these tools to progress through the game. For example, Dolphin Bay concerns Psychosis (coping strategy: assertive communication and active listening skills); Bubble Town anticipates Mood disorders (coping strategy: Cognitive Behavioral Therapy (CBT) techniques); The Painted Tear represents Lakshmi’s journey to self-awareness and recovery (coping strategy: self-determination techniques –Actualization and Acceptance).

Conclusion: The Road Ahead is a serious game developed to promote social change, civic engagement, and experiential learning. This is the first in-depth investigation of a participatory, game-making process that translates the experience of personal and social disruption during the Covid-19 pandemic into a digital product with educational and therapeutic value. The study represents a blueprint for youth/researcher collaboration to advance youth creativity, learning and leadership.

Orygen Virtual Worlds: A new approach to engaging young people in mental health treatments

Friday, 30th September - 16:00: Concurrent 2.1 Oral - Youth-informed approaches to digital interventions (Øksnehallen Breakout Room 1) - Oral - Abstract ID: 428

Prof. Andrew Thompson (Orygen, Parkville, VIC 3052, Australia), Dr. Imogen Bell (Swinburne University, Orygen and Centre for Youth Mental Health, The University of Melbourne), Ms. Carli Ellinghaus (Orygen), Dr. Michelle Tennant (Orygen), Mr. Dean Kolovos (Orygen), Dr. Greg Wadley (University of Melbourne), Dr. Simon D'Alfonso (Orygen and School of Computing and Information Systems, The University of Melbourne), Dr. Jen Nicholas (Orygen), Dr. Neil Thomas (Swinburne University, Orygen and Centre for Youth Mental Health, The University of Melbourne), Prof. Mario Alvarez (Orygen and Centre for Youth Mental Health, The University of Melbourne)

- Introduction

Online virtual worlds are platforms run via the internet that allow users to meet and interact with other users in real time within 3D virtual environments, represented by personally tailored avatars. Whilst predominantly used for gaming and socializing, these platforms have potential utility as meeting places to receive clinical services, such as therapy groups or peer support groups. We have previously piloted to use of the existing virtual world “second life” to deliver group therapy and peer work in a mental health setting but feedback from participants suggested that a virtual world specifically tailored to a mental health setting would improve this experience.

- Aims and Objectives (of project and or research)

The aim of this study was to co-develop a bespoke virtual world platform alongside young people and clinicians within youth mental health services, and pilot the delivery of different types of intervention through the platform.

- Methods or Approach

A co-design process was initiated to develop a bespoke virtual world (Orygen Virtual Worlds) with a group of 10 young people with lived experience of mental health difficulties, 2 designers, a peer support worker, and a group of 6 mental health clinicians. We then tested the acceptability and feasibility of delivering three types of interventions in a specialised youth mental health service (Orygen) through the resulting virtual world platform: a structured group intervention; a peer group intervention; and individual therapy.

- Results

We will present the co-designed bespoke virtual world and the preliminary results on the feasibility and acceptability of delivering therapeutic interventions to a youth mental health population through the platform.

- Conclusion

Our initial findings indicate that virtual world platforms hold considerable promise for remote delivery of services as well as providing an engaging and fun experience of therapeutic interventions for young people. The presentation will discuss the strengths and weaknesses of a bespoke co-designed virtual world platform as well as potential barriers and enablers to services being able to offer interventions through such a platform.

Using implementation science to enhance the implementation and sustainability of digital interventions in youth mental health

Friday, 30th September - 16:00: Concurrent 2.1 Oral - Youth-informed approaches to digital interventions (Øksnehallen Breakout Room 1) - Oral - Abstract ID: 500

Dr. Holly Bear (University of Oxford), Prof. Mina Fazel (University of Oxford), Dr. Lara Ayala Nunes (University of Oxford)

Background: Smartphone applications ('apps') have the potential to address some of the current accessibility issues facing service provision in youth mental health by improving the scalability of evidence-based mental health and wellbeing interventions and addressing health disparities by providing wider access to underserved populations. However, very few apps have been successfully implemented and consensus on implementation measurement is lacking. This can be attributed, in part, to the complex and lengthy process of implementing evidence-based approaches into practice, as well as the commercial and regulatory complexities of scaling up digital technologies in services. **Aim:** Our research aims to address these challenges by building core knowledge about what facilitates and inhibits the uptake of digital mental health interventions. **Methods:** To achieve this aim, we are using implementation models to guide several complimentary studies. First, we conducted a systematic review to determine the proportion of evidence-based mental health and wellbeing apps that have been successfully adopted and sustained in 'real-world' settings and to establish if determinants such as co-production, acceptability, feasibility, appropriateness, and engagement contribute towards successful implementation and longevity. Second, as part of the ECoWeB Project, we used semi-structured interviews conducted with approximately 50 young people in the United Kingdom, Spain and Germany, including those from underserved groups (e.g., asylum seekers and refugees) to inform the evaluation and implementation of a smartphone-based self-help intervention (MyMoodCoach). The app and interview topic guide were designed with input from young people with lived experience of mental health problems to ensure acceptability and appropriateness. **Results:** For the systematic review, we performed an electronic search of five databases in 2021. In total, 34 articles met full eligibility criteria, providing data on 29 smartphone apps studied with individuals aged 15–25. In total, 10 papers evaluated the effectiveness of an existing, commercially available app. Of the studies reporting the development and evaluation of a newly developed app (n = 24), 12 (50%) are currently available, commercially, or otherwise (e.g., in mental health services, universities) and 12 (50%) are no longer available. Factors including high cost, funding constraints and lengthy research processes hinder progress and impede implementation. There was a marked absence of youth samples from underserved or marginalised populations, and it is evident that few attempts have been made to adapt existing interventions to meet the needs of these populations. From our qualitative research, key themes included a decrease in app use and engagement over time, accessibility issues for certain marginalised groups and the need for human interaction in digitally delivered interventions. **Conclusions:** Despite the significant amount of funding that has been directed to the development of digital mental health interventions, few have a robust evidence-base to support their use in real-world settings and even fewer have been successfully transitioned into sustainable mental health interventions. Co-producing interventions with young people may help improve the acceptability and feasibility of the end product which, in turn, can improve intervention effectiveness and implementation.

Foundry BC App. Co-designing and successfully launching a purpose-built app for young people ages 12-24 years.

Friday, 30th September - 16:00: Concurrent 2.1 Oral - Youth-informed approaches to digital interventions (Øksnehallen Breakout Room 1) - Oral - Abstract ID: 402

Mx. Al Raimundo (Foundry, 915-1045 Howe Street, Vancouver, BC, Canada, V6Z 2A9), Mr. Suhail Nanji (Foundry BC), Mr. Godwin Chan (Foundry, 915-1045 Howe Street, Vancouver, BC, Canada, V6Z 2A9), Mrs. Neha Uday (Foundry, 915-1045 Howe Street, Vancouver, BC, Canada, V6Z 2A9), Dr. Karen Tee (Foundry), Dr. Steve Mathias (Foundry), Dr. Skye Barbic (Foundry)

Introduction (rationale):

Foundry is an integrated youth services organization in British Columbia, Canada, providing services for physical health, mental health, substance use, social supports, and family/caregiver and youth peer support. Foundry serves young people ages 12-24 years at 11 physical centres across British Columbia. However, many youth cannot access a physical centre due to geographic constraints or in-town barriers such as transportation, family, time, or perceived stigma. During the COVID-19 pandemic, public health constraints also limited in-person accessibility at Foundry centres. A need was identified for a province-wide, virtual option to access Foundry services.

Objectives

The objectives of the project were to 1) co-design and build an app with key stakeholders, and 2) launch the app for young people and families/caregivers across British Columbia.

Methods

The Foundry Virtual team used a co-design process with young people, families/caregivers, and service providers to 1) choose and 2) build technology for the app. The co-design process incorporated considerations for equity, diversity, and inclusion[KT1]. We worked with 20 young people from all over BC. 10 of our youth council was living in rural and remote communities and 10 of the young people were identified as indigenous young people. To assess uptake and performance, data captured from March 2021-Jan 2022 in the Foundry data collection platform called Toolbox, which is integrated with the virtual Foundry BC platform, were analyzed.

Results

In March 2021, Foundry launched a co-created, cost-free app (Foundry BC app) to support young people. Users of the app can drop-in or schedule a virtual counselling appointment, find peer support, access primary care, get support with employment, access groups & workshops, or browse our library of tools and resources.

Since launching and as of January 2022, over 5500 unique young people and families/caregivers have signed up for the Foundry BC app, with over 8000 appointments booked through the app. Many (n=1767, 31%) reported that without the app and attached service, they they would not have gone anywhere else for services.

Conclusion

The way young people and families/caregivers want to access care has changed significantly. Virtual has increased accessibility to care, especially for young people living in rural and remote communities. It is critical that all youth health services consider ways to embed technology, youth engagement, and co-design methodology in planning moving forward to improve outcome and experiences of young people and families/caregivers. Future research and health services planning should consider the way that virtual services has created access for diverse and hard-to-reach populations.

Illustrating the advantage of a Danish volunteer-based peer-led intervention in the confirmation-setting in relation to the field of mental health promotion among young adults'

Friday, 30th September - 16:00: Concurrent 2.2 Oral - Young people helping young people: diverse forms peer-to-peer approaches (Øksnehallen Breakout Room 2) - Oral - Abstract ID: 615

Prof. Pernille Schnoor (Det Sociale Netværk), Mrs. Nadia Stephanie Kamber Aarø (Det Sociale Netværk/ headspace Denmark)

Introduction:

mindU is a unique community-based peer-led intervention where young volunteers are trained to use their personal experiences with mental health issues to provide peer-led support to teenagers who attend a two-hour confirmation preparation course at the church. The preparation course is held by the priests in their local diocese, and it has proven to be a fruitful setting for mental health promotion. The project does not have any ecclesiastical ties but uses a message of shared humanity to address the importance of helpfulness and friendship in relation to mental health.

Objectives:

To strengthen the young adult's empowerment and competence to act in relation to their own and others' mental well-being and to remove the taboos and stigma surrounding mental health.

Approach:

mindU uses confirmation preparations throughout Denmark as an arena for early mental health promotion. Through a two-hours workshop mindU seeks to create renewed strength in the individual teenager to promote mental health.

The method behind mindU is based on the peer-led Young-To-Young approach, which is an internationally applied pedagogical method. Young volunteers from The Social Network's storytelling corps "Unge på vej" use their own experiences with vulnerability to teach the youth about mental health and how to promote it amongst themselves and others.

The approach developed in mindU prescribe that the young volunteers and the youth coordinator together with the local priest connect their knowledge of mental well-being for a discussion about faith, thoughts, and well-being, about life's big questions and about what creates the foundation of a good life and good friendships.

In terms of organization, mindU is facilitated locally by a youth project coordinator in each diocese in Denmark

Results:

Feedback from the young people who attend the workshop, shows that it creates great respect when another young person dares to stand up and talk honestly about what it is like to be young and mentally vulnerable. In addition, it is a clear advantage that the young volunteers speak the language of youth and know what is going

on in the everyday lives of young people.

Feedback from the priest shows that the personal testimonial from the young volunteers helps to illustrate important Christian messages such as shared love and humanity, human vulnerability, and the importance of reaching out and keeping up faith.

The quantitative data consists of surveys targeting the young people and the priests who have participated in mindU. The data were collected in the period of August 2019 to March 2020 and has generated a comprehensive database consisting of 2626 youths and 81 priests.

The survey results show that 97% of the young adults either *like* or *really like* the mindU workshop. In addition, a total of 80% of young people answer that mindU has made it easier for them to seek help. Furthermore, all attending priests either *really like* (88%) or *like* (12%) the mindU workshop.

Conclusion:

The mindU approach has shown great results in relation to strengthening the young adult's competence to act in relation to their own and others' mental well-being.

@ease: the power of peer-to-peer counseling for young people with mental health struggles. Sharing our lessons learned!

Friday, 30th September - 16:00: Concurrent 2.2 Oral - Young people helping young people: diverse forms peer-to-peer approaches (Øksnehallen Breakout Room 2) - Oral - Abstract ID: 517

Mrs. Flore Joskin (@ease Netherlands & Maastricht University, Department of Psychiatry and Neuropsychology Maastricht, the Netherlands), Prof. Thérèse van Amelsvoort (Maastricht University, Department of Psychiatry and Neuropsychology Maastricht, the Netherlands), Dr. Sophie Leijdesdorff (Maastr)

Aim

@ease is a youth driven, professionally supported initiative, providing peer-to-peer counseling, anonymous and free of charge, for people aged 12-25 with personal struggles. Young-adult peers, including experts by experience, are trained in listening, motivational interviewing and solution focused strategies and supervised by a diverse group of healthcare professionals.

The peer-to-peer counseling is a key success factor at @ease. We love to share our lessons learned and discuss considerations when working with peer-professional-teams.

Method

The @ease method is centered around peer-to-peer consulting in a specific format. A young person in need of a listening ear always talks to a pair of our young-adult volunteers. During the conversations, the volunteers have to 'break out' the room and discuss their findings, concerns and possible red flags with the professional available. This professional is a qualified (mental) healthcare worker e.g. a psychologist, psychiatrist or a GP (assistant). Our professionals coach the volunteers and/or are invited to join the conversation if that is needed. Red flags like suicidal thoughts or abuse are always discussed. This method offers our visitors an informal, low threshold talk where they can really be at @ease.

At @ease, we offer a mandatory two-day training for all new volunteers and professionals. This training is followed by at least three follow-up (booster) trainings each year regarding specific subjects. Next to that, we offer coaching, intervision, personal consulting and follow-up care for our young-adult volunteers in a safe environment.

We'd love to share our lessons learned about the recruitment, selection, training and coaching of our young-adult volunteers, and about our working method in general. We believe that the involvement of young volunteers, especially those with their own personal experiences, is very powerful.

Results

- Easy atmosphere and feeling understood by people in the same phase of life and with similar experiences: our research shows that young people appreciate this method very much.
- Learning environment for our young-adult volunteers. Many of them are studying to become a youth or healthcare worker.
- Sense of purpose for all our volunteers and especially those with their own personal experiences. They can really do something for others in a similar situation; something they very often have missed themselves in their past.
- Multidisciplinary teams: our professionals and volunteers all have different backgrounds and are working closely together.
- Less pressure on the traditional healthcare system as we aim for prevention of aggravation or development of problems.

Conclusion

Peer-to-peer counseling combined with professionals on the spot is a very effective and easily accessible way of supporting young people with personal struggles.

Peer Academic Supports for College Students with Mental Illness; Pilot Randomized Controlled Trial

Friday, 30th September - 16:00: Concurrent 2.2 Oral - Young people helping young people: diverse forms peer-to-peer approaches (Øksnehallen Breakout Room 2) - Oral - Abstract ID: 334

*Prof. Maryann Davis (University of Massachusetts Medical School, Transitions to Adulthood Ctr for Research),
Mr. Paul Cherchia (Boston University, Center for Psychiatric Rehabilitation)*

Objectives: University students with mental health conditions are at heightened risk of dropping out before completing their university degree. Providing academic supports tailored to the needs of these students should reduce their dropout. This pilot randomized controlled trial of the Peer Academic Supports for Success (PASS) intervention, examined preliminary evidence about the efficacy of the PASS approach, of students helping other students, to enhance skills that support academic persistence in university students with mental illness.

Methods:

Participants. Participants were 71 undergraduates, enrolled in Academic Years '18 and '19. Eligibility criteria were; having a self-reported MH condition, self-reported academic struggles, <age 25, and an undergraduate with at least 3 semesters remaining before graduation. Most were Female (76%), 62% were White, 35% Asian, 6% Black, 3% Other, and were 13% Latino. Most (92%) were enrolled full time, and 90% lived in dorms. Most (83%) had received MH treatment previously, 56% were currently in treatment, and 55% were taking medication for MH at study enrollment.

Procedures. PASS is a well-specified approach that includes a coach and supervisor manual, and coach and student workbooks. PASS Coaches were Juniors/Seniors who were thriving on campus and either had lived experience or a passion for supporting students with lived experience. They received 12 hours of intensive training in the basics of coaching, and in coaching specific skills (e.g. coping with stress, time management), and in their own self-care, then weekly group supervision to refine training and review their progress with their student/s. Students met with their Coaches weekly. The control condition was a once/semester individual meeting with a resource specialist to identify and describe campus resources the student expressed interest in.

Participants were interviewed at baseline (T0), then randomized to receive PASS or the control condition for two semesters. Interviews were conducted at the end of each semester. Self-report measures assessed the proximal outcomes of PASS: executive function skills, resiliency, self-efficacy, self-determination, self-advocacy, social support, and help-seeking. Student transcripts were used to assess grades and dropout. General Linear Modeling was used to examine the effects of time and experimental condition on the intermediate goals. Continued enrollment, and GPA were assessed to measure the ultimate outcome of academic persistence. Peer Coaches maintained weekly logs to assess dose and fidelity.

Results. All students remained enrolled in college. Analysis of GPA revealed no significant effect. There were no main effects of experimental group, but several proximal outcomes showed a significant time x group effect, with resilience ($F(1,42)=9.78, p=.003$), general self-efficacy ($F(1,42)=10.09, p=.003$), and internalized stigma ($F(1,41)=5.03, p=.030$) showing a pattern of better outcomes in the PASS group over time, with no change in the control group. Several proximal outcomes showed improvements over time comparably in both groups (self-determination, time management, academic self-efficacy, self-advocacy and help-seeking).

Conclusions. These results provide preliminary support for the efficacy of PASS to improve capacities that support academic persistence in university students with mental illness.

Perceptions of Post-Secondary Peer Support by Student Providers

Friday, 30th September - 16:00: Concurrent 2.2 Oral - Young people helping young people: diverse forms peer-to-peer approaches (Øksnehallen Breakout Room 2) - Oral - Abstract ID: 825

Dr. Gina Dimitropoulos (University of Calgary), Dr. Dan Devoe (University of Calgary), Dr. Scott Patten (University of Calgary), Ms. Pauline Macpherson (University of Calgary), Ms. Emma Cullen (University of Calgary), Dr. Jai Shah (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Mr. Kevin Friese (University of Alberta), Dr. Helen Vallianatos (University of Alberta), Dr. Srividya Iyer (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Mr. Kevin Wiens (University of Calgary)

Introduction: Post-secondary institutions throughout Canada have included peer support as part of their delivery of services to students. A student peer support worker assists a fellow student with their mental health concerns and helps them navigate the mental health system and the resources that are available to them. Students who provide peer support services incur multiple demands on their time, therefore it is imperative that students perceive peer support work as a valuable addition to post-secondary services.

Objective: The objective of this study was to explore student peer support workers' perceptions and experiences of peer support, including the barriers and facilitators to providing peer support services at post-secondary institutions.

Methods: Qualitative interviews with forty-five participants were conducted from February 2021- July 2021 at two Canadian post-secondary institutions. Interviews were transcribed verbatim. Thematic analysis was used to extrapolate and analyze patterns in the data using NVivo version 12.

Results: Student peer support workers identified their role as validating students' experiences, reducing isolation and providing peers with strategies and resources for managing various mental health concerns. Inaccessibility of campus clinical mental health services and lack of student mental health literacy were identified as barriers to accessing peer support services. Supportive supervisors and provision of mental health training for the peer support workers, as well as collaboration between campus services facilitated service delivery.

Conclusion: Student peer support workers should be considered an essential part of mental health service provision at post-secondary institutions. Post secondaries should focus on increasing mental health literacy and awareness of peer support services to students.

International Collaboration and Best Practices in Digital Peer-to-Peer Approaches from Two National Services in the UK and Canada

Friday, 30th September - 16:00: Concurrent 2.2 Oral - Young people helping young people: diverse forms peer-to-peer approaches (Øksnehallen Breakout Room 2) - Oral - Abstract ID: 875

Ms. Sarah M Mughal (Kids Help Phone & McGill University), Ms. Alisa Simon (Kids Help Phone), Mr. Cormac Nolan (Childline), Ms. Kirsty Donnelly (Childline)

Introduction

COVID-19 had an unprecedented impact on young people's lives. As millions of young people became stuck at home, many needed a place to connect with peers, escape isolation or challenging home environments, and seek support. Both Childline in the UK, and Kids Help Phone (KHP) in Canada, have seen first hand how powerful supportive peer connections can be in a digital environment. Both run national, digital, youth peer-to-peer platforms, with ChildLine receiving a total of 58,831 posts in 2020-2021 and KHP receiving a total of 106,000 visits since launch in July 2021.

In this presentation we'll share best practices we've each learned to support digital peer-to-peer platforms, promote safety, and keep youth voices at the center of our work. As the value of peer-to-peer support is being increasingly recognized, it's important that international agencies work together to share learnings, and build from each other's examples.

Objectives

Our shared objective is to build safe, anonymous spaces for young people to connect with each other, offer insights, explore their identity, see that recovery is possible, and ultimately feel less alone. When KHP sought to build its platform, they had the opportunity to connect with Childline and learn from their example. This allowed KHP to expedite service development and progress much more confidently in building a Canadian service. Now together, each organization has shared learnings on how to safely and effectively create a space for young people to reach out for help, and provide support, as experts in their own experiences.

Approach

KHP is Canada's largest counseling, crisis support, and digital mental health resource for young people. In 2019, KHP began to build out new services to reach the more diverse mental health needs of young people, including a novel peer-to-peer service. Launched in 2021, and co-developed with a national, bilingual pilot group of over 250 young people, this service is now operational in every province and territory.

Childline is a UK service for young people under the age of 19. Trained counsellors offer support online in 1-2-1 chat and email and on the phone. The Childline website offers a wide range of support and resources with information and advice content, self-help tools, games and moderated peer support via their message boards.

Practice/policy implications

Whether you are in Toronto, or London, creating a space for youth to share and connect with each other has unique benefits. A common theme for both organizations has been centering youth experience, trusting young people, celebrating diversity, and preserving anonymity. Through collaboration, we can elevate our work in our own countries and create internationally sound best practices for digital peer-to-peer connection. We hope these can be leveraged for international contexts.

Conclusion

Our shared learnings highlight both the need and the methods for digital peer-to-peer spaces. Learning from each other and sharing our strategies is essential to developing transferable best practices and reimagining youth mental health as we move more toward online service delivery. We'd be thrilled to share and discuss

implications with the international community.

Developing a spectrum model of engagement in first episode psychosis: Beyond attendance at services

Friday, 30th September - 16:00: Concurrent 2.3 Oral - Deep and meaningful: qualitative approaches in Youth Mental Health (Øksnehallen Breakout Room 3) - Oral - Abstract ID: 960

Dr. Manuela Ferrari (McGill University)

Early intervention services (EIS) for psychosis demonstrate superior effectiveness compared with treatment as usual. However, patient disengagement rates from EIS range from 20% to as high as 60%. The discontinuation of services has been associated with poor therapeutic alliance, relapse, increased rates of emergency and inpatient admissions, and risk of suicide. Factors that have impacted disengagement in EIS include poor or non-adherence to medication, lack of vocational involvement (employment, education, training), cannabis use, duration of untreated psychosis, symptom severity at baseline, insight, substance abuse or dependence, and family involvement. By contrast, strong alliance with a therapist and youth-friendly service environments have facilitated engagement. Research conducted to date has mainly defined service users' engagement in terms of attendance at appointments, as well as agreement with or adherence to treatment and medication recommendations. Yet, an alternative perspective central to the early intervention philosophy and guidelines places major emphasis on service user and family engagement in treatment decision-making and service (re)design. There is a critical need to deconstruct and assess the meaning of service users' engagement in early EIS to reach a better understanding of their experiences. Informed by a grounded theory approach, this study provides an in-depth analysis of the engagement process as an ongoing interaction between service users and providers. The overall objective of this study was to (re)theorizing service engagement in EIS for psychosis services by comparing the perspectives of these key players.

A total of 40 in-depth, semi-structured interviews were conducted in an early intervention program in Montreal, Canada with 24 service users and 16 clinicians. Of the 24 service users, 19 were people currently using the program, while 5 had discontinued. Each interview was analyzed using elements of the grounded theory approach, comparing the experiences and understanding of service users regarding their use of services and commitment to treatment. The interviews conducted with clinicians focused on their understanding of service users' engagement in the early intervention program.

We used the data to develop a spectrum model of engagement in first episode psychosis. Eight key domains emerged in relation to engagement based on an exhaustive analysis. They ranged along a continuum, from clinical engagement to engagement in life outside the clinical setting, with the traditional meaning of engagement as program attendance and involvement (clinical engagement) at one end of the spectrum, and life activities (life engagement), at the other end. Between them, the model includes six intermediate domains: Medication, Illness/Symptoms, Mental health, Physical health and wellness, Communication, and Relationships, each domain with a particular bearing on engagement. The intermediate domains, infused with individual perspectives favoring control or autonomy, add further complexity to the model. We will discuss the spectrum model of engagement in first episode psychosis as a means of (re)theorizing service user engagement and suggest practice recommendations to support implementation of the model in clinical practices.

Obligatory social support exchanges & relational reciprocity among young people with serious mental health needs living in poverty

Friday, 30th September - 16:00: Concurrent 2.3 Oral - Deep and meaningful: qualitative approaches in Youth Mental Health (Øksnehallen Breakout Room 3) - Oral - Abstract ID: 842

Dr. Vanessa Klodnick (The University of Texas at Austin, Texas Institute for Excellence in Mental Health & Thresholds Youth & Young Adult Services Research & Innovation), Dr. Deborah Cohen (The University of Texas at Austin, Dell Medical School, Dept. of Psychiatry & Behavioral & Behavioral Sciences), Dr. Marc Fagan (Thresholds Youth Young Adult Services)

Introduction. During the transition to adulthood in the U.S., young peoples' social roles and experiences of social support immensely evolve. From the late teens to late 20s, most move from relying primarily on family/caregivers to more independently meeting basic needs and navigating institutions (e.g., education, health-care, employment). This transition in social roles can be challenging for all young people, but it can be especially difficult for individuals who primarily relied on institutional support as a child. Youth with serious mental health challenges who age out of the U.S. child welfare system from semi-institutional settings (e.g., residential care, transitional living programs) experience a sudden cut off from consistent secure housing, healthcare, and financial resources simultaneously upon reaching a certain age (i.e., ages 18 to 24 depending on the state). Post-emancipation, many of these particularly vulnerable youth face homelessness, unemployment, reliance on disability benefits, and poverty. Social support is seen as a protective factor, but less explored is how youth with serious mental health diagnoses engage in mutual social support exchanges, and/or mental health services, in order to navigate independence post-emancipation.

Objective. To investigate how young people with serious mental health needs engage in social support exchanges and community mental health services in order to navigate poverty after aging out of semi-institutional placements.

Methods. Twenty youth diagnosed with serious mental health conditions completed three in-depth interviews (within four-months of planned emancipation and at six- and 12-months post-emancipation). Brief monthly check-ins prevented attrition. Interviews explored independent living, social support and relationships, and mental health experiences. Interviews were audio-recorded and transcribed verbatim. The research team applied grounded theory analytic techniques to understand patterns of participant experiences. Findings were member-checked by 5 study participants, study site leadership and practitioners, and several child welfare scholars to ensure validity.

Results. All emancipated into poverty with network connections also in poverty. Most experienced housing instability, psychiatric hospitalization, unemployment, and community violence. Four service use and informal support profiles emerged: (1) *Navigators* (n=2) *actively used* mental health service and *provided limited* informal support; *Treaders* (n=9) *passively used* mental health services & *heavily exchanged* informal support; *Survivors* (n=5) used mental health services when *in crisis* and *heavily provided* informal support; *Strugglers* (n=4) avoided mental health services and *took* resources from informal connections. Each profile had unique characteristics and circumstances that appeared related to participants' motivations to use services, and to engage in social network exchanges. These included gender, diagnosis, parenting status, receipt of a federal cash benefit, and viewing mental health team-based care as a tool to be capitalized on versus a monitoring/controlling entity in their lives.

Practice & Policy Implications. Findings have implications for how: (1) child welfare residential providers prepare youth for life post-emancipation, and (2) adult mental health team providers support wellness and independent living among youth who recently emancipated into poverty.

Conclusions. Social support exchanges among young people as they transition to adulthood warrants future

investigation in order to generate theory and inform interventions for vulnerable young people.

Characteristics of the ideal health care services to meet youth mental health needs: A qualitative study of youth perspectives.

Friday, 30th September - 16:00: Concurrent 2.3 Oral - Deep and meaningful: qualitative approaches in Youth Mental Health (Øksnehallen Breakout Room 3) - Oral - Abstract ID: 242

Ms. Laia Meldahl (SHARE – Centre for Resilience in Healthcare, Department for Quality and Health Technology, Faculty of Health Sciences, University of Stavanger), Ms. Lou Krijger (ESCP Business School, Ecole Supérieure de Commerce de Paris), Ms. Maren McLean Andvik (School of Medical, Veterinary and Life Sciences, University of Glasgow), Ms. Nicole E. Cardenas (School of Psychology, University of Aberdeen), Mr. Oliver Cuddeford (School of Arts and Humanities, Faculty of Art Design and Architecture, University of Huddersfield), Mr. Samuel Duerto (Faculty of Philosophy, Theology and Religious Studies, Radboud University, Nijmegen), Ms. Julia R. Game (Faculty of Medicine, Pomeranian Medical University in Szczecin), Ms. Maya Ibenfeldt (Faculty of Biology, Medicine and Health, University of Manchester), Mr. Mathias Tong & Murad Mustafa (Department of Chemical Engineering and Analytical Science, University of Manchester (MT) & Faculty of Health Sciences, University of Stavanger (MM)), Dr. Petter Viksveen (SHARE – Centre for Resilience in Healthcare, Department for Quality and Health Technology, Faculty of Health Sciences, University of Stavanger, Norway)

Introduction: Healthcare services in Norway are a public responsibility and all citizens should have equal access to services of high quality. This includes access to mental health services. In our survey of 1500 youth, three in four reported having suffered from mental health problems affecting everyday life, but only half had consulted a healthcare professional. This suggests that the existing services are insufficiently adapted to meet their needs. The services have by and large been developed with input from healthcare professionals and public institutions. The voices of service users have only been heard to a limited extent.

Objectives: To explore youth perspectives on the ideal health care services to meet their mental health needs.

Methods: This study was planned, developed and carried out by ten youth co-researchers, with support from a senior researcher. Data was collected from 300 secondary school students attending a youth mental health seminar in 2019 using an online data collection tool (Mentimeter) and was assessed using a qualitative content analysis. This was followed by co-researchers' in-depth reflections forming the basis of a thematic analysis. The analytic phase was carried out through several phases over a period of over two years.

Results: Five themes described perspectives on the ideal health care services to meet the mental health needs of youth: 1) Culturally sensitive and responsive; 2) Communication of information; 3) Access; 4) Variety of support; and 5) Consistency. Theme 1 influenced the content of all the other themes. The results will be described using concrete examples, as well as how the different themes are interconnected.

Conclusion: This study provides an insight into youth perspectives on the ideal mental health services. The lack of culturally sensitive and responsive services may in part explain why the existing services are not sufficiently adapted to meet the mental healthcare needs of youth. The findings may be used by service providers to strengthen the relevance of the existing services to better meet the needs of youth. In turn, this may contribute to increase the proportion of youth, including those from different ethnic groups, who may seek help from professionals at an earlier stage and to reduce the risk of drop-out from the services.

Acceptability of a brief psychological intervention for adolescents with borderline personality disorder symptoms delivered in collaboration with schools and colleges

Friday, 30th September - 16:00: Concurrent 2.3 Oral - Deep and meaningful: qualitative approaches in Youth Mental Health (Øksnehallen Breakout Room 3) - Oral - Abstract ID: 797

Dr. Brioney Gee (Norfolk and Suffolk NHS Foundation Trust), Dr. Jamie Murdoch (King's College London), Dr. Jon Wilson (Norfolk and Suffolk NHS Foundation Trust)

Introduction: Borderline personality disorder (BPD) is a severe mental health condition characterised by a pattern of emotional instability, interpersonal dysfunction, disturbed self-image and impulsive behaviour, including self-harm. Symptoms of BPD typically emerge during adolescence. While there is compelling evidence in support of early intervention for BPD, currently few young people access timely treatment. As such, there is an urgent need for accessible interventions to facilitate early intervention for adolescent BPD symptoms. We conducted a feasibility randomised controlled trial (RCT) of a brief psychological intervention for adolescent BPD symptoms delivered in partnership with schools and colleges (BEST). A mixed methods process evaluation was conducted alongside the trial.

Objectives: To assess the acceptability of the BEST intervention from the perspective of both young people receiving it and the staff involved in delivering the intervention.

Methods: In depth semi-structured interviews and focus groups were conducted with young people and staff participating in a feasibility RCT of the BEST intervention. Interviews and focus groups were transcribed verbatim and analysed thematically. Areas explored included (a) acceptability of the content and format of sessions, (b) acceptability of the school/college delivery model, and (c) acceptability of the training and supervision provided.

Results: Overall acceptability of the intervention was high, both among staff and young people. Participants felt that the intervention had a positive impact at multiple interacting levels, including for individual young people, staff involved in delivery, and the wider school or college. For individual young people, the intervention was perceived to foster better self-understanding, enhanced emotional and social literacy and improved coping skills. For some, this appears to have had a positive impact on their ability to regulate their emotions and their relationships with others. For the school/college-based staff involved in delivery, the perceived benefits of the intervention included increased confidence and skills in supporting young people experiencing emotional instability, equipping them to provide ongoing support to participants and informing their wider practice. Participants also felt the intervention could offer benefits for the school or college as a whole through enacting a change in attitudes towards behaviour that may be symptomatic of emotional instability. However, there were also several potential barriers to the intervention being successfully implemented and sustained on a wider level identified. These were primarily logistical in nature and highlighted the need to ensure school-based interventions are delivered in a way that fits within the prevailing structural and environmental context in order to minimise logistical challenges.

Conclusions: The BEST intervention represents a promising approach to providing timely support for young people experiencing BPD symptoms. The intervention was generally acceptable to, and seen as valuable by, both young people and staff participants. However, there were also logistical challenges identified that would need to be resolved to maximise the likelihood of successful implementation. We are using these findings to develop the protocol for a larger-scale study, aiming to maximise the fit of the intervention to the current policy context, while retaining the core elements that made the BEST intervention so well received.

Integrating realist and participatory evaluation to identify how and why youth peer support can promote recovery

Friday, 30th September - 16:00: Concurrent 2.3 Oral - Deep and meaningful: qualitative approaches in Youth Mental Health (Øksnehallen Breakout Room 3) - Oral - Abstract ID: 656

Mx. Mardi Daley (LOFT Community Services), Dr. Tanya Halsall (University of Ottawa Institute of Mental Health Research)

Introduction: Peer support services follow the practice of involving “peers” or individuals who share key lived experiences with clients to promote positive outcomes. Although there is an expanding body of literature focused on youth peer support, there continues to be a need to better understand what works for whom, why and in what circumstances.

Objectives: This presentation describes a hybrid realist and participatory evaluation designed to examine LOFT peer support services for transitional aged youth (TAY) with complex mental health and substance use challenges. Using a youth-friendly approach, we will describe the overall design and procedures used to implement the research as well as relevant findings.

Methods: Youth participatory engagement was a strong paradigm throughout our research process, and much of the project was co-designed and led by the peer co-researcher. We applied a mixed methods approach to identify program theories that describe how and why the TAY peer services are effective. We completed two rounds of semi-structured interviews and focus groups with both LOFT staff and peers. Our initial interview guide was designed to identify context, mechanism and outcome patterns (CMOCs) as well as general successes and challenges while the second round of interviews served to refine the initial CMOCs. Inductive and deductive thematic analyses were conducted to identify CMOCs and these were validated with staff (including peer staff) as part of our participatory approach. We also collected a survey that examined client perspectives on context, mechanism and outcome indicators (N = 77). Descriptive statistics and correlations will be presented.

Results: We will provide a high-level overview of the client- and peer-focused CMOCs developed through the analyses as visual models with supporting quotations. These findings are an important foundation for bringing evidence-based practice to youth peer support. Our findings lend support to several theories, including the Social Cognitive Theory, Social Identity Theory, the Bio-ecological Model and Self-determination Theory. Lastly, the CMOCs provide preliminary documentation of how peer support programming may influence client outcomes in community-based services.

Conclusion: This study represents an innovative example of integrating two complex evaluation methods to enhance feasibility, validity of findings and strengthen recommendations. This study also serves as a basis for documenting how and why peer support services are effective, as well as an exemplar of youth co-design in research.

Understanding relapse from the perspectives of young adults receiving services for a first-episode psychosis: Contributory and preventative factors

Friday, 30th September - 16:00: Concurrent Oral 2.4 - Knowing more and doing better in early psychosis, depression and anxiety (Øksnehallen Breakout Room 4) - Oral - Abstract ID: 943

Dr. Shalini Lal (School of Rehabilitation, University of Montreal, Montreal, QC, Canada), Ms. Anna Czesak (School of Rehabilitation, University of Montreal, Montreal, QC, Canada), Dr. Phil Tibbo (Department of Psychiatry, Dalhousie University, Halifax, NS, Canada), Dr. Ridha Joobar (Department of Psychiatry, McGill University, Montréal, QC, Canada), Dr. Richard Williams (Victoria Mental Health Centre, Victoria, BC, CAN), Dr. Ranjith Chandrasena (Mental Health and Addictions Program, Chatham-Kent Health Alliance, Chatham, ON, CAN), Ms. Nicola Otter (Canadian Consortium for Early Intervention in Psychosis, Hamilton, ON), Dr. Ashok Malla (Department of Psychiatry, McGill University, Montréal, QC, Canada)

Background: Relapse following a first-episode psychosis (FEP) is a major clinical challenge for specialized early intervention services. Understanding patient perspectives on the process of relapse and the factors related to it, can help to inform the development of prevention strategies and interventions. However, limited research has examined the perspectives of young adults recovering from a FEP on the subject of relapse.

Objective: The objective of this study is to identify factors that may contribute to and prevent relapse based on the experiences and perspectives of young adults receiving services for a FEP.

Methods: This study was part of a larger qualitative research project on the subject of relapse conducted with family members and patients with FEP. We used focus groups as the main method of data collection. We recruited 25 participants (Mean Age \pm SD years: 24.4 \pm 5.0) from four early intervention services in Canada that were within 2 to 5 years of initial treatment of a FEP. The audio recordings from the four focus groups were transcribed verbatim and analyzed using a descriptive content analysis approach.

Results: Twelve factors were identified, of which four were discussed in terms of both contributory and preventative roles. In descending order of frequency, relapse risk factors include substance use, unsupportive social environment, using technology, taking and not taking medication, lack of sleep and rest, work/career/school stress, significant life events, symptoms of depression or mania, generalized worry, and financial stress. Preventative factors include supportive social environment, using technology, taking medication, coping strategies, healthy lifestyle behaviors, and engaging in meaningful activities.

Conclusions: These findings extend the literature on relapse vulnerability and protective factors. Importantly, these factors are modifiable, and thereby provide key insights for the development and optimization of relapse risk assessments and prevention interventions.

Reference: Lal, S., et al. (in press). Young adult perspectives on factors related to relapse following a first-episode psychosis: A qualitative focus group study. *Psychiatric Services*.

Early Antipsychotic Non-response as a Predictor of Non-response and Non-remission in Adolescents With Psychosis Treated With Aripiprazole or Quetiapine: Results From the TEA Trial

Friday, 30th September - 16:00: Concurrent Oral 2.4 - Knowing more and doing better in early psychosis, depression and anxiety (Øksnehallen Breakout Room 4) - Oral - Abstract ID: 952

Prof. Anne Katrine Pagsberg (Child and Adolescent Mental Health Services, Capital Region, Denmark), Dr. Amanda Krogmann (Hospital Hamburg-Eppendorf, University of Hamburg), Prof. Pia Jeppesen (Child and Adolescent Mental Health Services, Region Zealand, Denmark), Dr. Laura von Hardenberg (Urban Hospital Berlin), Mx. Dea G Klauber (Child and Adolescent Mental Health Services, Capital Region of Denmark), Dr. Karsten Gjessing Jensen (Child and Adolescent Mental Health Services, Capital Region of Denmark)

BACKGROUND

In youth with first-episode psychosis, we 1) evaluated whether early-non-response to antipsychotics (week 2 or 4) predicts non-response and non-remission after 12 weeks treatment, 2) investigated patient and illness characteristics as outcome predictors, 3) studied the response prediction of the Positive and Negative Syndrome Scale (PANSS)-30-items compared to the PANSS-6-items and Clinical Global Impression-Improvement scale (CGI-I).

METHODS

A post-hoc-analysis from the 12-week, double-blinded, randomized trial (TEA) of aripiprazole versus quetiapine extended-release in adolescents with first-episode psychosis, age 12-17 years. Definitions: 1) Early-non-response (at week-2 or week-4): <20% symptom reduction (PANSS-30) [or <20% symptom reduction (PANSS-6) or CGI-I score=4-7 (less than “minimally improved”)]; 2) Non-response (at week-12): <50% symptom reduction (PANSS-30); 3) Non-remission (at week-12): a score of >3 on 8 selected PANSS-items (“Andreasen criteria”). We analyzed positive/negative predictive values (PPV/NPV) and Receiver Operating Characteristics (ROC); binary logistic regression models; and PPV/NPV using PANSS-6 and CGI-I.

RESULTS

N=84; mean age=15.7±1.3 years; male=28.6%. N=56 (66.7%) with schizophrenia, the remaining had other psychotic disorders. Mean daily dose was 72.6-85.4% of the target dose (600 mg/day) for quetiapine-extended-release and 66.7-78.3% of the target dose (20 mg/day) for aripiprazole. The 12-week symptom decrease was 31.9±27.9%, most pronounced within the first two weeks (61.1% of the total PANSS reduction). Response (27.4%) and remission (22.6%) rates were low. Early-non-response reliably predicted 12-week non-response (PPV: week-2=82.2%; week-4=90.0%) and non-remission (PPV: week-2=80.0%; week-4=90.0%). Early-non-response at week-4 was a statistically significant predictor for 12-week non-response. PANSS-6 had a similar predictive significance as PANSS-30; however, outcomes were heterogeneous using CGI-I.

CONCLUSIONS

In youth with first-episode psychosis who show early-nonresponse to aripiprazole or quetiapine-extended-release, switching antipsychotic drug should be considered. PANSS-6 is a feasible and clinically relevant alternative to PANSS-30 to predict 12-week non-response/non-remission.

Prevalence of depression, anxiety and psychotic-like experiences among young people in educational settings in Chennai: A cross-sectional study from south India

Friday, 30th September - 16:00: Concurrent Oral 2.4 - Knowing more and doing better in early psychosis, depression and anxiety (Øksnehallen Breakout Room 4) - Oral - Abstract ID: 930

Ms. sangeetha chandrasekaran (Schizophrenia Research Foundation), Dr. Vijaya Raghavan (Schizophrenia Research Foundation), Dr. Srividya Iyer (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Dr. Ramachandran Padmavati (Schizophrenia Research Foundation), Dr. Thara Rangaswamy (Schizophrenia Research Foundation, Chennai), Prof. swaran singh (Division of Mental Health and Wellbeing, Warwick Medical School, University of Warwick, Coventry, UK)

Background: Young people, defined as individuals aged between 10-24 years of age, is one of the vulnerable age groups for mental disorders. Depression and anxiety are one of the most common causes of morbidity among young people. Various biological, psychological and social factors contribute to the high prevalence of depression and anxiety in this age group. Though previous studies from India have examined the prevalence of depression and anxiety among young people, most of the studies were with small sample size. Moreover, psychotic-like experiences among young people from India is not explored.

Objectives: The objectives of the study were to estimate the prevalence of depression, anxiety and psychotic-like experiences among young people (11-24 years of age) in educational institutions in Chennai.

Materials and methods: Young people from 11-24 years of age in schools and colleges in Chennai city were recruited into the study, after obtaining appropriate consent. Screening for depression, anxiety and psychotic-like experience were assessed using Patient Health Questionnaire-9 (PHQ-9), Generalized Anxiety Disorder scale-7 (GAD-7) and The Community Assessment of Psychic Experiences-Positive Scale (CAPE-15) respectively. The data was collected through a dedicated online application created for this study.

Results: A total of 13362 participants from 9 educational institutions were recruited into the study the mean age of participants was 16.5 (Range: 11-24). 333 (2.4%) had a history of discontinuation from the studies. Majority of the participants (90.9%) were living with their parents. The prevalence of depression was 30.8% (95% CI: 30.1-31.6) anxiety was 21.7% (95% CI: 21.0-22.4). 213 (1.6%) had both anxiety and depression. 3934 (29.6%) responded positive for "Nearly always" response in at least one of the 15 items. 91.4% of the participants had responded with a positive response for at least one item of CAPE-15. Prevalence of subdomain of CAPE-15 by assessing any positive response for any one of the subdomains of CAPE-15. We observed that persecutory ideation was most prevalent (83.4%) bizarre experiences (76.4%) and perceptual abnormalities (44.2%) among the study participants.

Conclusion: The prevalence of depression, anxiety and psychic like experiences is high among young people in educational settings in urban settings in India. Appropriate measures such as mental health literacy, easy access to mental health care and stigma reduction need to be implemented in the educational settings. Further research should address various risk factors and evaluate effective and scalable interventions for depression and anxiety among young people.

Associations between plasma inflammatory markers and psychotic disorder, depressive disorder and generalised anxiety disorder in early adulthood: a nested case-control study

Friday, 30th September - 16:00: Concurrent Oral 2.4 - Knowing more and doing better in early psychosis, depression and anxiety (Øksnehallen Breakout Room 4) - Oral - Abstract ID: 625

Dr. David Mongan (Queens University Belfast), Mr. Subash Raj Susai (Royal College of Surgeons in Ireland), Dr. Melanie Focking (Royal College of Surgeons in Ireland), Mr. Jonah F Byrne (Royal College of Surgeons in Ireland), Dr. Stan Zammit (Cardiff University), Prof. Mary Cannon (Royal College of Surgeons in Ireland), Prof. David Cotter (Royal College of Surgeons in Ireland)

Introduction: Evidence from previous studies suggests low-grade inflammation may occur in several mental disorders of early adulthood. However, associations with markers of chronic inflammation, such as soluble urokinase plasminogen activator receptor (suPAR), are less well-established.

Objectives: We aimed to measure plasma concentrations of ten inflammatory markers in 781 participants aged 24 years old who completed psychiatric assessments as part of the Avon Longitudinal Study of Parents and Children (a cohort study in the United Kingdom).

Methods: Included were 377 case participants who met criteria for psychotic disorder, depressive disorder or generalised anxiety disorder at age 24, and 404 control participants who did not. Plasma concentrations of IFN- γ , IL-6, IL-8, IL-10, TNF- α , CRP, sVCAM1, sICAM1, suPAR and alpha-2-macroglobulin were measured using immunoassays. Logistic regression compared standardised inflammatory marker levels in cases and controls. Negative binomial regression evaluated associations between inflammatory markers and co-morbidity (number of mental disorders). Models were adjusted for sex, body mass index, cigarette smoking, cannabis use and employment status. Models were then further adjusted for childhood trauma exposure to assess the degree of additional confounding by this variable.

Results: For psychotic disorder, there was evidence for associations with IL-6 (odds ratio [OR] 1.68, 95% confidence interval [CI] 1.20–2.34) and suPAR (OR 1.74, 95%CI 1.17–2.58). There was weaker evidence for an association between suPAR and depressive disorder (OR 1.31, 95%CI 1.05–1.62). There was little evidence for associations between inflammatory markers and generalised anxiety disorder. There was weak evidence for an association between suPAR and co-morbidity (β 0.10, 95%CI 0.01–0.19). For all analyses, there was little evidence for additional confounding by childhood trauma.

Conclusion: 24-year-olds with psychotic disorder had raised plasma concentrations of IL-6 and suPAR compared to controls. These associations were not fully explained by factors such as body mass index, smoking, employment status or childhood trauma exposure. The results of this study have implications regarding the role of inflammation in mental disorders in early adulthood, particularly in relation to psychotic disorder.

Beyond early intervention services: a novel digital intervention to bring about long term recovery in young people with psychosis (The Horyzons trial)

Friday, 30th September - 16:00: Concurrent Oral 2.4 - Knowing more and doing better in early psychosis, depression and anxiety (Øksnehallen Breakout Room 4) - Oral - Abstract ID: 384

Prof. Mario Alvarez (Melbourne School of Psychological Sciences, University of Melbourne, Melbourne, VIC, Australia), Dr. Peter Koval (Melbourne School of Psychological Sciences, University of Melbourne, Melbourne, VIC, Australia), Dr. Lianne Schmaal (Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC, Australia; Orygen, Parkville, VIC, Australia), Prof. Sarah Bendall (Orygen, Parkville, VIC, Australia; Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC, Australia), Ms. Shaunagh O'Sullivan (Orygen, Parkville, VIC, Australia; Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC, Australia), Dr. Daniela Cagliarini (Orygen, Parkville, VIC, Australia; Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC, Australia), Dr. Simon D'Alfonso (Orygen, Parkville, VIC, Australia; School of Computing and Information Systems, University of Melbourne, Melbourne, VIC, Australia), Dr. Simon Rice (Orygen, Parkville, VIC, Australia; Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC, Australia), Mx. Lee Valentine (Orygen, Parkville, VIC, Australia; Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC, Australia), Prof. John Gleeson (Healthy Brain and Mind Research Centre and School of Behavioural and Health Sciences, Australian Catholic University, Melbourne, VIC, Australia)

Introduction: The benefits of First Episode Psychosis (FEP) services may not be sustained after patients are transferred to regular care. Horyzons was designed as a comprehensive digital platform to address this issue. It merges: peer-to-peer social networking; theory-driven and evidence-informed therapeutic interventions targeting social functioning, vocational recovery and relapse prevention; expert clinician and vocational support; and peer support and moderation.

Objectives: The aim of the Horyzons project was to determine whether, following two years of specialized support for FEP, the addition of a digital intervention (Horyzons) to treatment as usual (TAU) for 18 months was more effective and cost-effective than 18 months of TAU alone.

Methods: 170 FEP participants aged 16-27 were randomly assigned to Horyzons+TAU or TAU. The study included a 40-month recruitment period and an 18-month treatment phase. Primary outcome was social functioning at 18 months.

Results: 80% in the Horyzons group logged on for at least 3 months, and 47.0% logged on for at least 9 months. Social functioning remained high and stable in both groups from baseline to 18-month follow-up, with no evidence of significant between-group differences. Participants in the Horyzons group had a 5.5 times greater increase in their odds to find employment/education compared with those in TAU (OR=5.55, $p=0.04$), with evidence of a dose-response effect. Participants in TAU were twice as likely to visit emergency services (39% vs. 19%; $p=0.03$, NNT=5) and be admitted to hospital due to psychosis (13% vs. 27%; $p=0.07$, NNT=7) compared to those in the Horyzons group. Exploratory clustering analyses showed that young people who consistently engaged in both the social and therapeutic components of Horyzons experienced significant improvements in social functioning, negative symptoms and overall psychopathology compared with those young people in the Horyzons with lower levels of engagement as well as participants in the TAU group. The economic analyses showed that Horyzons was a cost-saving intervention compared with TAU, resulting in \$4,790 and \$5,131 in savings per young person from the health care and societal perspectives, respectively (a reduction of approximately 20% of the overall costs). Again, there was evidence of a dose-response effect with significantly higher cost-savings in those young people who consistently used Horyzons compared with young people with less overall usage as well as those in the TAU group.

Conclusion: While we did not find a significant effect of Horyzons on social functioning, the intervention was

effective in improving vocational attainment, a core component of social recovery, and in reducing usage of hospital emergency services, a key aim of FEP services. Consistent usage of therapeutic and social components of Horyzons may be linked to its therapeutic impact and lead to improvements in social functioning, negative symptoms and overall symptomatology. Economic analyses showed that Horyzons was a cost-saving intervention with evidence that higher usage of the platform led to higher cost savings. Horyzons holds significant promise as an engaging, sustainable and cost-effective intervention to provide effective vocational and relapse prevention support for young people with first-episode psychosis beyond specialist services.

The impact of Covid-19 on referrals and delivery of care in early psychosis services in Australia

Friday, 30th September - 16:00: Concurrent 2.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 722

Ms. Georgia Williams (Orygen), Dr. Ellie Brown (Orygen and Centre for Youth Mental Health, The University of Melbourne), Prof. Andrew Thompson (Orygen, Parkville, VIC 3052, Australia), Mrs. Heather Stavelly (Orygen), Dr. Caroline Gao (Orygen)

Introduction/rationale:

Literature examining the relationship between psychosis and COVID-19 is relatively limited, despite initial concern about this high-risk group. Given the vulnerability of this population, it is important to understand the impact the COVID-19 pandemic has had on presentations of young people to early intervention in psychosis services and the treatment they have received.

Objectives of project/research:

This study aims to discuss the impact COVID-19 pandemic had on the profiles of referrals to a network of early psychosis sites in Australia, when compared with the same period in the previous year. The number of occasions of service and type is also studied.

Methods/approach:

Data relating to referrals was obtained retrospectively from the headspace National Minimum Data Set (MDS) for January to December 2020 encompassing the first wave and initial lockdown period of COVID-19, as contrasted to the same period in the previous year without the impact of COVID-19 lockdowns (January 2019 to December 2019).

Results or practice/policy implications:

Headspace Early Psychosis data showed that referrals were found to initially decrease in the first months of lockdown measures, followed by a significant increase in referrals. The profiles of these individuals will be described, including baseline presentation on clinical and functional measures.

Conclusion:

The psychiatric burden of COVID-19 has been substantial and young people experiencing psychosis were particularly vulnerable to the impacts of social measures implemented during COVID-19 in Australia. The headspace Early Psychosis services were able to respond to increased referrals and provide support to a greater number of young people throughout 2020 despite the impact of measures imposed to prevent transmission of COVID-19.

Co-creating Knowledge products: The Power of Lived Experience

Friday, 30th September - 16:00: Concurrent 2.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 529

Ms. Jeanna Pillainayagam (Foundry), Dr. Skye Barbic (Foundry), Mr. Dan Nixon (Foundry), Ms. Gloria Cheung (Foundry BC), Ms. Alisha Daya (Foundry), Mx. Zee Goerzen (Foundry)

Introduction and Rationale: To combat the exclusion of youth voices and the transactional nature of the current youth engagement work being done in research, the UBC Youth Research Advisory Panel aspires to allow youth and researchers to co-design research surrounding youth health. The panel provides feedback to researchers on grant proposals, including knowledge products, leading with their lived experiences and knowledge of the challenges the healthcare system presents to patients.

Youth engagement with healthcare research is an integral part of ensuring that research for youth is representative. However, youth engagement does not have to start and end at the research design stage. It is incredibly valuable to include youth in the knowledge translation process, and give them spaces to share their learnings from their experiences engaging with research and researchers.

Objectives: This project allowed members of the UBC Youth Research Advisory Panel (YRAP) to engage with research beyond providing feedback on draft grant proposals, specifically informing the development of knowledge translation products. The panel members had opportunities to take part in the knowledge translation process and share their learnings from their time on the panel, and to co-create those opportunities with researchers.

Methods: Two integrated panels were created, one comprised of youth with lived or living experience (n=10, age range 13-25) and family members with lived or living experiences (n=6). Panels inform, shape, and create research projects that have direct impacts on youth health. After collating panel members, we developed a term of reference, workflow, and marketing strategy to share the opportunity for researchers to engage with the panel.

Results or practice/policy implications: Although initially the objective of the panel members was to provide feedback on draft grant proposals to researchers, the panel members were also given opportunities to share and apply their main learnings from partaking in the panel. Including knowledge translation activities such as:

- Presenting at conferences and learning institutes on topics such as youth safety in research, the experiences of members regarding the panel, and the hopes of panel members for the future of youth participation in research.
- Writing blog articles and academic papers that conveyed the experiences and learnings of the panel members, as well as those of the researchers they engaged with.
- Providing input on future iterations of the panel and aspects that could be improved.
- Partaking in media interviews to discuss the importance of youth involvement in research.

Conclusion: Youth involvement in research does not have to be limited to one stage of the process. The perspectives and knowledge of young people who engage with research can also be used as resources during knowledge translation and dissemination, especially when trying to communicate research findings to other youth. It is therefore important for researchers to create spaces and provide opportunities for youth involvement throughout the research process. When youth are able to communicate their experiences and learnings, it not only empowers other youth to bring their voices to research, but it also empowers other researchers to include youth voices in their own research.

Engaging youth, family and carers as peer researchers in a pan-Canadian youth research initiative through Photovoice: Practical considerations for meaningful engagement

Friday, 30th September - 16:00: Concurrent 2.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 655

Ms. Yvonne Pelling (ACCESS Open Minds Family and Carers Council), Ms. Alyssa Frampton-Fudge (Catalyst Grant in Youth Mental Health), Ms. Kathleen Charlebois (Douglas Mental Health University Institute, Montreal, QC, Canada), Ms. Marilena Liguori (Douglas Mental Health University Institute, Montreal, QC, Canada), Dr. Srividya Iyer (Douglas Mental Health University Institute; Department of Psychiatry, McGill University)

Participatory arts-based methods have gained increased recognition as a means through which to facilitate the engagement of persons with lived experience in health research, namely as a way of fostering collaboration while avoiding tokenism. Among such methods is photovoice which aims to empower and engage marginalized groups by giving them the opportunity to have a voice and potentially influence policymakers. To seize this opportunity, a stakeholder-led photovoice project was carried out within ACCESS Open Minds (ACCESS OM), a pan-Canadian youth mental health research and evaluation network comprising 14+ sites across Canada (rural, urban and Indigenous). A key priority of ACCESS OM is the participation of stakeholders, including youth and family/carers throughout the network to co-create relevant transformed mental health services based on their own lived and living perspectives.

This presentation seeks to highlight an initiative designed to foster meaningful stakeholder engagement in research. It also reflects on some of the practical considerations for implementing a participatory photovoice project that explored “what transformation in youth mental health looks like” to stakeholders across ACCESS OM sites.

A train-the-trainer model was co-designed to engage youth, family, and Indigenous stakeholders in the photovoice project in a way that not only provided them with hands-on experience with the photovoice methodology, but also the means to conduct a photovoice project in their own community hubs. A key component of the train-the-trainer model is the role of a peer researcher, which was developed as a way to address the imbalance of power between researchers and participants with lived experience.

Various practical considerations emerged from utilizing the train-the-trainer model for conducting a photovoice project. These considerations pertained to funding, training and capacity-building, ensuring flexibility, power dynamics between researchers and stakeholders and changes that needed to be made due to the COVID-19 pandemic. The unique train-the-trainer model developed by the ACCESS OM youth and family/carers councils resulted in the creation of a supported peer researcher network to carry out the photovoice project at ten ACCESS OM sites across Canada.

The photovoice train-the-trainer model provided participants with training and capacity building in their peer researcher role, and an opportunity to consider some of the issues that may arise when conducting their own photovoice project in their respective communities. Our insights can inform other initiatives interested in integrating peer researchers, participatory arts-based projects and meaningful stakeholder engagement.

Nice to talk about, but very hard to do well: Objectives, considerations, and challenges of meaningful youth partnerships in mental health research

Friday, 30th September - 16:00: Concurrent 2.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 740

Ms. Melissa Keller-Tuberg (Orygen, Parkville, VIC 3052, Australia), Ms. Sneha Mishra (Orygen, Parkville, VIC 3052, Australia), Ms. Jeanti Profaca (Orygen, Parkville, VIC 3052, Australia), Dr. Magenta Simmons (Orygen, Parkville, VIC, Australia; Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC, Australia)

Introduction

Involving young people in mental health research is essential to ensure that the highest quality and most useful research is being conducted. Young people should be involved across all stages of the research cycle in a variety of roles depending on what is most appropriate. These roles may range from advising on research through to leading research, but irrespective of the role, involvement should be underpinned by key principles. These include flexible engagement, mutual benefit and the avoidance of tokenism. Despite these aspirations, a number of challenges are still faced. This is complicated by the fact that the needs and priorities of researchers, organisations, and young people evolve over time. In this sense, effective youth partnership should be considered a moving target, and research engagement strategies should adapt accordingly.

Objective

To describe the evolution of a program designed to involve young people in mental health research, including the factors that have increased opportunity for meaningful partnerships, and ongoing challenges that we still face.

Approach

In this talk, we will describe our experiences of engaging in a variety of youth partnerships in research, including on advisory committees, ethics committees and on youth-led projects. We will provide practical examples to illustrate the successes and challenges involved in this work. We will also provide an overview of the ongoing critical issues that the field faces, and practical solutions that can be adopted to maximise the meaningfulness and value of youth partnerships across the sector.

Practical implications

The three critical areas that we will discuss include 1) ensuring diverse representation, where the voices of those young people are listened and responded to in a culturally safe and meaningful manner; 2) avoiding tokenism; 3) the degree to which young people have a role in decision-making.

Conclusion

There is a need for ongoing critical discussion and refinement of youth research partnership approaches to contribute to its quality as an emerging field of practice. Researchers and organisations should approach youth partnerships with a genuine desire and openness to value, listen to and respond to new ideas. With this as a foundation, young people can often go a long way to address and guide responses to potential questions or obstacles that may arise in the process.

Using lived experience to inform the development of a youth-led global youth advocacy fellowship

Friday, 30th September - 16:00: Concurrent 2.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 746

Ms. Maddison O'Grady-Lee (Orygen and University of New South Wales), Ms. Nataya Branjerdporn (Orygen and The University of Queensland), Ms. Ella Gow (Orygen), Ms. Corinne Rugolo (Orygen)

Introduction

One in two young people under the age of 25 will experience mental ill-health at some point, and 75 per cent of mental illnesses begin before the age of 25. The impact of mental ill-health can have far-reaching impacts on a young person's life and occur at a critical transition period for youth. Despite this, there are often not many services available for young people, even in communities with a lot of resources. In partnership with the World Economic Forum (WEF), Orygen conducted global consultations with young people to develop a Global Framework for Youth Mental Health. Throughout these consultations, youth mental health advocates from across the globe reported not receiving training on how to advocate, being driven to advocate due to lived experience of mental ill-health and feeling isolated and unsupported in their advocacy. The results from the consultations highlighted a large gap within youth advocacy that required urgent attention.

Objectives

The Orygen Global Youth Mental Health Advocacy Fellowship (the Fellowship) was designed to address this current gap and to explore the potential of research translation activities within the advocacy space. The Fellowship aims to provide young advocates from across with globe with the resources, skills and knowledge to advocate for sustainable change within their local context.

Approach

After conducting international consultations in 2019, Orygen's youth strategic advisors proposed and designed a program to address the gap in youth mental health advocacy training. In 2021, the Orygen Global Youth Mental Health Advocacy Fellowship was established (the Fellowship), which was designed and led by a team of young people with a lived experience of mental ill-health.

The Fellowship is a 7-month advocacy development program designed to follow the steps of the Orygen Global Youth Mental Health Advocacy Toolkit. The Fellowship consists of four main modes of learning designed to support young people to advocate within their communities and local context; including education modules, expert mentoring, peer-to-peer mentoring, and experiential learning. Importantly, the Fellowship supports the development of each Fellows local community advocacy project.

Results or practice/policy implications

The Fellowship takes youth advocates through an innovative program centred around lived experience and advocacy; and supports the development of each fellow's community advocacy project. In the inaugural Fellowship launched in 2021, over 500 applications were received from young people around the world, signifying the importance and need of such a program. The inaugural cohort consisted of 12 Fellows from 12 different countries. In the second iteration of the Fellowship which commenced in March 2022, there were 15 fellows from 14 countries participating. All elements of the Fellowship have been centred around diverse lived experiences and encourage Fellows to feel confident in using their lived experiences to influence change in their local communities.

Conclusion

Overall, the Fellowship is an example of successful knowledge translation that is having a significant impact within the global youth mental health space. This presentation will go over the steps taken to translate the research findings into the Fellowship program, the challenges and the successes.

What Matters to Young People: Pandemic-Related Recommendations for Youth, by Youth

Friday, 30th September - 16:00: Concurrent 2.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 819

Mx. Jackie Relihan (Centre for Addiction and Mental Health Youth Engagement Initiative), Mr. Matthew Prebeg (Centre for Addiction and Mental Health Youth Engagement Initiative), Ms. Mardi Daley (Centre for Addiction and Mental Health Youth Engagement Initiative), Mx. Mahalia Dixon (Centre for Addiction and Mental Health), Ms. Karleigh Darnay (Centre for Addiction and Mental Health), Dr. Lisa Hawke (Centre for Addiction and Mental Health), Dr. Joanna Henderson (Centre for Addiction and Mental Health: Youth Wellness Hubs Ontario)

Introduction: On March 11, 2020, the World Health Organization declared COVID-19 a global pandemic. The effects of wide-spread public health restrictions quickly and profoundly disrupted the daily lives of children, youth, and families, especially in education and employment contexts. As pandemic response activities and COVID-19 management began to dominate the public discourse, the needs and experiences of youth and young adults took a back seat to the 'greater good.' Three weeks after the declaration of public health restrictions in Toronto, Canada, a research team comprised of youth with lived/living expertise of mental health and/or substance use challenges and other co-researchers developed a series of surveys to examine youth mental health and substance use over time. This survey was administered to 600+ youth (aged 14-29) every two months to understand youth experiences of the pandemic, especially in terms of its impact on mental health and substance use. Initial results showed that youth reported experiencing more mental health difficulties than before the pandemic and that many were not receiving mental health services despite needing them. Youth also, however, described a range of coping strategies and identified some positive pandemic impacts as well.

Objectives: Following 18 months of data collection, the team sought to share findings and co-create recommendations with key stakeholders. The team was especially interested in developing recommendations to inform future pandemic planning as well as other mental health system activities. The team also aimed to document and summarize these recommendations.

Methods: On November 22, 2021, over 30 individuals participated in the Youth COVID-19 Knowledge Exchange Summit virtually. Participants included young advocates with lived/living experience of mental health and substance use challenges, service providers, researchers, sector leaders, government and public health authorities, and funding partners. Results were shared with participants, and they were asked to (1) identify recommendations for supporting youth mental health, employment, education and training, and other pandemic recovery efforts, as well as (2) how youth-focused systems and services can prepare and plan for future public health emergencies. The summit was recorded, and youth co-researchers reviewed and summarized what was heard.

Results: Youth priorities and recommendations were articulated in the areas of mental health and substance supports, supports for employment, education and training, considerations for research, and planning for the next pandemic or public health emergency. Some themes across these areas include the importance of including youth in planning and decision-making, the importance of centering equity considerations, and the importance of appropriate communication. Specific recommendations were made emphasizing the maintenance of some shifts that occurred because of the pandemic, such as increasing supports for remote working and education.

Conclusion: Youth voices are essential in understanding pandemic impacts, but more importantly in developing next steps for mental health system transformation that take into consideration long-lasting pandemic impacts. As the recipients of youth mental health services, young people should have the right to be involved in the conversations that affect them.

Sense of purpose interventions for depression and anxiety in adolescents and young adults: A scoping review and cross-cultural youth consultation

Friday, 30th September - 16:00: Concurrent 2.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 134

Dr. Emily Hielscher (QIMR Berghofer Medical Research Institute), Ms. Julie Blake (QIMR Berghofer Medical Research Institute), Dr. Ivan Chang (QIMR Berghofer Medical Research Institute), Ms. Tara Crandon (QIMR Berghofer Medical Research Institute), Ms. Martina McGrath (University of Melbourne), Prof. James Scott (QIMR Berghofer Medical Research Institute)

Introduction: Having purpose in life is a critical but overlooked issue for youth mental health, with lack of purpose robustly associated with psychological distress and common mental disorders. Importantly, sense of purpose (SOP) can be cultivated, where young people may benefit from more structured ways of discovering purpose in life. A small but growing number of studies have shown cultivating a stronger SOP can lead to promotion of psychological wellbeing (and buffering against mental ill-health).

Objectives: To examine the efficacy and effectiveness of SOP interventions in preventing or reducing the onset of anxiety or depression in young people aged 14-24 years, as well as their feasibility and acceptability.

Methods: A systematic search was conducted of the academic (PubMed/MEDLINE, PsycINFO, EMBASE) and grey literature from the past 10 years (2011-2021). We also consulted with two SOP experts, and an Australian and Indian youth advisory group with lived experience of anxiety and/or depression. We integrated their insights about 'sense of purpose' throughout the review, highlighting any cross-cultural comparisons where relevant.

Results: The search identified 21 studies reporting on 3241 participants from five countries (71.4% in the US). Multi-component interventions targeting several SOP components (value-clarification, goal-setting, gratitude-enhancement) reported, on average, moderate reductions in depression and anxiety symptoms in young people. Interventions were generally more effective at reducing depression than anxiety symptoms. Some studies explored sub-populations or groups for which the interventions may work better for, including greater effectiveness for those with prior therapy experience, extraverted personality types, and those with already elevated anxiety/depression symptoms. Group format interventions were most acceptable to youth advisors and experts, as discovering your purpose tends to be a social experience.

Conclusions: Fostering SOP can lead to better psychological wellbeing in youth. However, research in more diverse samples is needed to better understand for whom and in what contexts these SOP interventions work to reduce anxiety and depression.

An examination of the challenges and barriers faced by youth peer support workers

Friday, 30th September - 16:00: Concurrent 2.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 733

Ms. Georgia Williams (Orygen), Dr. Ellie Brown (Orygen and Centre for Youth Mental Health, The University of Melbourne), Mrs. Heather Stavelly (Orygen)

Introduction/rationale:

The integration of peer support work into the mental health sector has been slow, but the integration of youth peer support workers has been even slower despite the evidence of positive outcomes of peer work in mental health. There has been a limited understanding of the barriers facing youth peer workers specifically.

Objectives of project/research:

To ascertain the barriers and challenges faced by youth peer support workers in mental health and to determine if these are different to those faced by adult peer workers

Methods/approach:

A systematic review of the literature was undertaken across using online databases Cumulative Index to Nursing and Allied Health (CINAHL), Informit Health Database Collection, MEDLINE via Ovid and PsychINFO. Search terms included peer support, PSW, youth peer support work, lived experience worker, consumer, survivor and mental illness, psychiatric illness, mental health challenges and difficulties, obstacles, challenges, and barriers.

Results or practice/policy implications:

The literature search identified fourteen articles originating from five countries. Each article was subjected to an evaluation of its quality using the Critical Appraisal Skills Program (CASP) tool. Braun & Clark's six phrase framework was utilised to perform thematic analysis of the findings of the included studies.

The barriers and challenges identified by the literature search were identified as lack of role clarity, integration into healthcare team, stigma and negative attitudes of non-peer staff, establishment of boundaries in practice, employment experience and conditions and a lack of organisational support.

The development of standardised training and qualification for youth peer support workers would assist in addressing role confusion. Development and implementation of training for non-peer staff to address lack of knowledge surrounding the value and practical applications of youth peer support work is needed.

Organisations should work to create a strong foundation of support for youth peer support workers at a workplace and structural level to ensure successful integrations of youth peer support workers.

Further research is required to ascertain career trajectory and ongoing professional development in the youth peer support work domain to increase workforce sustainability.

Conclusion:

It is vital to address the barriers to implementation of youth PSWs and ascertain facilitators to achieve the benefits of this unique role to young people with mental health difficulties and youth PSWs themselves.

How YOUth can bring Integrated Youth Services to your communities: A toolkit for transforming the youth mental health and substance use system one hub at a time!

Friday, 30th September - 16:00: Concurrent 2.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 923

Ms. Angela Xie (Frayme), Ms. Anne Marie Portelli (Frayme)

INTRODUCTION

From November 2021-March 2022, the inaugural cohort of the Frayme Knowledge Mobilization (KMb) Fellowship engaged in KmB training, allyship, and co-creation. As KmB Fellows and youth advocates with lived and living expertise, we know firsthand that the Canadian youth mental health and substance use (YMHSU) system is failing, resulting in youth and families needlessly falling through the cracks. We also know it doesn't need to be this way.

Integrated Youth Services (IYS) – one-stop shops impactfully serving youth, families and caregivers within their communities – have gained significant traction as a model that fundamentally addresses long-standing gaps and concerns in the YMHSU system. Through the Fellowship, we mobilized Homewood Research Institute's *Developmental Evaluation Report on The Grove Wellness Hubs*, emerging IYS hubs located throughout Guelph-Wellington County, Ontario, into an innovative knowledge product disseminating transferable lessons learned.

OBJECTIVES

Through this session, participants will explore:

- Key themes to consider when planning, developing and implementing IYS to ensure equitable, and meaningful service delivery that effectively meets the needs of youth, caregivers and their communities, from a youth-centered perspective
- The value and importance of knowledge equity and meaningful engagement in knowledge production, to better inform and advance radical system transformation within the YMHSU sector.

APPROACH

In crafting our KmB tool, we recognized the barriers that youth, family, and caregivers face in accessing knowledge from a traditional academic report. Our KmB product of choice, a toolkit, strikes the delicate balance between presenting pertinent information for youth, advocates, community members and stakeholders seeking to start/develop an IYS hub, while disseminating knowledge in an accessible, interactive, self-reflective and visually palpable manner. Informed by our lens of lived expertise, it was also important for us to reflect on our respective journeys within the YMHSU system, creating a product by and for youth, that reflects what we need and want to see reflected in the system.

RESULTS

Three salient themes emerged as we distilled the Developmental Evaluation Report into what would be most meaningful and actionable for a broader audience: **engagement**, **collaboration**, and **equity**. When prioritized and implemented with intention, these key considerations can be utilized to meet the long-standing gaps in youth-focused treatment, supportive transitions, and culturally-appropriate care to effectively engage and increase youth and family representation in service development and implementation. Envisioned and created as a practical implementation guide, the toolkit provides an introduction to each theme, coupled with self-reflective questions and an exploration of IYS success factors.

CONCLUSION

As youth with lived and living expertise, it is our earnest hope that the session will further conversation on the critical importance of IYS globally. Moreover, we seek to embolden participants to reimagine current YMSHU systems and structures in favour of radical system transformation. Recognizing the current knowledge product is primarily informed by lessons learned within the Canadian IYS context, we aim to leverage the wealth of perspectives and immense potential for cross-cultural learning within the international community to garner constructive feedback on our toolkit, as we continue embarking on the iterative process of knowledge product creation.

Empowering young people to participate actively in an evidence-based, whole-school approach to improving mental health and wellbeing in Scotland

Friday, 30th September - 16:00: Concurrent 2.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 280

Mrs. Dawn Haughton (School of Medical, Veterinary and Life Sciences, University of Glasgow), Ms. Judith Mabelis (School of Medical, Veterinary and Life Sciences, University of Glasgow), Dr. Judith Brown (School of Medical, Veterinary and Life Sciences, University of Glasgow), Dr. Jo Inchley (School of Medical, Veterinary and Life Sciences, University of Glasgow)

Introduction

Adolescence is a critical period for young people's health and wellbeing. About three quarters of all psychiatric disorders begin before age 18 but mental health research during childhood and adolescence has been relatively neglected compared to research within older age groups. The aim of the Schools Health and Wellbeing Improvement Research network (SHINE) is to enhance research capacity to support improvements in mental health and wellbeing amongst school-aged children by building a collaboration between schools, researchers and policy-makers.

Objectives

SHINE works with schools to support an evidence-based, whole-school approach to mental health and wellbeing, using high-quality data and providing an infrastructure for all stakeholders to share good practice. This presentation will focus on the work SHINE has undertaken to use school level survey data to embed a whole school approach to improve pupil mental health and wellbeing.

Methods

In 2020, SHINE launched the SHINE Online Pupil Mental Health and Wellbeing Survey as a free and flexible resource for network members to use. The survey measures subjective wellbeing, mental health difficulties and positive mental health. Schools are provided with aggregated data reports which can be shared across the learning community to inform school improvement planning.

Between August 2021 and March 2022, three teachers worked with the SHINE research team to explore how best to implement the SHINE survey data within primary/secondary schools and at local authority level as part of whole-school approach to mental health and wellbeing. Different models have been developed and are being trialled to test the feasibility of embedding new systems and working groups. Pupil working groups, lesson plans and whole school resources have been tailored to support young people's understanding of and interaction with the health and wellbeing data so that they can confidently contribute to targeted improvement planning.

Results

Since 2018, one fifth (n.548) of Scottish schools have registered with the SHINE network, representing 227,268 young people in total.

Over 19,500 young people submitted responses to the SHINE online pupil mental health survey in 2020-2021. Data were collected during the COVID-19 pandemic and can therefore be used to better understand the impact of the pandemic on young people's lives. The school-level report has been used in a variety of ways to enhance learner voice, promote pupil engagement, and support a whole school approach to mental health and wellbeing. This presentation will give some examples of ways in which students have been involved in using the data to inform school-based health improvement actions and will include their reflections on this.

Conclusion

The SHINE model has proved an effective means of accessing information about young people's experiences and promoting their involvement in mental health promotion within the school setting. Within a whole school, systems framework, young people are seen as an integral part of decision-making processes which is essential

for effective planning and implementation. Enhancing data literacy in schools enables teachers to support young people to interpret and implement the data.

Foundry's National Youth and Family Ambassador Program: Barriers, Solutions and Aspirations

Friday, 30th September - 16:00: Concurrent 2.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 519

Mr. Dan Nixon (Foundry), Mr. Suchayte Bali (Foundry), Ms. Alison Gear (Foundry), Ms. Kelly Veillette (Foundry), Mx. Al Raimundo (Foundry, 915-1045 Howe Street, Vancouver, BC, Canada, V6Z 2A9), Dr. Skye Barbic (Foundry), Dr. Steve Mathias (Foundry)

Introduction or rationale

Bringing together multiple health and social support services to provide collaborative care, better known as Integrated Youth Services (IYS), cannot exist without empowering voices of those who are directly impacted by these services. The Youth and Family Ambassador Program (YFAP) was developed to help curate a sense of interconnectedness and belonging across Canada to help promote and enhance IYS initiatives.

The objective of this project was to empower young people and families/caregivers from across the country to advocate for IYS in their communities. This presentation will describe a Canadian Youth and Family Ambassador program led by Foundry, an IYS organization located in British Columbia.

Methods or approach

This 18-month program was coordinated by a project lead, three staff members, and a working group involving internal and external stakeholders. A pan-Canadian call-out resulted in the receipt of approximately 90 applications. Through virtual community building and a Co-Design Session, the vision of the program was established; eight IYS themes emerged which Ambassadors could select from and be a part of developing.

Results or practice/policy implications

A total of 67 Ambassadors were selected from 7 provinces. The ambassadors included 49 youth and 18 family members. Lessons learned in the development of the program included preliminary issues vetting applicants in a fair manner, interviewing prospective applicants on their capability and lived experience, garnering proper intersectionality and geographic distribution, planning events in a virtual space, engaging the working group to provide insight and suggestions, and working with Domain7 to create timelines and agendas for the Ambassadors as the project was unfolding.

As the program developed, considerations arose for project governance, procedures for engaging meaningfully in a virtual space, managing a national project during a pandemic, co-creation of the project (leading to slower than usual project delivery) and managing expectations of Ambassadors in terms of project scale/feasibility. Other challenges included running a program of this scale in a virtual space involving several time zones, virtual engagement methods, and retention. Lessons learned in the later stages of the program included the need for more support from external stakeholders and government partnerships, clearer/more realistic expectations, and a longer project time for Ambassadors; these would have been helpful to ensure project activities were achieved in a meaningful way.

Conclusion

The YFAP is unique and daring in the sense that no other project has sought out ardent folks with lived experience on a national scale in Canada. The impact of such a project is profound and bringing together motivated people looking for positive radical change can bring about inspiring and powerful conversations. Many of the staff members working on the YFAP have expressed having their own passions reignited by working alongside driven and likeminded individuals like the national Ambassadors.

Next steps include having more diverse geographic representation in Canada, a larger Ambassador cohort, more time to bond across cohort groups, in-person events, greater family member/caregiver involvement, wider reach to municipalities with limited IYS resources/knowledge base, potential international reach, and becoming

a Foundry mainstay with additional YFAP phases.

The Campus Assessment Tool: A Youth Led Participatory Research Project

Friday, 30th September - 16:00: Concurrent 2.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 140

Mr. Stuart McHenry (Jack.org), Mr. Zarrar Jahangir (Jack.org), Ms. Abeer Ansari (Jack.org)

Jack.org is a national charity that works with young people to identify and dismantle barriers to positive mental health and youth help-seeking across Canada. In 2018, Jack.org created the Campus Assessment Tool (CAT), a participatory research project for post-secondary mental health advocates, which provides a framework, tools, and mentorship to help students identify different services and systems on their campus and engage with decision-makers at their institutions in mental health promotion work. Over the past three years, 25 post-secondary schools across Canada have participated in the CAT, with ten more undertaking the CAT in 2022. As a youth-led participatory research project, the true value and purpose of the CAT is to empower students with data that allows them to meaningfully participate in the decision making process, as it specifically relates to mental health services, policies, practices and solutions.

There are two main components of the CAT: the Audit Framework and the Student Survey. The Audit Framework is a student-led participatory research tool that compiles information on mental health services, resources, and policies offered on-campus. While the Audit Framework measures institutional-level characteristics of the mental health system, the Student Survey is intended to gather individual-level data surrounding students' perceptions of services and help-seeking behaviours. Together, these tools provide data that can be used to explain help-seeking attitudes and behaviours among the general post-secondary student population, as well as mental health service use and satisfaction, forming a basis for evidence-based evaluation and collaboration between students and institutional decision-makers.

Students who participate in the project gain valuable leadership experience and skills by conducting research, advocacy planning and relationship building with decision makers. A student advocate from the 2019-20 tool will be joining the presentation to share their reflections from participating in the project. The student will also discuss how they're using the data to inform their advocacy for improved mental health promotion, policy and service provision on their campus.

The 2020-21 tool indicates that the majority of students face mental health struggle(s) in their time at university, yet less than half of students know what mental health services are offered on their campus, and even fewer students feel comfortable accessing services. Data indicates that campuses offer a variety of services, but services outside of 1:1 counselling are under-utilized by students. Additionally, students who use mental health services report much higher more positive perceptions of services than those who do not use them. This presentation will discuss these findings, along with their implications on future research directions.

Lived experience involvement in youth mental health research – a 101 on peer research

Friday, 30th September - 16:00: Concurrent 2.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 701

Ms. Emily Painter (Orygen), Mr. Dean Kolovos (Orygen)

Introduction/Rationale:

Peer research involves embedding people with lived experience within research teams and projects so that they are not only subjects of enquiry, but active and empowered stakeholders and decision makers in the research space. As peer research becomes more of a standard practice worldwide, there is a need for clear understandings about what peer research is, how to best support peer researchers, and more.

Objectives:

This presentation will discuss the topic of peer research from the perspective of peer researchers who are driving change in this area. Listeners will come away from the presentation with an understanding of the following:

1. What a peer researcher is/does
1. Why peer research benefits research and the lived experience community alike
1. How to best support peer research through training, supervision, and more
1. For peers joining these roles, how they can support one another and make the most out of the role
1. Most common challenges, barriers, and mistakes when it comes to peer research

Approach:

The talk will be informed by lessons from the construction of a community of practice around peer research at Orygen. It will be presented by one or more youth peer mental health researchers.

Practice/Policy Implications:

Adhering to best practise peer research involvement and support can benefit research and the lived experience community alike. We believe it can support better participant retention, more lived experience/youth friendly research methods, better research communications, and even better analysis.

We expect peer research to become more of a standard practice worldwide. As this comes about, it needs to be done well. This presentation will help start a conversation and drive more and better peer research.

Conclusion:

Peer research is an effective and valuable way of embedding lived experience perspectives throughout all stages of a research project. It is a radical concept, challenging traditional notions of what makes one an expert. To improve youth mental health research, an informed approach to peer research must be considered and understood.

Visible: Re-imagining Lived-Experience Storytelling through Creative Arts and Community Activation

Friday, 30th September - 16:00: Concurrent 2.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 714

Ms. Amy Boyd (headspace National), Ms. Emily Unity (Australian Youth Advocates for Mental Health), Ms. Cat McKenzie (headspace National), Dr. Petra Plencnerova (headspace National), Mr. Dylan Hunt (headspace National)

Visible is an initiative that was developed to help empower young people and their communities to increase mental health literacy, reduce stigma, promote help-seeking, and increase capacity for self-care. Visible was established and co-designed by the Australian Youth Advocates for Mental Health (AYAMH); a group of young people from across Australia that have a passion for using their lived experience to improve health outcomes for young people. Coordinated by headspace National, AYAMH is supported by nine other leading national health organisations across Australia.

Visible is a creative process and a national online platform that brings together young people and artists to collaborate and share lived-experience stories. The use of multimodal artforms- including traditional and non-traditional forms of visual art, music, dance, sculpture, and film- invites audiences to engage with powerful messages in a unique way. The process also allows for a relational experience between story tellers, artists, and audiences that is safe, non-clinical, and inclusive.

Approach

Visible supports young people to work with artists through a series of facilitated workshops that can be delivered both online and in person. The creative expression is then shared in an online exhibition.

Phase 1 of Visible supported 29 expressions between young people and artists. These can be viewed at **visible.org.au**. Participants provided feedback about their experiences through online surveys and focus groups.

Results

All participants who provided feedback in Phase 1 reported their overall experience of Visible as very favourable. Young people agreed that the engagement process was authentic, empowering, and supportive. They felt that they were able to advocate for positive change through sharing their experiences, and that they learnt something new about their own mental health experience, as well as the challenges and experiences faced by others.

The Visible website and campaign launched in November 2020. Over 20,000 unique users accessed the Visible website during the campaign period (November-March). The data indicated that those who accessed the Visible website felt connected to someone else's experience of mental health:

- 76% agreed they felt connected to someone else's experience of mental health
- 70% agreed they felt more open to talk about mental health
- 67% agreed they learnt something new about mental health

Conclusion

Visible is a youth led, cross-sector initiative that aims to improve the lives of young people by encouraging fresh conversations about mental wellbeing, whilst challenging the way people perceive mental health through storytelling and art. This approach to sharing lived experience stories is transcending barriers and redefining the way the mental health experiences of young people are perceived by the communities and systems to which they are connected.

The project is currently in its second phase, which is inviting groups of young people from diverse communities into a Visible process to create an expression with an artist that speaks to shared lived experience themes of a community or group.

Mindhelper.dk – a website made for young people with young people

Friday, 30th September - 16:00: Concurrent 2.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 794

Ms. Linn Sondergaard Lindegaard (Mindhelper.dk - Centre for Telepsychiatry), Mr. Magnus Ankersen (Mindhelper.dk - Centre for Telepsychiatry), Mr. Jakob Mejlholm (Mindhelper.dk - Centre for Telepsychiatry), Mr. Mark Buskbjerg (Mindhelper.dk - Centre for Telepsychiatry)

Mindhelper.dk launched in 2016 and is today the largest information site about mental health for young people in Denmark. The project is part of the public sector and is rooted in The Five Regions of Denmark. We have two general goals:

- Providing help early before problems grow
- Contributing to better mental health among youth

We guide young people with knowledge, self-help tools, and direction to free help services in Denmark through articles, videos, online courses, and our digital letter-based counselling.

The website has grown, but the tenet has been the same since the beginning: Mindhelper is made for young people with young people.

Throughout its development and dissemination phase Mindhelper has adopted a participatory approach to co-designing Mindhelper resources with young people.

More than 400 young people have participated in workshops, user panels, and content production teams. Iterative co-production methods based on Design Thinking principles (to understand, define, ideate, prototype, and redefine) have been crucial in ensuring that services are relevant and valuable to young people.

Our user participation involves:

- Co-creating the right tone of voice.
- User testing new projects.
- Continuous qualification on existing projects.
- Creating video content for SoMe.

And we continue to explore different ways in which young people can help create and qualify Mindhelper.dk. Currently, we are considering adding a moderated blog element to the page in which young people can inspire each other through personal storytelling about youth life and mental health.

Mindhelper's youth panel

Our youth user involvement can be distinguished into three different approaches:

- Interviews or usability tests with individual young persons
- Facilitating workshops on, e.g. schools focusing on usability testing, interviews, etc.
- Consistent user involvement through our ongoing youth panel several times a year

Mindhelper consistently runs a Youth Panel, which changes every year. 10-15 young people aged 15-18 years meet with us 4-6 times a year. The Youth Panel participates in discussions about new ideas and the shaping of development priorities. This year the youth panel is established at a boarding school and currently helps us test and generate ideas for our SoMe platforms. The meetings with the panel are facilitated by a psychologist, a journalist and communication consultant, and an anthropologist with five years of experience in usability testing.

The advantage of the boarding school panel is that the panel already knows and feels comfortable with each other. This creates a very safe space for the panel to express thoughts and ideas as we meet them at their home base.

Creating a youth panel with an ongoing tie to Mindhelper takes user involvement to the next level. It allows us to continue working on different topics and ideas throughout the year and continuously returns to the panel with questions and reflections between sessions.

At IAYMH2022, we wish to make a lightning presentation on Mindhelper.dk and how we build our project with crucial help from more than 400 young people.

Creating and engaging diverse youth in research advisory groups – Evidence from the Co-SPACE Ireland study.

Friday, 30th September - 16:00: Concurrent 2.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 643

Dr. Katherine Dowling (University of Limerick), Dr. Jennifer McMahon (University of Limerick)

Background

The phrase ‘*nothing about us, without us*’ emphasizes the importance of prioritizing the voice of those that are directly impacted by research and allowing them the right to have a say on matters that concern them. The need for increased visibility of youth voice and participation in mental health research for young people has been highlighted in the literature (Hawke et al., 2020; Bell, 2015; Kirshner et al., 2005). A particularly successful and ethical approach to conducting research about young people, is involving them in the design, delivery and dissemination of research, rather than as study subjects only. However, a majority of research related to young people still tend to view them as passive participants whereby they do not have the opportunity to voice their opinions about research that affects them. This study reflects on key lessons that have been learned from engaging youth during the research process which can help to advance and strengthen future research with youth.

Aim

Using a participatory approach, this research aims to put young people at the forefront of the research process, advising on issues related to student wellbeing post-pandemic and how schools can be intentional in supporting student’s needs.

Methods

This study employs a qualitative, participatory research design. Eight young people (16-20 years) from a national youth organization (SpunOut) were recruited to actively contribute to the research process and advise on key research decisions and recommendations for practice and policy. The Youth Research Advisory Group (YRAG) participated in three interactive online workshops which reflected a specific stage of the research process (e.g., design, data analysis, dissemination). Process evaluation data were collected from participants before, during and at the end of their participation in the YRAG to explore young people’s experiences of participating in a research advisory group.

Results

Key reflective learnings for facilitating youth participation in research advisory groups will be shared along with challenges and opportunities for engaging young people in the research process. Young people’s own perspectives of participating in a youth research advisory group and their suggestions for strengthening this process will also be captured.

Conclusion

This study highlights the importance of engaging young people in research and discusses key ideas and practical considerations for researchers and practitioners when conducting research involving young people. It is envisaged that these lessons will help to inform closer research partnerships with young people, which in turn, will help to strengthen and improve research impact.

“Step-by-Step – a youth informed guide to opioid agonist treatment”: A co-design project and video screening to improve youth engagement with an evidence-based treatment for opioid use

Friday, 30th September - 16:00: Concurrent 2.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 632

Ms. Christina Katan (Canadian Centre on Substance Use and Addiction), Ms. Katrina Pellatt (Foundry Vancouver Granville), Dr. Kirsten Marchand (University of British Columbia), Ms. Roxanne Turuba (Foundry Central Office), Ms. Jill Fairbank (Canadian Centre on Substance Use and Addiction), Dr. Skye Barbic (Foundry)

Introduction or Rationale: In the context of the drug toxicity crisis in Canada, youth ages 16-24, remain at significant risk of harms (e.g., lost social connections, hospitalizations, mortality) from non-medical opioid use and opioid use disorder (OUD). This is partly due to having low rates of engagement in interventions for opioid use, including opioid agonist treatment (OAT), the most widely recommended and evidence-based treatment. As a result, experts are calling for widespread implementation of youth-centered interventions. Since 2018, the Canadian Centre on Substance Use and Addiction (CCSA) and Foundry Central Office in British Columbia (BC) have been working with youth, families, and service providers to understand youths’ opioid treatment service needs and to co-design resources to improve these services.

Objectives (of project and or research): In response to the need for youth opioid treatment to be youth centered, “*Step by Step – a youth informed guide to OAT*”, was created. The resource aims to improve youths’ understanding of OAT, the process of initiating OAT, and daily treatment access so they can make more informed decisions about this treatment.

Methods or Approach: The project is working with two communities, including youth and service providers with OAT experience to co-design a virtual guide that will improve youths’ understanding and autonomy in OAT access, experiences, and outcomes. To inform the content of the guide, 5 rounds of data were collected with youth, service providers and subject matter experts (SMEs) between December 2020 and February 2022 informed by co-design methods. Youth were asked about their experiences, challenges, and benefits of receiving the treatment, whereas providers and SMEs were asked about current standards of practice and supporting evidence. Data was collected from youth through interviews (n=8), a focus group (n=1), and the development of personas (n=2). A working group, comprised of community champions (n=3), a youth team member (n=1), youth with lived experience (n=2), met to determine the scope, format, and topics that should be included in the video. A youth artist produced the artwork used in the video. The working group will continue to meet weekly until May 2022 to finalize the design and inform its implementation.

Results or Practice Implications: The presentation will briefly explain the co-design process to develop the virtual guide and will follow with a video screening of the final product. Information in the video includes a clinical explanation of OAT and why it is helpful to youth in the context of the drug toxicity crisis, a description of the most common medications available (e.g., buprenorphine/naloxone, methadone), and their side effects. Animated personas, Sam and Sasha, describe the diverse experiences and key messages of youth who are currently receiving OAT.

The final product will be ready in June 2022, and process and outcome evaluation data will be included to support the presentation results.

Conclusion: This evidence-informed guide is a novel and innovative resource that reimagines the knowledge translation of OAT by centering youth voices to support, educate and empower other youth who may benefit from accessing this potentially life-saving intervention.

“From a willingness point of view, high, from a knowledge point of view, pretty low”: Implementing a digital mental health intervention within Australian youth mental health services

Friday, 30th September - 16:00: Concurrent 2.5 - Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 726

Dr. Jen Nicholas (Orygen and Centre for Youth Mental Health, The University of Melbourne), Mx. Lee Valentine (Orygen and Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC, Australia), Dr. Simon Baker (Orygen), Dr. Esta Kanellopoulos (Orygen), Ms. Shaunagh O’Sullivan (Orygen and Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC, Australia), Dr. Nicola Chen (Orygen and Centre for Youth Mental Health, The University of Melbourne), Prof. John Gleeson (Healthy Brain and Mind Research Centre and School of Behavioural and Health Sciences, Australian Catholic University), Prof. Mario Alvarez (Orygen and Centre for Youth Mental Health, The University of Melbourne)

Background: Digital mental health interventions have the potential to transform youth mental health care by blending technology and traditional services, creating technology-enabled care that increases the accessibility and reach of mental health support. Blended approaches retain the strengths of in-person care, while enabling synergistic integrated digital support, independent of time or place. However, such approaches are rare in practice, as digital mental health interventions are most often disconnected from services where they could have the greatest impact. For the first time globally, a digital mental health intervention is currently being made available outside of research contexts, at scale.

Objectives: (i) To report on a world-first large-scale implementation of a digital mental health intervention in youth mental health services. (ii) To outline implementation barriers and enablers to creating a 21st century youth mental health system.

Methods: MOST (Moderated Online Social Therapy) is a CBT-based digital intervention that offers continuous, integrated face-to-face and digital care to young people. Implementation adoption and reach are measured by the number of clinician referrals to MOST and the number of young people using MOST, respectively. Implementation barriers and facilitators were identified by qualitative interviews with clinical service staff, and analysed using the consolidated framework for implementation research. Updates to the implementation strategy to address identified barriers and enablers will be implemented and evaluated by assessing change in MOST adoption and reach.

Results: Updated adoption and reach (currently 1920 and 852 in Orygen services respectively) will be presented. Implementation enablers include champions (individuals who support the integration of MOST within each service), implementation team support, and MOST being discussed day-to-day within the service. Barriers include clinician uncertainty about (i) how to introduce MOST to young people; (ii) what happens to young people after referral, and if they are using and benefiting from MOST; and (iii) the role of clinicians, peer-workers, and vocational workers on MOST. Familiarity with MOST was seen as necessary for successful integration into practice, but also a time-consuming process. Outcomes of implementation strategy changes based on these qualitative findings on adoption and reach will be presented.

Conclusion: MOST is a world-first large-scale enhancement of youth mental health services using technology. Decreasing uncertainty for clinicians in early-stage implementation may improve adoption, and ensure more young people get offered around-the-clock support. Champions are critical to implementation, and can have varied roles, including peer-workers.

TABLE 1 - YOUTH CO-CREATION: An economic evaluation of integrated collaborative care teams to enhance service delivery to youth with mental health and substance use challenges: a randomized control trial from Ontario, Canada

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 454

*Dr. Claire de Oliveira (Centre for Addiction and Mental Health), Dr. Myla Moretti (The Hospital for Sick Children),
Dr. Joanna Henderson (Centre for Addiction and Mental Health: Youth Wellness Hubs Ontario), Dr. Kristin Cleverley
(University of Toronto), Dr. Lisa Hawke (Centre for Addiction and Mental Health), Dr. Clement Ma (Centre for Addiction and
Mental Health), Mr. Di Shan (Centre for Addiction and Mental Health), Dr. Amy Cheung (University of Toronto), Dr. Peter
Szatmari (Centre for Addiction and Mental Health)*

Introduction or rationale

Roughly one fifth of Canadian youth are affected by mental health and/or substance use disorders. Moreover, youth often have difficulty in accessing effective evidence-based mental health care that is timely and user-friendly. Unfortunately, there are few evidence-based interventions, which are effective in improving access to care as well as meaningfully integrating youth and family members. Additionally, few studies have examined the cost-effectiveness of such interventions.

Objectives (of project and/or research)

To address this service gap, an Integrated Collaborative Care Team (ICCT) model was developed, implemented, and evaluated using a randomized control trial. The objective of this analysis was to determine the cost-effectiveness of the ICCT model in improving clinical outcomes and quality adjusted life years (QALYs) over a one-year time horizon compared to treatment as usual.

Methods or approach

Cost-effectiveness (CEA) and cost-utility analyses (CUA) were undertaken alongside a randomized control trial comparing the ICCT model to usual outpatient care. The incremental costs per incremental change in the Columbia Impairment Scale and incremental change in QALYs (measured using the Assessment of Quality of Life-6D) were calculated for the CEA and CUA, respectively. Both the health care system and societal perspectives were adopted. All analyses were undertaken in accordance with Canadian Agency for Drugs and Technologies in Health guidelines for the economic evaluation of health technologies. Custom data collection tools were developed to measure direct costs to the youth/caregivers, as well as indirect costs (e.g., time and productivity losses of patients and caregivers). Additional data regarding health services utilisation and direct costs to the health care system were obtained through ICES, the custodian of provincial administrative health care data. In addition, all costs associated with delivering the proposed intervention were accounted for. Relevant sensitivity analyses were undertaken to assess the robustness of the results.

Results or practice/policy implications

The ICCT model has potential to provide a cost-effective way to deliver appropriate and timely care to youth with mental health and/or substance use disorders. Findings from this work are critical to decision makers who need to assess value for money and make implementation decisions within a constrained health care system.

TABLE 1 - YOUTH CO-CREATION: Co-designing a sexual health promotion intervention for young people with mental ill-health: The PROSPECT project

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 527

Dr. Ellie Brown (Orygen and Centre for Youth Mental Health, The University of Melbourne), Ms. Hayley Nolan (Orygen and Centre for Youth Mental Health, The University of Melbourne)

Introduction: The sexual health of young people with mental ill-health is poorer than their their peers. Despite this growing recognition, interventions to address this population have not been designed for this unique population and in particular, have not been co-designed.

Objective: The aim of the PROSPECT project is to co-design and test a novel sexual health promotion intervention for young people with mental ill-health

Methods: Following the MRC guidelines for the development and testing of complex interventions, we have focused on a) understanding the current evidence base, b) identifying a theory to underpin the intervention and c) modelling the intervention and getting feedback from stakeholders. The resulting intervention is now being tested in a feasibility trial.

Results: The final intervention will be presented, as well as initial results from the feasibility trial. The intervention is based on the Behaviour-Information-Skills Model and consists of 4 sessions which cover a range of topics that target each of those areas. The focus is on sexual wellbeing rather than purely on minimising high-risk sexual behaviours.

Conclusions: The co-development of a novel sexual health promotion intervention for young people with mental ill-health has been possible. Considerable work in this area is still required, for example a new tool for screening sexual wellbeing and upskilling mental health clinicians to work with this issue.

TABLE 1 - YOUTH CO-CREATION: Youth as co-creators in developing school mental health promotion programmes: The example of the Mental Health in Youth through Science (MY-Sci)

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 906

Dr. Jennifer McMahon (University of Limerick)

Introduction

Young people as social actors were emphasised in the Convention on the Rights of Children in 1989 (United Nations, 1989). Yet there is a paucity of research describing meaningful involvement of youth in the design, development and implementation of research in mental health (Mawn et al.,) an issue amplified in the design and delivery of school mental health interventions (Walsh et al., 2022). Amongst other reasons, the complexity of involving youth has been cited by researchers as central to omitting youth from the process or involving them in tokenistic ways. This presentation describes youth involvement in the design and development of a blended school youth mental health promotion programme. Using a co-creation model the Mental Health in Youth through Science (MY-Sci) sought to forefront youth involvement at all stages of the research process.

Objective

To describe how youth were meaningfully involved in the co-design and implementation of MY-Sci, a blended school mental health promotion programme to promote peer mental health and to discuss the practical and ethical challenges faced by the researchers in ensuring authentic and respectful engagement with youth.

Approach

Using the Lundy model of participation as an overarching lens we reflect on our experience of connecting and engaging with youth, promoting youth voice as well as ensuring the impact of youth input in MY-Sci. We draw on qualitative data with youth advisors ($N=40$), on how a school youth mental health programme should be designed and implemented, as well as describing the strategies of youth engagement employed throughout the project. The practical and ethical challenges to authentic youth involvement experienced throughout the process are highlighted, as well as discussion on how they were resolved and how they might be managed more effectively in the future.

Practical implications

Researchers need concrete examples of real-world research that meaningfully engages with youth. We provide a conceptual and practical guide for researchers interested in including youth voice in school mental health research. We critically discuss 1) the conceptual framework for youth involvement in school mental health research, 2) young people's insights for the design and delivery of a school mental health promotion programmes and 3) the practical and ethical challenges of engaging youth in school mental health research.

Conclusion

School mental health interventions can be enhanced through the involvement of youth voice at all stages of the research. We discuss the practical and ethical challenges of this process from a researchers perspective and outline key considerations for future endeavours to successfully include youth voice in school mental health research.

TABLE 2 - YMH WORKFORCE 1: Using implementation science to inform workforce and service development in youth mental health: Reflections from Australia

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 720

Dr. Isabel Zbukvic (Orygen; Centre for Youth Mental Health, The University of Melbourne), Ms. Desiree Smith (Orygen), Ms. Paula Cruz Manrique (Orygen; Centre for Youth Mental Health, The University of Melbourne), Ms. Vita Pilkington (Orygen; Centre for Youth Mental Health, The University of Melbourne), Ms. Caroline Crlenjak (Orygen), Prof. Rosemary Purcell (Orygen; Centre for Youth Mental Health, The University of Melbourne)

Introduction

Developing the capacity of systems that support youth mental health is a global priority, and countries across the world have focused on building the workforces and services needed to achieve this.(1) Implementation science represents a key approach for informing the design and delivery of youth mental health workforce and service development initiatives, by providing methods and strategies to help accelerate the uptake of evidence-based practices into sustainable routine care.(2) Orygen is an Australian youth mental health organisation with a mission to reduce the impact of mental ill-health on young people, their families and society through research, clinical services, advocacy, and the design and delivery of youth mental health workforce and service development initiatives.(3) Orygen is one of only a few known research and clinical centres with a dedicated Knowledge Translation (KT) division, which concentrates on growing the capacity of the systems, services, and professionals who support young people with emerging and existing mental ill-health.

Objective

This presentation will provide reflections from Orygen's KT division, outlining how implementation science informs their workforce and service development framework, and how the division has adapted its model in the face of COVID-19.

Methods

Findings will be presented from a recent paper that summarises the work of the workforce development stream of Orygen's multidisciplinary KT division. Quantitative data includes engagement with training and online resources. Qualitative data includes reflections from Orygen's workforce development team, which comprises clinical educators, researchers and administrators with expertise in clinical care, knowledge translation, implementation science, service and workforce development, implementation facilitation, adult education and learning, research and evaluation.

Results

Since 2017, Orygen's KT division has delivered training to more than 4000 youth mental health workers across Australia on topics such as trauma, psychosis, mood and anxiety disorders, brief interventions, cognition and youth mental health. The COVID-19 pandemic generated abrupt and dramatic changes to the delivery of workforce and service development initiatives in Australia, due to significant restrictions to travel and in-person events. It also placed major new delivery demands on youth mental health services. Orygen's KT division has adapted their approach to youth mental health workforce development and implementation support, moving to a flexible model of in-person and online delivery. This presentation will include learnings and in-depth exploration of implementation strategies in the context of a national youth mental health service system in rapid change, drawing on specific examples of workforce development initiatives undertaken over 2021-2022.

Conclusion

Throughout the pandemic, knowledge translation and implementation science frameworks provided structure for the activities and outputs of the workforce development team. By prompting the team to consider the in-

fluence of multiple factors – including dynamic contexts at the levels of team, organisation, and wider system, service user needs, and capacity of the individuals involved in implementation – implementation science supported the continued delivery of workforce development initiatives in rapidly changing social and physical environments.

References

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1. McLeod et al. Chapter in: *Handbook of Research on Emotional and Behavioral Disorders*. 2020;Routledge.
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TABLE 2 - YMH WORKFORCE 1: A community-academic-health partnership: Developing gender diversity and youth mental health resources .

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 754

Ms. Sophia Ratcliff (Orygen, Parkville, VIC 3052, Australia), Dr. Isabel Zbukvic (Orygen; Centre for Youth Mental Health, The University of Melbourne), Ms. Desiree Smith (Orygen)

Gender diversity is an umbrella term used to describe the many ways that people can experience their gender in a way that differs from the gender presumed for them at birth. Trans and gender diverse identities are not reflective of or underpinned by mental ill-health. However, research identifies that trans and gender diverse young people experience disproportionately high rates of mental ill-health (Reisner et al. 2015), which relates to social and systemic responses to trans and gender diverse identities (Puckett et al. 2020). Although not all trans and gender diverse young people will require mental health support, it is imperative that the mental health workforce has the capacity to provide gender-affirming care to young people of all genders.

Objectives

The objective of this project was to develop resources that aim to build the capacity of the youth mental health workforce to work affirmatively with trans and gender diverse young people and their families.

Approach

This project used a knowledge translation approach to synthesize evidence from a range of sources and develop resources aimed at creating meaningful and sustainable change across multiple levels of the youth mental health system. The initial phases of the project focused on building relationships across sectors, bringing together a diversity of professional and lived expertise. Early in this project, Orygen established a partnership with Telethon Kids Institute to help develop the overall approach to the project. Drawing on the existing networks of Telethon Kids Institute, an expert working group was established. The expert working group helped to identify guiding frameworks and key research. The lived expertise of trans and gender diverse young people and carers of trans and gender diverse young people were seen as a principal component of the project. Lived experience advisors took part in focus groups and ongoing consultation to inform the development of the resources. Further to this, literature reviews were conducted to identify recent relevant literature. The project adapted to a multitude of changes during the COVID pandemic and moved all consultation online. This increased accessibility to collaborators including lived experience advisors and enabled the project team to hear richer nuances.

Results

After a period of in-depth collaboration with the expert working group and lived experience advisors, gaps in the current knowledge and practice were identified, including inclusive and affirming service environments; confidentiality, working with families, language, intersectionality, autism and gender diversity, and medico-legal considerations. Based on these key themes a suite of resources was produced to capacity build the youth mental health workforce, including written resources, videos and an online learning module. Second to this, the knowledge translation process was mapped to provide a guide for other services or organisations wanting to undertake similar work. This presentation will reflect on the organisational processes and capacities that help to support meaningful cross-sector collaboration in youth mental health.

Conclusion

This project demonstrates the value in centring lived expertise and working collaboratively across sectors, services and organisations to inform evidenced-based resources.

TABLE 2 - YMH WORKFORCE 1: The pie is not big enough: an innovative solution to the allied health workforce crisis in the Australian Youth Mental Health Sector

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 484

Ms. Natasha Smith (headspace National), Mr. Simon Dodd (headspace National), Ms. Vikki Ryall (headspace National), Dr. Samuel Irving (headspace National), Ms. Frances Foster (headspace National (Australia)), Ms. Karen Marriage (headspace National), Mr. Ian Maclean (headspace National), Mr. Elliott Tester (headspace National), Ms. Anna Saw (headspace)

Program Rationale: The Australian Youth Mental Health sector is at a crisis point. Youth Mental Health services are experiencing unprecedented demand, further compounded by distress associated with significant global and local events (e.g. Covid-19 Pandemic, Bushfires, Floods, Climate Change) and the increase stressor associated with the changing social, technological and economic landscape of emerging adulthood. Simultaneously, the Australian Federal Government has identified a critical Mental Health Workforce shortage, resulting in young people experiencing significantly reduced access to mental health qualified allied health clinicians. To address this issue, headspace (Australia) was successful in securing federal government funding to deliver a national Early Career Program (ECP), which seeks to increase the appropriately qualified youth mental health workforce by increasing access to allied health student placements and a scaffolded 2-year youth mental health graduate program. In its first year of implementation, the program was rolled out across 56 headspace sites in a complex multi-stakeholder environment and successfully recruited and placed 54 allied health graduates across four Australian states.

Objectives: This presentation outlines the Early Career Program Model and will draw on practice wisdom, and mixed-methods evaluation data, to provide insight into how to successfully implement a multidisciplinary, allied health workforce development program at scale, across multiple organisations located in multiple geographical regions.

Approach: The Early Career Program creates a workforce development pipeline. This is facilitated by increasing the internal capacity of each of the 56 sites by funding a dedicated senior clinician role, the Clinical Educator, to coordinate the implementation of the program locally and to provide onsite coordination, supervision and support to students and graduates. Each headspace site was further supported by the national program team through;

- the development and delivery of a 2-year graduate education program
- regional implementation support teams dedicated to assisting graduates and services work through barriers to program engagement
- centralised coordination and financial support that enable graduates to undertake rotations at two headspace services
- centralised recruitment of graduates
- centralised coordination of clinical supervision

Implications: The Early Career Program is designed to improve the quality and size of the Youth Mental Health workforce across Australia, therefore contributing to the increase young people's access to timely, developmentally appropriate, and evidence informed mental health care. Further, the program has successfully increased the mental health workforce in regional, rural and remote areas, with 50% of the participating headspace service being outside of a metropolitan area.

Conclusion: The headspace Early Career Program presents an innovative model of workforce development that would be of assistance to the youth mental health sector globally. This sustainable and scalable model increases the size and quality of a youth mental health workforce that will directly lead to increased access to timely and appropriate mental health care for young people and families.

TABLE 3 - PSYCHOSIS 1: Developing an early psychosis workforce.

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 693

Dr. Shona Francey (Orygen, Parkville, VIC 3052, Australia), Ms. Helen Nicoll (Orygen, Parkville, VIC 3052, Australia), Mrs. Heather Stavely (Orygen)

Aim

To deliver training and resources to upskill staff in evidence-based service provision for early psychosis according to the Early Psychosis Prevention and Intervention (EPPIC) model during the establishment of new services.

Method

Using implementation science and behavior change theory, an implementation strategy was developed to address barriers and enablers in the establishment of the new early psychosis services. A blended learning approach was adopted incorporating face-to-face training workshops run by clinicians with extensive experience at EPPIC, and the production of a wide array of educational materials in both written and interactive online form. Twenty-one manuals on various topics in early psychosis were produced and provided to each clinician. A Learning Management System (LMS) was developed that hosts 21 interactive learning modules that cover all of the core components of the EPPIC model, and this was accessible to all staff. Workforce development activities were adapted to the needs of staff as they gained expertise and confidence, and the services matured.

Results

All services received a minimum of 9 days of face-to-face training. An evaluation of the face-to-face training indicated that the majority of clinicians improved their knowledge and increased in confidence in working with early psychosis clients. Completion of online training modules led to increases in self-assessed skill level. Improvements in model fidelity occurred over time.

Conclusion

A blended learning strategy that incorporates face-to-face training workshops, written treatment manuals, and interactive online learning modules has been successful in disseminating the EPPIC model of early intervention for psychosis to sites across Australia.

TABLE 3 - PSYCHOSIS 1: Changing culture in primary care to work with seriously ill early psychosis young people and families

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 275

Mrs. Heather Stavely (Orygen, Parkville, VIC 3052, Australia), Prof. Andrew Thompson (Orygen, Parkville, VIC 3052, Australia), Prof. Patrick McGorry (Orygen and Centre for Youth Mental Health, The University of Melbourne), Mr. Craig Hodges (Orygen, Parkville, VIC 3052, Australia), Dr. Shona Francey (Orygen)

Introduction:

A major change occurred in the landscape of Australian youth mental health services when early psychosis programs were implemented in the primary care sector in late 2014 and 2015. Headspace centres are primary care mental health services for young people aged 12-25 years. Embedding early psychosis services, based on the trusted service model of the Early Prevention and Intervention Centre (EPPIC) in Melbourne, in such a primary care platform has brought a unique set of service development and workforce challenges in, at times, a fluctuating political landscape. This unique change of becoming headspace Early Psychosis (hEP) required a cultural shift by service providers, Lead Agencies and Primary Health Networks (PHNs) to welcome and support a local and national approach. Covid – 19 also brought further challenges for the programs in maintaining cultural shifts and sustaining an innovative model. The work of the Australian Early Psychosis Program (AEP) was essential in adapting to all of the challenges and in supporting the headspace Early Psychosis programs, the PHNs and Lead Agencies.

Objectives:

A major objective was to establish a new culture within primary care in working with young people experiencing early psychosis. Furthermore, to establish an Australian national collaboration and implement and sustain the innovative program model. This included Lead Agencies and PHNs in their commissioning and service provision of a complex and comprehensive model and education of the mental health needs of the youth cohort.

Methods of Approach:

Four key strategies were employed to meet objectives. A) A comprehensive implementation strategy to define, scale up and sustain the model. B) The development and implementation of a fidelity tool with regular evaluation and feedback C) A intensive long-term strategy of workforce development D) Using symptom and functional data to highlight the excellent outcomes to advocate for ongoing longer-term funding

With Covid-19 and differing restrictions required extra effort and new challenges. Working in an online virtual capacity enabled connections and collaboration at local and national levels.

Results:

Careful articulation of the model with a national collaborative approach by holding national forums, along with sustained support via service and workforce development activities, and analysis of outcome data, allowed for a strong recovery culture. It also embedded a way of working which highlighted the excellent outcomes for young people and families. The importance of developing a positive, hopeful and recovery culture was further embedded by the use of the fidelity tool with key recommendations for each program. In addition, it provided strong advocacy to enable ongoing longer-term funding for sustaining the model across a large and diverse country.

The impact of Covid -19 also required a major challenge for all primary care service providers to ensure provision of services and a quick adaption to working in a virtual manner. Despite lengthy periods of time, even up to two years, before any face to face contact could occur, the culture, network and collaboration within primary

care was able to be sustained.

TABLE 4 - FIRST NATIONS / INDIGENOUS: Cultural Agility, Safety and Humility: Committing to Change for Indigenous Youth and Families

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 410

Ms. Toni Carlton (Foundry), Ms. Sukhdeep Jassar (Fou), Ms. Seren Friskie (Foundry Central), Ms. Krista Gerty (Foundry), Ms. Jayde Boden (Foundry Central), Mx. Gurvaan Mann (Foundry), Mr. Raymond Johnson-Brown (Foundry), Dr. Karen Tee (Foundry)

Introduction: As a provincial network of Integrated Youth Services (IYS) across the province of British Columbia, Canada, Foundry has made significant commitments to creating Cultural Agility, Safety and Humility (CASH) as a standard of care for service delivery within IYS at Foundry Centres, both virtually and in-person. The creation of Canada through the forced occupation and colonization of Indigenous Peoples continues to have lasting impacts on the wellness of Indigenous young people, families and communities. This impact has been seen and felt by Indigenous people for generations who, through a plenitude of research and reports, have clearly articulated the ways in which healthcare systems need to change to redress historic wrongs and create meaningful change today.

Objectives: To share learnings, tools and recommendations that highlight the importance of CASH in IYS for Indigenous young people and families in BC. To demonstrate the imperative of both leader endorsement and appropriate resourcing to realizing CASH in workplace and organizational culture that supports knowledge sharing and practice changes across the network of IYS centres and virtual spaces.

Method or approach: Drawing from work and activities that began in 2019, we will share our journey in developing a CASH Framework and Action Plan. Alongside this we will offer knowledge and understanding towards the importance of the philosophy and practice of Two-Eyed Seeing, and the ways in which Indigenous knowledges and practice can come alongside Western knowledges and practice in creating safer and more inclusive systems of care. We will provide practical and achievable recommendations for actions that other health systems and organizations can implement using CASH principles in their own work with youth and families to support wellness.

Results for practice/ policy implications: By acknowledging the significant harm that was done to Indigenous peoples through contact and colonization we create a space where we can begin to both identify the impact this has on health and create systemic change within our healthcare systems. The acts and experiences of colonization, oppression and other tools of genocide are well documented in the history of Canada's development. In committing to understand this history and current impacts experienced in accessing care, we are better positioned to be more intentional and humble allies in supporting Indigenous youth, families and communities in BC.

Conclusion: Foundry is uniquely positioned as a leader in IYS in Canada to help inform the ways in which policy, practice and integration of CASH principles and practice can be of direct benefit to Indigenous youth and families accessing Foundry services. Through intentional, collaborative and meaningful commitments and actions we are actively working to un/learn how systems of care can both harm and benefit Indigenous peoples, and our responsibilities in this.

TABLE 4 - FIRST NATIONS / INDIGENOUS: Conceptualizing Indigenous Youth Mental Health Literacy

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 730

Dr. Yifeng Wei (University of Alberta), Dr. Jan Hare (University of British Columbia), Dr. Wendy Carr (University of British Columbia), Mr. Andrew Baxter (Alberta Health Services)

Introduction

Mental health challenges are common among young people between the ages of 12 and 25. This is especially true for Indigenous people who experience major depression at twice the national average in Canada, resulting in many negative life outcomes. Mental health literacy (MHL) may be an effective approach to support Indigenous youth mental health because it addresses the broad spectrum of mental health and wellness. However, there is a lack of application of and research on evidence-based MHL resources for Indigenous youth, particularly ones that reflect Indigenous values, cultures and ways of learning.

Objectives

This project aims to create, evaluate, implement and disseminate an Indigenous mental health literacy resource. The objectives are to investigate what a mental health literacy curriculum should entail to address the mental health and wellness of Indigenous youth and how it will improve youth understanding about mental health and mental illness, reduce stigma against mental illness, enhance help-seeking, and promote resilience and general wellbeing. This presentation reports on the first stage of a national project to conceptualize MHL for Indigenous youth.

Methods

We applied a community participatory method to consult with Indigenous communities in five Canadian provinces and territories to understand their perceptions of mental health literacy. Each site is led by an Indigenous community member who develops and oversees the consultation process, including youth groups, Elder circles, teacher groups and other community groups. The consultation process takes flexible formats in each community depending on its culture and the evolving pandemic environments; in person or online, groups or individuals, discussion or survey, and in schools or on the land. In parallel with these consultations, we have also conducted a thorough literature review that addresses Indigenous child and youth mental health and substance use.

Results

Indigenous communities generally conceive of mental health as varying states of wellness rather than being defined by the presence or absence of a mental illness. Wellness is supported by factors such as culture, language, Elders, families, and Creation, which are necessary for healthy individual, family, and community life. Achieving wellness—physical, mental, emotional, spiritual, social, and economic—requires a coordinated, comprehensive approach that is grounded in cultural knowledges, approaches, languages and ways of being and knowing. At the same time, integrating western knowledge about mental health also adds valuable perspectives. Youth voice is a critical component in the curriculum development process, particularly insofar as how they define, resist and/or transform understandings of mental health.

Conclusion

Weaving together Indigenous and western knowledges from a broad range of project participants is key to supporting Indigenous youth mental health and promoting a holistic sense of wellbeing. The proposed curriculum resource will be youth led, family/community focused, connected to language and land, and value cultural identity and traditions. We are engaging Indigenous youth, Elders, educators and community members in co-

creating a meaningful and flexible resource that can be used in a variety of contexts, be responsive to different cultures and provide a sense of hope.

TABLE 5 - SCHOOL: Using a comprehensive, whole school community approach to supporting student well-being

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 718

Ms. Michelle Cianfrone (BC Children's Hospital)

Introduction

With the COVID-19 pandemic significantly affecting the mental health of youth, there is an urgent need to establish upstream, early and universal approaches to promote mental well-being and help prevent mental illness. School communities are uniquely suited to support and deliver universal mental health promotion (UMHP) initiatives and programs. In British Columbia (BC), Canada the government has developed a Mental Health in Schools Strategy which embeds mental health promotion in all aspects of the education system and includes Compassionate Systems Leadership, Social Emotional Learning, Mental Health Literacy, Trauma Informed Practice and Staff Well-being.

Objectives

The BC Children's Hospital (BCCH) Health Promotion and Health Literacy team has been collaborating with schools for over a decade to promote mental well-being for students. While there is a clear commitment to engage in UMHP work, schools are often overwhelmed with the sheer amount of initiatives they are asked to implement. According to educators, school districts, community partners and researchers alike, what is needed is not more interventions or programs, but support to effectively navigate, implement and align the various school-based UMHP interventions, programs, resources and initiatives.

Methods

The BCCH team has supported UMHP work provincially and locally in school communities in a variety of ways including convening educators and mental health professionals together for conferences, leading mental health literacy workshops, supporting youth-led mental health summits, developing curriculum-linked resources, and building capacity in rural and remote school communities.

As a founding member of the provincial school mental health coalition, the BCCH team has fostered relationship building among diverse, interdisciplinary groups and organizations. One key product of these partnerships was the development of a puzzle model framework to help school communities and health partners understand and communicate a whole school community approach to student mental health and well-being. The model integrates the comprehensive school health model (social and physical environments, teaching and learning, partnerships and services, and health policy) with the tiers of service pyramid to create a simple, yet comprehensive visual model.

Practice/Policy Implications

As a result of this collaborative, cross-sector approach, school communities and health professionals have a better understanding of how UMHP initiatives can complement and enhance each other, rather than compete for time and resources. The emphasis on a whole-school approach has resulted in partnerships, cross-promotion, amplification of best practices and sharing of resources. This has led to systems-level changes to school environments, policies and programs for improving student mental well-being.

The puzzle model has been used to situate and contextualize provincial efforts to support mental health and well-being and to show how they fit together to support all students. It has also helped public health professionals and educators identify shared goals and find a common language around joint solutions. School districts have used the model to develop mental health frameworks, map their existing initiatives, communicate with stakeholders, and identify gaps and areas of need.

Conclusion

Collaboration between health and education professionals fosters a comprehensive, whole school community approach to universal mental health promotion for youth.

TABLE 5 - SCHOOL: Youth-led dialogue about mental health in schools: Balancing Our Minds youth summits

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 713

Ms. Michelle Cianfrone (BC Children's Hospital), Mr. Andrew Tugwell (BC Children's Hospital)

Introduction

The Balancing Our Minds youth summit initiative started as a small, youth-led project with 200 students in an auditorium at BC Children's Hospital (BCCH) and grew to a province-wide movement, reaching thousands of students and inspiring change in school communities across British Columbia (BC), Canada. The events were started by a passionate group of youth who bravely shared their own stories and struggles to open up a dialogue about mental health in BC schools.

Objectives

Developed and led by youth mental health advocates, the Balancing Our Minds youth summits were designed to raise awareness about mental health and help break down stigma. The summits aimed to achieve the following goals:

- Increase knowledge about mental health and substance use
- Build awareness of available mental health tools, resources and services
- Increase positive attitudes towards individuals experiencing mental health challenges
- Generate ideas on how to promote mental health and wellness in schools and communities

Approach

Originally modeled after the Talking About Mental Illness (TAMI) model for reducing stigma, the events drew inspiration and resources from the Mental Health Commission of Canada's Headstrong model, including a speaker support process to help speakers prepare for and feel comfortable sharing their experiences.

After the first event in 2013, the Vancouver Canucks professional hockey team offered to host the next three events at their arena, expanding the audience and amplifying the event's messages. The events featured youth sharing their personal stories and experiences, panel discussions with youth, breakout sessions on various mental health and substance use topics, wellness activities and a resource fair.

Each Balancing Our Minds event was planned by and tailored to the needs of the specific community. The events were inspired by the idea that a first step in changing how mental health is experienced in school communities is to bring youth and educators together to engage in thoughtful dialogue, education and idea-sharing.

Results

Recognizing the need to enhance the provincial reach to students in rural or remote areas of the province, the project shifted to a community summit model in 2017. This allowed school communities to plan their own events and tailor the topics and speakers to the unique needs of their students.

For the next five years, 18 school communities across BC planned and hosted their own events, with guidance and support from the BCCH team. The school community events highlighted local initiatives and sustainable, creative approaches to advancing school well-being.

In total, over 10,000 students across BC directly attended a Balancing Our Minds event, with the impacts of the events stretching far beyond the event itself and building connections between students, school staff and community service providers.

Conclusion

Nearly 10 years after the first Balancing Our Minds event, the conversation around mental health in BC has shifted dramatically. Thanks to the courage and commitment of the many youth who presented and planned

events, and the participation by the Vancouver Canucks hockey organization, students across BC experience more openness, dialogue, education and support for their mental health in schools.

TABLE 6 - YMH WORKFORCE 2: A naturalistic, observational study of the Seven-Eyed model of clinical supervision in Jigsaw youth mental health services.

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 667

Dr. Aisling McMahon (Dublin City University), Dr. Ciaran Jennings (Dublin City University), Dr. Gillian O'Brien (Jigsaw)

Introduction: The benefits of regular, ongoing clinical supervision are increasingly recognized across a greater range of professions (Hawkins & McMahon, 2020). Amongst the available models, the Seven-Eyed model, a social role/process model, is widely recognized as a core model in supervisor training and practice in Ireland and the UK (Carroll, 2020; Creaner & Timulak, 2016; Dunsmuir & Leadbetter, 2010; Townend et al., 2002). It has also been described as the most influential model in coaching supervision internationally (Joseph, 2017). It is a trans-theoretical, relational model, drawing from systemic, humanistic, psychoanalytic, and cognitive-behavioral psychotherapy theories, as well as adult learning theory. Practitioners have elaborated the usefulness of the Seven-Eyed model for supervision practice in various professions and contexts (international coaches: Henderson & O'Riordan, 2020; Irish clinical psychologists: McMahon, 2014; Irish social care workers: McLaughlin et al., 2019; UK nurses: Regan, 2012). However, as with other supervision models, empirical research is scarce.

Objectives: Given a clear need for further research on supervision models and processes generally, and the paucity of research regarding the Seven-Eyed model, the current study had the following aims: to explore, analyse and illuminate individual supervision practice in this primary care youth mental health service; to analyse how the Seven-Eyed model maps onto individual supervision practice in a naturalistic workplace setting; and to offer illustrations of supervisory interventions and dialogs.

Method: In this observational study, the recordings of 40 individual supervision meetings over six months for five supervisory dyads working in a transdisciplinary youth mental health service were analysed using a qualitative content analysis approach as a systematic method of describing and quantifying qualitative data (Mayring, 2000; Schreier, 2012).

Results/Implications: This study offered empirical support regarding the model's relevance for supervision practice, provided practice-based evidence to elaborate aspects of the model, and showed the model's value in identifying areas of supervisory practice that may benefit from development. Results indicated supervisors gave most time and attention to the wider context of the work (mode 7) and to intervention planning (mode 2), and least attention to the client (mode 1) and the client-supervisee relationship (mode 3). Detailed illustrations of some supervision exchanges are shared which contribute to our understanding of the complexity of working at the personal-professional boundary in supervision.

Conclusions: This study offered some empirical evidence for the construct validity of the Seven-Eyed model of supervision, and offered illustrations of practice in an Irish transdisciplinary, youth mental health work context. This research also showed how analyzing practice according to the Seven-Eyed model can identify areas of supervisory work that may need development, as findings highlighted some important issues for consideration

for supervisors, and supervisor trainers and consultants.

TABLE 6 - YMH WORKFORCE 2: Supervision at scale: Multi site comprehensive clinical supervision for a national early career youth mental health workforce -integrating supervision, education and practice.

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 748

Ms. Karen Marriage (headspace National), Mr. Simon Dodd (headspace), Mr. Ian Maclean (headspace National (Australia)), Ms. Natasha Smith (headspace National (Australia)), Ms. Frances Foster (headspace National (Australia)), Mr. Scott Ward (headspace National (Australia)), Ms. Evangeline Hopkinson (headspace National (Australia))

Rationale-

There is a workforce shortage in the youth mental health sector in Australia and solutions are required to attract, train and retain a skilled multidisciplinary workforce. Sound clinical supervision is a cornerstone of the early and ongoing development of competent and confident youth mental health clinicians. It encourages safe, reflective, and ethical practice. It contributes to clinician job satisfaction and retention (Martin, Lizarondo, Kumar and Snowdon, 2021) and is a critical element in the headspace Early Career Program (ECP) being delivered as a workforce development program in primary care across Australia. Supervision is an integral component of a solution to the current mental health workforce shortage.

Objectives-

This presentation outlines a model for providing discipline specific supervision in 56 headspace sites across Australia for allied health graduate clinicians. This model allows for the integration of the education elements of the ECP into practice and for clinicians to develop discipline specific skills that contribute to their teams.

Approach-

The ECP has embedded senior clinicians in each participating site in the role of clinical educator and supervisor. These roles provide multiple benefits ; onsite field consultation, mentoring and formal individual supervision with a clinician who can assist the graduate in the application of their newly acquired knowledge through participation in the education elements of the program. Senior clinician resource to stretched centres is increased and this provides a professional pathway for more experienced clinicians to move into leadership roles.

The large network of the ECP has enabled a model of discipline matching of graduate and supervisor to occur to enhance the participation of allied health graduates in their multidisciplinary teams.

Clinical educators/ supervisors participate in facilitated peer supervision to enhance their capacity to support the early career workforce.

Implications and conclusion-

This model of embedding a clinical supervisor and educator into the clinical team has many advantages. It allows integration and application of learning for the graduate and for field mentoring and supervision of both students and graduates in the centres. It increases senior clinician resource in busy centres and provides a pool of mixed discipline experienced clinicians that can be utilised across the national network to ensure that supervision provided to students and graduates is matched to their discipline. This will enhance and consolidate the discipline identity and skills of early career clinicians, contributing discipline balance in clinical teams and the sector.

Skilled supervision ensures optimum treatment outcomes for young people, competence, skill development and self-care for clinicians. Treatment of youth mental health difficulties is enhanced when a clinical team is comprised of competent, confident and reflective clinicians who retain their discipline identity and skill.

Leveraging a national network of senior clinicians to upskill a supervision workforce and match the discipline of the supervisor to the early career clinician enhances learning outcomes for graduates and the skill set of a multi-disciplinary team.

Reference

Martin, P, Lizarondo, L, Kumar, S and Snowdon, D (2021), Impact of clinical supervision on healthcare organisational outcomes: A Mixed methods systematic review. PLoS ONE 16(11) e0260156

TABLE 7 - REVIEW: A review of social prescribing in child and youth mental health: synthesising theory, research and practice.

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 771

Dr. Daniel Paul Hayes (Anna Freud National Centre for Children and Families and University College London), Dr. Kerry Husk (The University of Plymouth)

Introduction or Rationale

Social Prescribing (SP) is defined as a non-clinical, community-based service addressing the social determinants of ill health. Originally developed for use with older adults, it has now moved to an all-age model, including children and young people (CYP). Reviews suggest SP has mental health benefits in adult populations and may be linked to specific theories, mechanisms of change (intervention functions) and active units of change (behaviour change techniques), but this has yet to be investigated in CYP populations.

Objectives (of project and or research)

The aim of this review was to investigate the evidence base on social prescribing (SP) to improve the mental health and/or wellbeing of children and young people, as well as explore the use of theory, intervention functions and behaviour change techniques.

Methods or Approach

The following databases were searched until March 2022: PsycINFO, EMBASE, Medline, Cochrane Libraries and Social Policy and Practice. This review was open to all study types (e.g., RCTs, pre-post studies, and qualitative research). The following inclusion criteria were used: included CYP, record details in English, focused on mental health and/or wellbeing (including quality of life), and included a healthcare professional who referred CYP to a link worker to facilitate an SP activity. Data were extracted on CYP characteristics, study design, theoretical background, intervention functions, and behaviour change techniques. Quality assessment of the studies was undertaken using the Effective Public Health Practice Project (EPHPP) quality assessment tool.

Results or Practice/Policy Implications

Five studies met inclusion criteria. Included studies suggest that SP can benefit CYP mental health. However, studies scored poorly on the quality assessment criteria which means findings remain tentative. Most studies did not acknowledge the role of theory in SP. Specific intervention functions, such as 'education' around different local community sources of support, as well as 'training' for Link Workers were employed. Behaviour change techniques linked to these, such as 'social support', 'goal setting' and 'restructuring the social environment' were utilised.

Conclusion

Organisations involved in training Link Workers may wish to consider identified specific intervention functions and behaviour change techniques, as well as test and implement new ones. Link workers should also consider which intervention functions and behaviour change techniques they are using when working with CYP. The use of theory should be further explored, as well as logic models employed by researchers to ensure mechanisms, outcomes, and moderators are included.

TABLE 7 - REVIEW: EMPOWERING YOUNG WOMEN FROM DIFFERENT BACKGROUNDS DURING PANDEMIC MADNESS

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 623

Dr. Francia Ivonne Campos Chinchilla (Haibara General Hospital)

INTRODUCTION:

In the middle of bewilderment, sadness, pain and chaos around the world, young women had to be courageous enough to stand and to support each other, their families and their communities, in order to overcome not only the already existing and worsened social and economical challenges but also the debacle of the public health situation, the political instability or the language, cultural and social barriers that were affecting their wellbeing and jeopardizing their life.

OBJECTIVE:

To present different experiences of women supporting and empowering other women in Colombia and Japan, during the two years of pandemic lockdown and public health crisis.

METHODS:

Different initiatives were conducted under the leadership of women from different backgrounds, including the strengthening of community support programs, creating or promoting information and health education, support groups, online education on different topics and online psychotherapy for young women, in immigrant and/or vulnerable communities.

RESULTS:

Having the possibility and opportunity to have access to timely and relevant information reduced anxiety levels and allowed the young women and their families to take more appropriate decisions regarding their life style, their daily routines, family and health care, etc.

The educational initiatives, about health, self-care and other relevant topics, provided young women with a new vision of their realities, increasing awareness and understanding about irregular situations that had been normalized, empowering them to address several aspects of their day-to-day lives in a more assertive way.

Regarding mental health issues, somatization, substance/alcohol abuse, domestic violence, anxiety, eating disorders, depression, suicidal ideation, panic and even psychotic episodes were initially addressed through online CBT interventions and, when necessary, activating the appropriate routes with the purpose of being able to refer the cases that required urgent clinical or social attention and defer those that were likely to wait for a late appointment.

CONCLUSIONS:

Generating and sharing support, information and education from women-to-women provided powerful tools to strengthen society, helped to cope with chaos and the different challenges of the uncertain situation caused by the public health crisis.

Such initiatives are likely to be replicated and adapted to different cultural and social conditions.

TABLE 8 - CULTURE 1: Becoming Anti-Racist as a Backbone Organization and a Service Centre

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 563

Ms. Sukhdeep Jassar (Foundry BC), Ms. Toni Carlton (Foundry), Ms. Seren Friskie (Foundry), Dr. Karen Tee (Foundry), Ms. Simone Maassen (Foundry Abbotsford), Ms. Leah Froese (Foundry Abbotsford), Mx. Joshua Rasalan (Foundry), Mx. Gurvaan Mann (Foundry), Ms. Sharon DeLalla (Foundry Abbotsford)

Introduction: Foundry is a network of Integrated Youth Service centres located in Canada. The network has 11 open centres, with 12 more in development. Foundry centres develop within community and engage local partners, youth, and families/caregivers. A designated community lead agency, either a non-profit organization or health authority, leads centre establishment and operations at the local level. The backbone organization, Foundry Central Office (FCO), provides leadership in research, evaluation, policy, and standards and works with centres in many areas to offer support. In 2020, as the Black Lives Matter movement re-emerged, youth across our network rallied for change. FCO pulled together a co-led working group including youth and selected representatives from lead agency leadership across the network. This collective working group initiated the co-creation of an intentional anti-racist organizational assessment tool with external consultants. The assessment acts as an intervention and catalyst for change that expands anti-racist practice beyond the usual processes of quantifying representation or providing education and training.

Objectives: To create safe and trusting relationships in a working group to enable honest conversations to address racism in the workplace in Canada,; including partnering with lead agency representatives from the beginning of the initiative to structure our relationship and expectations with an external consultant. To work with young people to drive the conversations and changes needed to name and respond to the racism and discrimination experienced by Indigenous, Black, People of Colour (IBPOC) staff and service users. To co-design an anti-racism assessment tool for the process of creating sustained changes to policy and practice at FCO and a Foundry centre.

Method of Approach: The co-designed anti-racism organizational assessment included two parts: an anonymous survey tool (95% response rate) and racially caucused and role-based discussions facilitated by the external consultant (16 sessions with n=90). For each organization the tool (intervention) was adapted for multiple audiences (youth, staff, leaders). The external consultant spent months building relationships with the working group, prior to engaging in data collection and storytelling.

Results for practice/ policy implications: Meaningful engagement and responsiveness to youth across our network led us to commit to change in organizations and services, faster than service providers and systems can on their own. The need for continued engagement with youth and family with diverse experience is critical to care that evolves to meet the needs of youth. The results from the assessment were shared through a composite narrative description of the barriers faced by IBPOC staff and youth as employees and clients, using storytelling as a framework for recommendations.

Conclusion: Relationship and trust are necessary for anti-racism change, as well as humility as we continue our learning journey. Anti-racism work is intentional and requires dedicated funds, resources and time, as well as leadership support, while also embedding the responsibility for change across organizational roles. There are differences in how a centre that provides integrated youth services in a local community engages in anti-racism work, compared to a backbone organization, yet there are multiple similarities, particularly in leadership ownership and dedication to change.

TABLE 8 - CULTURE 1: Cultural Wellness of Equity-Denied Racialized Youth: An Avenue for Mental Health and a Foundation to Justice, Equity, Diversity, Decolonization, and Inclusion

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 731

Mx. Joshua Rasalan (Foundry), Mx. Gurvaan Mann (Foundry), Ms. Seren Friskie (Foundry), Ms. Toni Carlton (Foundry), Ms. Sukhdeep Jassar (Foundry), Dr. Karen Tee (Foundry)

Introduction or rationale

Equity-denied racialized youth are integral to organizational change in justice, equity, diversity, decolonization, and inclusion (JEDDI). This work is intensive, oftentimes demanding mental, physical, emotional, and spiritual labour to be spent. To keep this ongoing change moving forward, these efforts need to have youth be connected with their heritage and culture to maintain their own wellness. For equity-denied racialized youth, especially Indigenous and diasporic youth, cultural wellness is an avenue to mental wellness. Connecting young people with their ethnic communities allows them to understand their ancestral and cultural knowledge and incorporate it into practice. Mental health practitioners and advocates need to be intentional when co-creating spaces with equity-denied racialized youth that roots this work in cultural wellness and community connections.

Objectives

Foundry's Anti-Racism Organizational Change (AROC) team continues their engagement with youth, giving opportunities for young people to be involved in co-creating these spaces. These spaces not only address anti-racism but will also be paired with gatherings that promote cultural wellness and community connections. With racial caucusing, individuals will be able to make connections between their lived experiences as equity-denied racialized youth while sharing their cultural stories and knowledge within these circles. Discussions in these gatherings will identify how young people can connect with their culture and heritage in order to ground their work in JEDDI. With this fostering of cultural wellness, it will promote young people's mental wellness and sustain organizational change in JEDDI.

Methods or approach

As a team of Indigenous, Black, and People of Colour (IBPOC), we will draw on our personal reflections of our own cultural wellness and community connections as well as our experiences in engaging with equity-denied racialized youth. The young people of this team will also incorporate their lived experiences as youth navigating JEDDI work and IBPOC spaces. The work found in academic journals and the wisdom held by cultural knowledge holders will be explored and learned from to understand how connecting to one's culture can promote mental, physical, emotional, and spiritual wellness.

Results or practice/policy implications

Mental health practitioners and advocates need to prevent young people from the fatigue and burnout that is associated with the labour of anti-racism organizational change. Especially within youth mental health organizations, it is necessary that youth also receive fulfillment and not leave without support and care when providing labour related to JEDDI. Particularly within IBPOC-only spaces, bringing our own cultural and ancestral knowledge to the circle is fundamental in grounding ourselves in organizational and societal change. At a micro-mezzo level, young people's mental health will be promoted through cultural wellness which will in turn impact macro level changes in JEDDI.

Conclusion

Settler countries with diverse populations, such as Canada, have Indigenous and diasporic youth who are feeling disconnected from their cultures and ethnic communities, yet who are still active in anti-racism work. By

bridging one's culture and heritage into their involvement with JEDDI, we ensure that youth are able to maintain their wellness through these relations that brings them joy and connection.

TABLE 9 - CULTURE 2: Creating Safety for IBPOC Youth & Moving Towards Anti-Racism in Research: Implementing Learnings From Community-Based Research.

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 706

Mx. Gurvaan Mann (Foundry), Mx. Joshua Rasalan (Foundry), Ms. Seren Friskie (Foundry), Ms. Sukhdeep Jassar (Foundry), Ms. Toni Carlton (Foundry), Dr. Karen Tee (Foundry)

Introduction:

Academic research has often excluded the voices of Indigenous, Black, and/or People of Colour (IBPOC), centering the experiences of white, and western, educated, rich, industrial, and developed (WEIRD) population (Wilson, 2008). When research has incorporated the participation of racialized individuals, it has often been done in an unsafe manner, where data have been weaponized against racialized communities, especially Indigenous communities. Additionally, the impacts of colonialism and racism are often not explicitly acknowledged in research, leaving racialized individuals only having access to academic research that is dismissive of their experiences (Bourabain & Verhaeghe, 2020). The COVID-19 pandemic has also highlighted the lack of intentional and safe inclusion of IBPOC individuals. However, with greater emphasis placed on community-based research, it has allowed for documenting the authentic experiences of inequity of racialized youth, while prioritizing the safety of racialized individuals (Friskie & Minhas, 2021).

Objectives:

Illustrate how the history of racism and exclusion of IBPOC individuals in WEIRD research continues to impact youth in youth mental health research. Identify research practices that allow for the meaningful inclusion of racialized individuals within integrated youth service research.

Methods:

We established safety practices from the teaching of Indigenous research practices from *Research Is Ceremony* by Shawn Wilson, along with academic and community-based literature on racism and the lack of safe inclusion of IBPOC youth in research. Additionally, we consulted with IBPOC youth involved in Foundry central office youth committees to gather greater insight on the way in which racialized youth experience a lack of safety in youth mental health research. We assessed internal practices at Foundry Central, on implementing safety when engaging with IBPOC youth in research.

Results/Policy Implications:

The findings will be shared to inform the current practices in supporting the engagement of IBPOC people in research, allowing for the authentic experiences of racialized individuals being heard. This will support the dialogue of illustrating the various ways safety can be established for IBPOC individuals while allowing for dynamic change.

Conclusion:

The focus of WEIRD research has historically and currently continues to exclude the experiences of racialized communities. Without intentional inclusion and engagement of racialized individuals in research, research continues to engage with racialized youth in a harmful and racist manner. However, with the shift in researchers drawing from community-based principles and becoming willing to implement alternative ways of engaging with racialized individuals in academic research, such as through Ownership, Control, Access, and Possession (OCAP) principles to conduct safer research with Indigenous communities, research can allow for racialized individuals being seen, heard, and authentically represented.

References:

- Bourabain, D., & Verhaeghe, P. (2020). The conceptualization of everyday racism in research on the mental and physical health of ethnic and racial groups: A systematic review. *Journal of Racial and Ethnic Health Disparities*, 8(3), 648-660. <https://doi.org/10.1007/s40615-020-00824-5>
- Friskie, S., Minhas, S. (2021) *The ripple effect: Post-secondary students, systemic inequity, and the COVID-19 pandemic* [Manuscript submitted for publication]. Douglas College.
- Wilson, S. (2008). *Research is ceremony: Indigenous research methods*. Fernwood Pub.

TABLE 9 - CULTURE 2: Anti-Racism in Action: Supporting Systemic Change for Integrated Youth Services

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 412

Ms. Toni Carlton (Foundry), Ms. Sukhdeep Jassar (Fou), Ms. Krista Gerty (Foundry), Ms. Leah Lockhart (Foundry), Ms. Jayde Boden (Foundry Central), Mx. Gurvaan Mann (Foundry), Mr. Raymond Johnson-Brown (Foundry), Dr. Karen Tee (Foundry), Mx. Joshua Rasalan (Foundry)

Introduction: As a provincial network of Integrated Youth Services (IYS) across the province of British Columbia, Canada, Foundry is working towards identifying and addressing systemic barriers, such as racism, colonization and oppression as a backbone organization. Recognizing that youth and family wellness is impacted by racism in multiple ways, including access to care services, a feeling of worth and both implicit and explicit biases of care systems, Foundry is committed to changing the culture of health care management, organizational culture and leadership development to realize better outcomes and safer experiences of care for Indigenous, Black and People of Colour (IBPOC) who access Foundry services, both virtually and in physical spaces.

Objectives: To share learnings, tools and recommendations that support identifying and addressing ways racism is systemically supported in IYS and opportunities for organizational collaboration in response. To underscore the importance of both leader endorsement and appropriate resourcing to realizing an anti-racist workplace that supports knowledge sharing across the network of IYS centres and virtual spaces.

Method or approach: Drawing from work and activities that began in 2020, we will share our journey in identifying and addressing the ways in which racism and oppression are evident in our organizational structures and policies. Alongside this we will offer knowledge and understanding towards the importance of robust youth engagement in anti-racist practice and meaningful ways to include community partners. We will provide practical and achievable recommendations for actions that other health systems and organizations can implement to support anti-racist practice to support youth wellness.

Results for practice/ policy implications: Talking about race, acknowledging the prevalence of racism and the ways in which racism directly impacts wellness has created an organizational culture that is much more attuned to the nuances of young people's identities, the lived experiences of IBPOC youth and families and the serious responsibility of our health care systems to do better. We know IBPOC people experience more harm in accessing care of any kind and for us to disrupt and change that experience for the better, we need to get real in understanding how racism, colonization and other tools of oppression are perpetuated in how we support IYS across the province.

Conclusion: Foundry is uniquely positioned as a leader in IYS in Canada to help inform the ways in which policy, practice and integration of anti-racist practice can be of direct benefit to youth and families accessing Foundry services. Through intentional, collaborative and meaningful commitments and actions we are realizing benefit and better outcomes for youth, families, the network, and ourselves.

TABLE 9 - CULTURE 2: Using Racial Caucusing for Designing an Anti-racist Workplace

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 566

Ms. Sukhdeep Jassar (Fou), Ms. Toni Carlton (Foundry), Dr. Karen Tee (Foundry), Ms. Seren Friskie (Foundry), Mx. Gurvaan Mann (Foundry), Mx. Joshua Rasalan (Foundry), Mx. Al Raimundo (Foundry, 915-1045 Howe Street, Vancouver, BC, Canada, V6Z 2A9), Ms. Kyra Faber (Foundry), Ms. Alaa Akl (Foundry BC)

Introduction: Foundry Central Office (FCO) is the backbone organization of the Foundry network of Integrated Youth Service centres located in British Columbia, Canada. Youth across our network and provincial advisory committees rallied for anti-racism change during the re-emergence of the Black Lives Matter movement in summer 2020. An anti-racism working group formed to support change within FCO and a lead organization in community operationalizing Foundry services. The group discussed racial caucusing (also known as employee resource groups) in the workplace environment. The idea was socialized and used during the anti-racism assessment and drove the need for a training and education process that would use racial caucusing in the design. In racial caucusing, the work of Indigenous, Black, and Persons of Colour (IBPOC) is different than white caucuses. An IBPOC caucus focuses on creating a brave space to talk about and address experiences of racism, unpack internalized oppression and build relationships to support difficult conversations about race in a primarily white-dominated space. A white caucus gathers to create an accountable space to work through barriers that prevent white people from working together towards anti-racism. It provides an opportunity for white-identifying colleagues to unpack power, privilege, and discuss emotions and learning without causing harm to IBPOC colleagues. The learning structure consisted of three online modules, followed by race-based discussions.

Objectives: To design a learning process that engages staff and leaders across the backbone organization to have conversations about race in caucused groups at work; To evaluate the effectiveness of using racial caucusing practices in a work environment.

Method or approach: The design of content and process was made alongside an external consultant and a smaller working group. Anonymous surveys were used throughout the process, together with feedback gathered during the race-based discussions. This information was used to inform next steps in the implementation of further training and caucusing.

Results for practice/ policy implications: The process resulted in several key learnings. Often training modules are used to raise awareness and understanding of unconscious bias and anti-racism. Counter to their intent, attending one-off trainings on unconscious bias or racism tend to lead to increased implicit bias behaviours and actions. This method of ongoing discussions in race-based caucuses in the workplace is an effort to shift social, systemic and institutional power. Fear of divisiveness are often cited as a reason for not going this route; however, we contend that intervening and dedicating time and resources to spaces where groups are separated and meaningfully brought together to discuss race is necessary for change.

Conclusion: In an effort to align our values as a provincial network, we are committed to supporting behavioural changes in staff and leadership. We firmly believe that, as leaders in the health and social services system for youth, our knowledge, reflexivity and actions need to evolve to be more anti-racist, and we are willing to support discomfort with safety in the workplace to achieve our goals.

TABLE 10 - CHILD WELFARE: Exploring the long-term effects on 'left-behind children' from rural China: a qualitative study of lived experiences.

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 435

Ms. Shuhan Dong (University of Leeds), Dr. Siobhan Hugh-Jones (University of Leeds)

Introduction: China's ambition to boost its cities has fuelled a mass migration of workers from rural to urban areas, beginning in the early 2005. Over 200 million parents are estimated to have left their home, and their children, to seek work in Chinese cities in last decade, which resulted in a huge number of children and adolescents remaining in their rural homes to be raised by other local family members or live on their own. Parents are often away for at least 6 months at a time and usually back home once or twice a year. In 2013, the term 'left behind' was coined to describe the 61 million children (LBC) estimated to be living without their parents due to in-country migration. The health, educational and psychological outcomes for this LBC population are slowly attracting research attention, but psychological research has mostly been limited to correlational studies of mental health outcomes in childhood and adolescence. There is a significant gap in our understanding about the breath and nature of experiences of this population, and little is known about the ways that being 'left behind' may shape early adulthood.

Objectives: The aim of this study was to expand knowledge about young Chinese adults who were 'left behind' as children or adolescents, to capture and understand their experiences, and the ways in which their present and anticipations of the future may be shaped by being 'left behind'; also, to raise the voice of these 'invisible people' in China, particularly for those who are suffering as a LBC.

Methodology: Via online interviews, the research would use timeline methodology to interview 20 (18-25yr) young Chinese people who were 'left behind'. Data were analysed using Interpretative phenomenological analysis.

Results: From across the dataset, five major themes were generated 'pulling all the strings – the power of the extended family', 'the power of gifts', 'the meaning of home', 'heroes and villains in their LBC lives', 'emotion, relationship, space, time, and age'. The discussion of results focuses on their experience of being left behind and how they made sense of their LB experience.

Conclusion: Findings suggest that the impact of parental migration on the children is complex and cumulative and being left behind is a dynamic process involving social-, historical and economic contexts of China, rather than a single incident affecting the young person. Findings appeal for greater attention to the well-being of young adults who grew up as a LBC and raise implications for parents on how to manage long-distance relationships with the children. These further suggest that how people can best support LBC without feeling 'left-behind' should be the responsibilities of their families, policymakers, and educational institutions.

TABLE 10 - CHILD WELFARE: Transition Journeys: smoothening the transition to adulthood in young people with intellectual disabilities and psychiatric problems

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 440

Dr. Sophie Leijdesdorff (Maastr), Dr. Claudia Vingerhoets (Maastricht University, Department of Psychiatry and Neuropsychology Maastricht, the Netherlands)

Purpose:

40% of all young people with intellectual disabilities has mental health problems as well; a two- to threefold risk compared young people without intellectual disabilities. Young people with a combination of mental health problems and intellectual disabilities face an extra set of challenges when turning 18. Many of these young people need professional help during their transition to adulthood but different kinds of support are often not well aligned.

The 'Transition Journeys'-project aims to better align different forms of support for young people with mental health problems and intellectual disabilities, and to provide professionals who are working with these young people with tools to better match their specific needs.

Methods

Qualitative interviews with young people with mental health problems and intellectual disabilities (aged 16 - 27), and their parents were conducted. The interview guide was developed with input and feedback from 4 experts by experience. Respondents who were under the age of 18 at the beginning of this study were interviewed twice: once before, and once after passing the age of 18. All participants were asked about what aspects of support were particularly important to them during their transition to adulthood and adult care around the age of 18. In addition to the interviews with young people and their parents, a Delphi-study was conducted among professionals working with young people with mental health problems and/or intellectual disabilities. In a systematic way, knowledge about barriers and determinants of success was obtained by including a broad spectrum of professionals including psychologists, coaches, ortho pedagogues, psychiatrist, and from different fields such as Child and Adolescent Mental Health Services, Adult Mental Health Services, specialized services for people with intellectual disabilities, and educational institutes.

Results & Conclusion

Combining interviewing young people and their parents, and gathering information from professionals working with these young people, provided a broad overview of key factors from different perspectives. Description of these key factors is crucial to determine possibilities and terms for a smooth transition to adulthood, aiming at preventing the development of new mental health problems or the aggravation of existing mental health problems in young people with intellectual disabilities. Results will be used to adjust the free of charge guideline and e-learning 'Transitional coach' for professionals working with young people with intellectual disabilities, and a collection of case studies will be made available i.e. to support theory in education and policy making. First results will be presented at the conference.

TABLE 11 - PSYCHOSIS 2: Cognitive Remediation & Social Recovery in Early Psychosis (CRest-R)- a randomised pilot study

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 350

Ms. Emma Frawley (National University of Ireland, Galway), Prof. Gary Donohoe (NUI Galway)

Background: Psychosis, even in its early stages, is associated with significant disability, causing it to be ranked ahead of paraplegia and blindness in those aged 18-35 in terms of years lived with disability. Current pharmacological and psychological interventions have focused primarily on the reduction of positive symptoms (hallucinations and delusions), with little benefit to domains of psychosis such as cognitive difficulties and social and occupational functioning.

Objectives: The CRest-R study investigates a novel approach to optimising the cognitive and functional benefits of psychological interventions in early psychosis. It involves a multicomponent intervention that combines (a) CRT- a Computerised Interactive Remediation of Cognition- Training for Schizophrenia (CIRCuiTS) with (b) Social Recovery Therapy (SRT). In so doing, the aim is to target both social and occupational functioning and social cognition in young people living with psychosis

The overarching aim of the CRest-R pilot randomised control study is to gather and analyse acceptability and feasibility data to (1) further develop and refine the novel, multicomponent CRest-R intervention (2) investigate the feasibility of delivering and evaluating the intervention in future definitive trials. More specifically, the study objectives include:

- To collect qualitative and quantitative data to assess the feasibility of the intervention with indicators in the areas of process, intervention, and resources.
- To investigate if the CRest-R intervention is acceptable to young people, aged 16-35, who are within the first five years of a diagnosed psychotic disorder.
- To estimate treatment effect size using linear mixed models, thus informing future trial design.

Methods/design: The CRest-R intervention trial is a single center, pilot randomised controlled study based at the National University of Ireland (NUI), Galway. The trial recruits participants, aged 16-35 within the first five years of a diagnosed psychotic disorder, from the Children and Adolescent Mental Health Service and the Adult Mental Health Services. Assessment and intervention is completed by the primary NUI Galway team (trial registration: ClinicalTrials.gov Identifier NCT04273685).

Results/Practice Policy Implications: The CRest-R study will contribute to the cognitive remediation field and the wider field of recovery in early psychosis by exploring the feasibility, acceptability, and effectiveness of this novel multicomponent psychosocial intervention with the hypothesis of a greater impact on social and occupational functioning and social cognition compared to treatment as usual in the target group. Data on feasibility key indicators of intervention delivery will assist in exploring the potential use of the intervention in clinical practice. Data analysis will be finalised and study results will be ready for presentation by the date of IAYMH 2022.

Conclusions : Cognitive remediation training (for improving cognition) and social recovery focused Cognitive Behavioural Therapy, have both separately demonstrated effectiveness. This trial evaluates an intervention

that combines both approaches as part of an integrated, multicomponent intervention that has the potential to be both acceptable to young people and feasible in clinical settings. The results of this pilot study will provide important data on developing an intervention that will contribute to the clinical model model of care for early psychosis.

TABLE 11 - PSYCHOSIS 2: Opening new doors to lived experience partnerships – a youth-led vision for the AEPCC National Lived Experience Network

Friday, 30th September - 16:00: Concurrent 2.6 - Table Top presentations (Nørrebro Runddel Room (Room A))
- Table Top - Abstract ID: 918

Mr. Dean Kolovos (Orygen), Ms. Jo Fitzsimons (Orygen), Ms. Emily Painter (Orygen), Ms. Karine Fernandez (Orygen), Prof. Andrew Thompson (Orygen, Parkville, VIC 3052, Australia)

Introduction: AEPCC is the Australian Early Psychosis Collaborative Consortium, a nationwide platform aiming to catalyse and enhance the research and implementation of early psychosis treatment. Alongside a Clinical Trials & Translation Network and a Clinical Quality Registry, AEPCC has recently expanded with the inclusion of a new and integral arm to the project, a Lived Experience Network (LEN). For clinicians and the research community, the LEN will be essential for identifying priorities and helping set the agenda – for the lived experience community, this represents an essential opportunity to have a say in matters that will impact their lives. The exact structure and modality of the LEN will be decided through a rigorous co-design process, led by members of the lived experience community and with representation from across Australia. It will involve carers, family members, allies, community-advocates and of course, the young people with lived experience who are the heart of AEPCC's work.

Aims & Objectives: this presentation will detail and critically evaluate the co-design of the AEPCC-LEN, while offering broader commentary on best practice youth participation in the early psychosis space.

Methods: convening the AEPCC-LEN will be broken into multiple steps, with the ultimate goal of having a clear structure and actively engaged community by the end of 2023. Stage 1 is currently underway, and involves recruiting young people, carers and community allies to participate in an establishment committee. This establishment committee will meet monthly, and will be the core decision-making body of the LEN. Establishment community members will also be embedded across the governance of AEPCC as a whole. Stage 2 will take place over the next 6 months, and will involve training committee members to equip them to engage in research and policy. Concurrently, the co-design of the LEN will begin, with the goal of developing a collective vision for the AEPCC-LEN. Through co-design, we also aim to identify research priorities, develop a framework for community members to participate in the LEN and explore ways the LEN can authentically engage with marginalised groups. Stage 3 will involve making this vision into a reality, building the LEN community itself, developing a platform for community members to connect, and working on public-facing community awareness projects. As the LEN Coordinator, I approach my work on this project not only as its manager, but as a peer researcher and a member of the lived experience community myself. However, much of the plan outlined is subject to change depending on the needs of the wider lived experience community.

Results & Conclusion: taking place partway through the establishment of the LEN, this presentation will serve as a preliminary assessment on the appropriateness and efficacy of the chosen co-design method, detailing the facilitators and obstacles faced along the way. It will also be an opportunity to share more general insights on how to partner with the early psychosis community in a way that's safe, mutual and constructive for all parties.

Symposium 2.7

Resilience and Promoting Good Outcomes for Young People

Chaired by: Professor Mary Cannon, RCSI University of Medicine and Health Sciences, Ireland and Anurag Nasa Trinity College Dublin, Ireland

Early intervention is a major focus in mental health care but we now need to look earlier to identify the risk and protective factors which can influence outcomes for youth. Resilience has attracted attention in recent years. But is this really the key factor for good outcomes? Can we “deconstruct” the concept of resilience into its core components which may be amenable to intervention?

In this session we will explore the concept of resilience in youth from different perspectives – clinical, lived experience, epidemiological. We kick off the session with Anurag Nasa, a young student from Dublin (age 23). He talks about his experiences of coming to Ireland as a child and settling into new country with a new language. Anurag will explain his theory of “proactive serendipity” which he has found very helpful in allowing him to make the most of his opportunities. Lorna Staines is a young PhD student who will present her findings from a randomised controlled trial of young people in Ireland examining different school-based methods of promoting good mental health. Louise Arseneault from Kings College London will discuss the crucial importance of social relationships for mental health. Daniel Pellen (Australia) is a clinical psychiatrist who will give us his perspective of working with the 12-25 age group and the challenges of devising a new service to suit their needs. Jai Shah (Canada) will discuss new transdiagnostic models for youth mental health care to improve outcomes. Finally Helen Coughlan, clinical research fellow, (Dublin) will discuss the positives of focussing on resilience but also the pitfalls of an overreliance on that concept. This should be a stimulating session which will give rise to lively discussion.

Resilience and Proactive Serendipity: A Perspective on Uncertainty

Friday, 30th September - 16:00: Concurrent 2.7 - Symposium 2 - Resilience and Promoting Good Outcomes for Young People (Øksnehallen Plenary Room) - Symposium - Abstract ID: 966

Mr. Anurag Nasa (Trinity College Dublin)

Oftentimes in life, we can realize that the myriad of decisions we have made in our lifetime have synergized to bring us into the situation we are currently in. A goal in mind is a fantastic way to strive towards a feat, but regardless of whether or not that goal is achieved, the efforts put in are never wasted. Every effort made, whether for a specific purpose or the sake of enjoyment, will lead to a more fortuitous future. A philosophy that I have found useful is that of proactive serendipity, which encourages trying your best in the pursuit of your dreams while remaining open to the new opportunities that knock on your door.

My name is Anurag Nasa, and I am a 23-year-old medical student in the Republic of Ireland. I migrated to Ireland from India when I was nine years old, leaving behind friends and family to begin a new life in a country where I didn't yet understand the language. In facing the challenge of settling in Ireland alongside living at a socioeconomic disadvantage, the philosophy of proactive serendipity ensured I could achieve my goals and make the most of all of the opportunities that came my way.

In my presentation, I will speak more about proactive serendipity, and how it has aided me in achieving my goals in life. I will also talk about how new goals spur from the opportune of prior proactiveness, and the uncertainty which is both exciting and daunting.

School based interventions to promote good mental health in young people

Friday, 30th September - 16:00: Concurrent 2.7 - Symposium 2 - Resilience and Promoting Good Outcomes for Young People (Øksnehallen Plenary Room) - Symposium - Abstract ID: 967

Ms. Lorna Staines (Royal College of Surgeons in Ireland)

Lorna Staines, PhD Candidate, will present a secondary data analysis of the SEYLE study; Examining if school-based interventions can reduce the rates of psychotic experiences (PE) at 3 month and 12 month follow up.

SEYLE is a European wide study (11 countries) aimed at using school-based intervention to reduce suicide behaviour and rates. This study was conducted using only the Irish sites (n = 17) as these sites had measures of PE. All SEYLE sites had one control arm and three intervention arms; 1) Question, Persuade, and Refer, a universal training program for teachers and school staff to recognize suicidal risk behaviours, 2) Youth Aware of Mental health programme (YAM), a universal intervention using interactive training about mental health awareness for all students, and 3) Professional questionnaire screening with referral of at-risk (ProfScreen), a specialised intervention using a general screening tool of psychopathology & risk score and a follow-up invitation to a clinical interview. Those which met criteria were referred to specialised care.

The ProfScreen arm showed significant reductions in rates of PE in the group. Additionally, those with PE showed relative improvement in depression and anxiety scores compared to those without PE in the ProfScreen arm. No other intervention or control arm showed any significant effect on PE rates. This offers the first promising evidence that a school-based screening and referral system may improve PE.

With a little help from my friends – the importance of social relationships

Friday, 30th September - 16:00: Concurrent 2.7 - Symposium 2 - Resilience and Promoting Good Outcomes for Young People (Øksnehallen Plenary Room) - Symposium - Abstract ID: 968

Prof. Louise Arseneault (King's College London)

Positive social relationships are known to mitigate the negative effects of stress on mental health. However, the direction of association between social resources and mental health remains unclear, and it is not known whether higher than average levels of social resources confer additional benefits, in the short and longer term. We investigated the concurrent and longitudinal contribution of higher levels of social resources in reducing the risk of mental health symptoms after exposure to stress at age 45, and to identify life-course precursors of mid-life social resources.

The National Child Development Study (NCDS) is a prospective birth cohort of over 17 000 births in 1958. We tested concurrent and longitudinal associations between different levels of social resources at age 45 and mental health symptoms among individuals exposed to stress and verified whether prior mental health symptoms (age 42) explained these associations. We also tested a range of child, family and adult precursors of mid-life social resources.

Higher than average levels of social resources were required to confer benefits to mental health among individuals exposed to high stress levels, both concurrently at age 45 and in the longer term at age 50. In general, these associations were not attributable to prior mental health symptoms. Key predictors of mid-life social resources included evidence of early sociability. Having a broad network of social ties and better personal support helps individuals withstand exposure to higher levels of stress. Given that sociable children had better mid-life social resources, early intervention may benefit individuals' social resources later in life.

Setting up youth mental health services to promote resilience and good outcomes

Friday, 30th September - 16:00: Concurrent 2.7 - Symposium 2 - Resilience and Promoting Good Outcomes for Young People (Øksnehallen Plenary Room) - Symposium - Abstract ID: 969

Dr. Daniel Pellen (Nepean Blue Mountains Local Health District)

What do young people, aged 12-25, want from a mental health service? It turns out to be different from a Child and Adolescent service or an Adult service.

For too long, young people in this age group have had to make do with services designed primarily for people who were much younger or much older than they are.

It's a well know statistic amongst youth mental health clinicians that in terms of the age of origin of mental illnesses, 75% arise in this age group, but until as recently as twenty years there were no specific youth mental health services. That changed with headspace, in Australia, and in recent years a number a major Australian Government backed inquiries have recommended increased funding and focussing care on the mental health of this age group.

Perhaps the most comprehensive of them, the Royal Commission into Victoria's Mental Health System, has (unusually) had all recommendations fully accepted by the State Government, who have increased funding to unprecedented levels. The Victorian mental health system for young people will be completely reorganised into services caring for 0-11 years olds, and services caring for 12-25. This presents huge challenges, not least of which is workforce supply. It is an enormous challenge, but one at which we cannot afford to fail.

What shape might multi-level next generation early intervention infrastructure for youth mental health take?

Friday, 30th September - 16:00: Concurrent 2.7 - Symposium 2 - Resilience and Promoting Good Outcomes for Young People (Øksnehallen Plenary Room) - Symposium - Abstract ID: 970

Dr. Jai Shah (McGill University)

The advent of novel youth mental health infrastructures provides an opportunity to learn from past experiences in a diagnostically siloed world, and to translate lessons into how next-generation services and systems are designed and develop. Starting with the idea that the experiences of young people are fluid and protean, this talk will discuss the need for an appreciation of *transdiagnostic* care – that is, services that cut across diagnostic silos. It will consider different ways in which supports and services can layer onto each other with the goal of improving immediate outcomes as well as longer-term trajectories.

Resilience – its potential and pitfalls

Friday, 30th September - 16:00: Concurrent 2.7 - Symposium 2 - Resilience and Promoting Good Outcomes for Young People (Øksnehallen Plenary Room) - Symposium - Abstract ID: 971

Dr. Helen Coughlan (Royal College of Surgeons in Ireland)

Although there is no one definition, resilience is a concept that refers to the ability to thrive and increase competence in the face of adversity. With evidence of a bi-directional relationship between resilience and mental health, interest in resilience and interventions that promote resilience have been increasing.

This talk will explore both the potential and the pitfalls of resilience in the context of young people's mental health. Evidence on the role of resilience in supporting and promoting mental health will be highlighted, along with some examples of resilience-promoting interventions. This will be followed by a review of some of the criticisms and concerns that have been identified in relation to resilience, including the resilience paradox, the dark side of optimism and the consequences of becoming too resilient. The concept of toxic positivity will also be addressed.

Jigsaw: Developing a youth mental health service - from innovation to implementation

Saturday, 1st October - 10:30: Concurrent 3.1 Oral - Learning about developing and implementing youth services from 6 countries (Øksnehallen Breakout Room 1) - Oral - Abstract ID: 492

Dr. Joseph Duffy (Jigsaw)

- Introduction

Over the last 16 years, Jigsaw, a charity, has grown to become **the** primary care youth mental health (YMH) service in Ireland for young people. It is the only agency that supports young people's mental health aged 12 to 25. Both online and in our services around the country, advice and support is made available to young people. We give families, educators, and those who support young people's mental health ways to cope and the skills to be there for young people. Using our collective power, knowledge and expertise, we make sure that youth mental health is a national and local priority.

- Objectives

The primary purpose of this presentation is to describe the development of Jigsaw as a community based YMH early intervention service supporting young people, families and communities. The second objective is to engage in discussion about scaling a YMH service and reimagining YMH supports for the coming decade.

- Approach

Aligned with national policy, initial philanthropic funding and committed to youth participation, Jigsaw has developed from a concept to service offerings leading the change in YMH in Ireland and contributing to the field internationally. The developing and testing of innovative ideas, seeking funding to scale and informed by rigorous evaluation has resulted in groundbreaking services and supports now established across 14 centers, offering community and education based programmes, undertaking pioneering research and robust evaluation leading to transformative evidence and respected at a national level across mental health, wellbeing, community and education settings.

- Results or Practice/Policy Implications

So far Jigsaw has supported thousands of young people across Ireland where they live, learn, work and play. Youth informed, community based and evidence led has resulted in a track record of better mental health outcomes for young people and creating supportive communities around them. Jigsaw's work has helped shift the conversation about mental health and embed it in session rooms, online, in classrooms, in lecture halls, on sports grounds, workplaces, at kitchen tables and more.

- Conclusion

The learning gained over the last 16 years in developing and implementing a YMH service in the community will be shared, struggles discussed and directions for the decade to come will be proposed.

Mapping of the provision of mental health services to young people living in a conflict context in Colombia.

Saturday, 1st October - 10:30: Concurrent 3.1 Oral - Learning about developing and implementing youth services from 6 countries (Øksnehallen Breakout Room 1) - Oral - Abstract ID: 791

Dr. Sarah-Jane Fenton (University of Birmingham), Dr. Monica Viviana Pinilla Roncancio (Universidad de Los Andes), Mr. Juan Roberto Rengifo Gutierrez (Universidad de Los Andes), Dr. German Ricardo Casas Nieto (Universidad de Los Andes), Dr. Sanne Weber (University of Birmingham), Dr. Francy Carranza (Universidad de Los Andes), Prof. Paul Jackson (University of Birmingham), Prof. Juan Pablo Aranguren Romero (Universidad de Los Andes)

Introduction or rationale: Colombia is one of the countries with the longest internal and the highest number of internally displaced persons conflict in the world (WHO, 2020). Within Colombia, the context of conflict has shaped social and environmental contexts in complex ways, which have impacted children, adolescents and young people's development and mental health. This presentation will report research findings from a Minister of Science and Technology (Colombia) and Economic Social Research Council Overseas Development Agency (UK) research study mapping mental health resources for young people (0-25yrs) living in a conflict context in the Colombian Pacific Region.

Objectives (of project and/or research): This study is the first of its kind and maps the formal mental healthcare service provision that exists for conflict-affected young people in Colombia at the macro level.

Methods or approach: Empirical research data is drawn from three key sources: a documentary policy analysis (phase 1); qualitative interviews with key policy stakeholders (phase 2); and qualitative mapping of key datasets to understand the provision of children and young people's mental health services in Colombia (phase 3).

Results or practice/policy implications: The empirical evidence analysed is used to map at the national level mental health service provision for young people in Colombia, and also understand the implications for adopting and the need to adapt the Global Framework for Youth Mental Health (WEF, 2020) for armed conflict contexts. The research presented in this article is theoretically underpinned by ecological systems theory (Bronfenbrenner, 1979) and an understanding of the social determinants of mental health (Sturgeon, 2006).

Conclusion: The mapping exercise presents a complex picture within Colombia of limited formal mental health service provision largely located in major cities; the key importance of education providers by absence of links within mental health policy; and a strong emphasis on the differential approach to mental health, with a focus on delivery through communities as well as at the individual level. Key themes that will be discussed in the presentation include: 1) Separate or siloed working between ministries and consequently sectors within territories (i.e. education, health, NGOs); 2) Weak policy implementation, particularly in rural areas or specific regions most affected by conflict; and 3) Inequity of access to and subsequent engagement with mental health services. Ecological systems theory was extremely helpful in understanding the function of the chronosystem (time) in relation to both *intergenerational* and *transgenerational* effects of conflict. We will weave these understandings together to reflect on the WEF (2020) framework and how we might adapt such a policy framework to make it relevant, useful and appropriate for conflict contexts.

Understanding the headspace centre experience of a model fidelity and integrity process - challenges, benefits and learnings for implementation

Saturday, 1st October - 10:30: Concurrent 3.1 Oral - Learning about developing and implementing youth services from 6 countries (Øksnehallen Breakout Room 1) - Oral - Abstract ID: 704

Ms. Ellie Tsiamis (headspace National), Mr. Frank Hughes (headsp), Mr. Nathan Hobbs (headspace National)

Introduction or Rationale

headspace is Australia's National Youth Mental Health Foundation with 145 centres across the country. Services are expected to operate with integrity to the headspace Service Model to provide safe and quality care for young people and their families and friends. headspace has developed a distinct process that assesses for model integrity, with the Centre Manager of each service having a critical role in the process. Hearing the experience of Centre Managers who have been through model integrity assessment provides an important and interesting perspective as part of the assessment process and offers insights into the barriers and enablers for model implementation.

Objectives

This presentation will describe the experience of undertaking the headspace Model Integrity Framework (hMIF) assessment process from a service perspective, with the aim of highlighting how the process can enable practical service improvements that become embedded to improve the quality of care delivered by the service.

Approach

Integrity assessments have been performed with 49 services between April 2021 and March 2022. As part of the assessment approach, services were supported with coaching from the headspace National office in the preparation of evidence documentation, model interpretation and implementation.

In addition, the Centre staff, their governing agency, and their local Youth Reference Group nominees were interviewed by the assessors to provide context and further clarification of submitted evidence.

Centre managers play a pivotal role in the integrity assessment process as they are best placed to understand how the service functions, how it implements the model in practice, and how this can be demonstrated through evidence. They also understand the needs and complexities of their service and provide leadership for change management where required. Hearing the narrative of their experiences of the assessment process and how this resulted in subsequent quality improvements has been a valuable aspect of the evaluation approach.

Practice/Policy Implications

The hMIF assessment approach creates a feedback system between headspace National, the service, its governing agency, and funding agency, to measure and report on model alignment and communicate areas of strength and required improvements. The engagement and participation of Centre managers and their governing agency is a key aspect of the process to support the ongoing implementation of quality improvement and change management. Exploring the experience from a service perspective will highlight benefits, challenges, and lessons learned from the hMIF assessment and model alignment process.

Conclusion

The experience of going through the hMIF assessment process from a health service perspective will provide a valuable insight into the improvements that can be made in relation to how services and funding bodies may go about measuring alignment to youth mental health service models. Further, it informs improvements to continuous model alignment. This is an important process in ensuring the delivery of young person-centred, safe and quality care that meets the needs of young people and their family and friends.

Understanding Actors and channels for youth mental health engagement in Low- and middle-income countries: A mixed method Study

Saturday, 1st October - 10:30: Concurrent 3.1 Oral - Learning about developing and implementing youth services from 6 countries (Øksnehallen Breakout Room 1) - Oral - Abstract ID: 805

Dr. Pavithra Arunachaleswaran (Schizophrenia Research Foundation), Dr. Thara Rangaswamy (Schizophrenia Research Foundation, Chennai), Dr. Vijaya Raghavan (Schizophrenia Research Foundation, Chennai), Mr. Fredric Azariah (Cities Rise), Dr. Moitreyee Sinha (Cities Rise), Dr. Suresh Kumar (Cities Rise), Ms. Hanisha Arulvendan (Schizophrenia Research Foundation), Ms. Sanjana Goutham (Schizophrenia Research Foundation, Chennai), Ms. Priyadharshni B (Schizophrenia Research Foundation), Dr. Shuba Kumar (Samarth)

Introduction:

This study was conducted as a part of Wellcome's new mental health programme strategy that focuses on finding effective, and acceptable ways to prevent, intervene and manage anxiety and depression among young people aged 14 to 24 years. Effective implementation of any intervention targeting the youth, requires an in-depth knowledge and a robust understanding of the trusted actors and channels approached by young people to seek mental health information and support. While 90% of the world's children and adolescents live in low- and middle- income countries, the literary evidence available in this arena from the LMICs is sparse. Hence this study was conducted in 4 country sites in the global south namely India, Kenya, Rwanda and South Africa

Objectives:

The study aimed to understand how young people in low- and middle-income countries (LMICs) access and engage with mental health science through four main research questions:

- What is the perspective of youth on mental health and well-being?
- Which are the consistent actors and channels for youth mental health information and support?
- How much do youth trust different actors or channels and why?
- What are the strengths and weaknesses (and facilitators and barriers to effectiveness) of different actors or channels?

Materials and Methodology:

The study was conducted using sequential exploratory mixed method study design. The qualitative component included In-depth Interviews and FGDs with youth participants in the age group of 15-24 years, recruited by purposive sampling from different settings, namely schools, colleges and workplaces. The data was analysed using thematic analysis approach and the themes that emerged was used to develop the quantitative survey tool which was administered to 1000 participants across the 4 country sites. The quantitative data was analysed using descriptive statistics

Results:

The emergent themes from the qualitative component included understanding of mental health; sources of mental health information; sources of mental health support; challenges and barriers; characteristics of trust (support and information).

The results from the quantitative survey indicated that more than 60% of the youth participants had reported history of emotional difficulties, of which only 30% of them had sought help from mental health professionals. While internet searches (31.2%) and social media (30%) were the most common sources of information across the 4 countries. Friends (22.3%) and close family members (15%) were the predominant sources of support. Mental health professionals were relatively more approached as sources of support in India, than in the other countries (13.7%).

Conclusion:

This study offers insight into the various trusted actors and channels for youth in LMIC setting, for seeking mental health information and support. This study paves way for further research for development and effective implementation of interventions to improve mental health in young people.

An Exploration of Youth, Family & Provider-Identified Solutions to the Canadian Youth Opioid Health Threat

Saturday, 1st October - 10:30: Concurrent 3.1 Oral - Learning about developing and implementing youth services from 6 countries (Øksnehallen Breakout Room 1) - Oral - Abstract ID: 467

Ms. Stephanie Nairn (McGill University), Dr. Patricia Conrod (Department of Psychiatry, University of Montreal, Montreal, QC), Dr. Sherry Stewart (Dalhousie University), Dr. Danya Fast (University of British Columbia), Dr. Rod Knight (University of British Columbia), Dr. Joanna Henderson (Centre for Addiction and Mental Health: Youth Wellness Hubs Ontario), Dr. Lisa Hawke (Centre for Addiction and Mental Health), Dr. Rebecca Saah (University of Calgary)

Introduction:

The global opioid overdose and health crises are multi-factorial phenomena. It has become evident that youth and young adults have been significantly impacted by the opioid crises in North America. Over a recent 5-year period in Canada, young people ages 20-29 had the fastest growing rates of opioid poisonings. The pandemic exacerbated the consequences of the opioid crises in some Canadian provinces among youth. Little is known about opioid-specific treatments for youth and relatedly of how treatments can be improved for young people.

Objectives:

In order to address the youth opioid health threat in Canada and the gaps in knowledge, our project sought to, 1) Characterize the international intervention landscape of opioid-specific services for youth (ages 15-25), 2) Promote prevention and early intervention for youth at-risk of opioid use or currently using opioids and, 3) Develop guidance based on evidence for the treatment of opioid use disorders among youth. Three research questions guided our investigations: 1) What are the promising solutions in place to address opioid use among youth? 2) What are the barriers from a youth perspective to accessing opioid-related services? and, 3) How can services be improved to address youth needs?

Methods:

We developed a four-pronged methodological approach and completed, 1) A scoping review of the scientific literature on treatments for youth with opioid use disorder or who are at-risk for opioid use, 2) Focus groups and interviews with 6 youth populations (N=124), 3) A critical gap survey of (N=154) service providers to understand their opioid-related service needs 4) A pan-Canadian youth summit involving 6 diverse youth populations (N=169) that identified solutions, core values and guiding principles for opioid-related services for youth.

Results:

The scoping review revealed there are few youth-specific opioid-related interventions (N=21/1188 studies were youth-targeted). The treatments we identified focused primarily on men/males, to the exclusion of females/women and other gender diverse youth. Most treatments focused on youth already experiencing opioid dependence with less emphasis on prevention. Few treatments were tailored to youth, with traditional treatments for adults 'mapped onto' youth. Retention is still a barrier to youth success in opioid-related treatments. Thematic analyses of the focus groups, interviews and youth summit revealed several cross-site themes regarding how to improve opioid-related treatments across diverse youth populations such as, desires for non-judgmental and non-stigmatizing relationships with healthcare providers, the provision of psychosocial adjuncts to pharmacological treatments, and the development of continuums of care for youth. The survey highlighted the fractured continuums of care for youth, a lack of available and accessible services, a need for youth-tailored services, including those that target polysubstance use.

Conclusions:

There is a dearth of evidence for the treatment of opioid use among young people. Our research was premised on a commitment to youth inclusion and was successful in engaging youth and in the provision of information about opioids and opioid use treatments. Canadian youth, families and providers shared several similar pragmatic and actionable suggestions for how to improve opioid-related services and mitigate the impacts of the opioid overdose and health crises.

Developing a 0-25 mental health service model - the experience of Forward Thinking Birmingham

Saturday, 1st October - 10:30: Concurrent 3.1 Oral - Learning about developing and implementing youth services from 6 countries (Øksnehallen Breakout Room 1) - Oral - Abstract ID: 709

Ms. Elaine Kirwan (Forward Thinking Birmingham, Birmingham Women's and Children's NHS Foundation Trust), Ms. ZeZe Sohawon (Forward Thinking Birmingham, Birmingham Women's and Children's NHS Foundation Trust), Dr. Paul Patterson (Forward Thinking Birmingham (NHS))

Introduction

Mental health services in the UK have been under pressure to respond to rapidly increasing needs of children & young people (CYP) with one in six children aged 5-16 and over 27% of young women 17-22 having a probable mental disorder alongside substantial growth in referral numbers and acuity of symptoms following the Covid-19 pandemic onset. Despite the known risks of disruption to young people's care in transitioning from child to adult services, few providers in the UK have taken up the challenge to extend across the 0-25 or 12-25 age range. However with current calls to enable better integration and easier access to community health services for young people it would appear the rationale and opportunity to do so has never been greater. We describe some of the challenges and lessons learned along with practice examples from the initial 6 years of activity in the UK's first 0-25 years service – Forward Thinking Birmingham.

Objectives

An overview of the commissioning and operationalisation of Birmingham's 0-25 mental health service with description of key experiences and learning from the point of commission to the currently evolved model. We will frame the presentation within three perspectives: 1. an overview of the setting, partnership care model, core principles and systemic challenges; 2. a description of users of the service, presenting issues, innovative community prevention teams and partnership working; 3. The model from a young person's perspective with insight into the work and activities of the co-production group 'Think4Brum'.

Approach

Challenges described include workforce development in a context of national staffing shortages; managing increasing complexity and acuity of children and young people at presentation to services; decommissioning of alternative support infrastructure and impact of the Covid-19 pandemic. Learning includes initiation of preventative outreach and community drop-in services; building of effective partnerships; support, advice and involvement from our young experts by experience participatory team and effective navigation of complex system interfaces in a context of ongoing change.

Implications

In the face of ever-increasing challenges to CYP MH service providers and urgent directives for effective integration and system transformation we provide some key lessons, examples of innovative practice and recommendations for developing holistic 0-25 service models from the first six years of activity of a large urban collaborative model in the UK.

Conclusion

The increasing demands on mental health and wellbeing support for CYP alongside greater understanding of the onset and natural course of youth mental health difficulties make effective adaptation of service models a current policy imperative in many regions. We describe learning, provide examples and offer recommendations from the experience of the first whole-systems 0-25 youth mental health approach in the UK.

[If a lightening presentation - all 3 authors - with one a young person - are able to present for 5-7 minutes each on different aspects of this presentation]

Social determinants and youth mental health: A Canadian study of youth at ACCESS Open Minds

Saturday, 1st October - 10:30: Concurrent 3.2 Oral - Learning from data about youth services in varied contexts (Øksnehallen Breakout Room 2) - Oral - Abstract ID: 951

Dr. Valérie Noel (Douglas Research Center, Institut universitaire en santé mentale Douglas), Dr. Ashok Malla (McGill University), Dr. Patricia Boksa (McGill University), Mr. Bilel Mansouri (Douglas Research Center, Institut universitaire en santé mentale Douglas), Dr. Srividya Iyer (McGill University)

Introduction: Limited availability of services and complex referral pathways continue to impede youth access to mental health services, especially for youth groups at risk of marginalization. ACCESS Open Minds aimed to transform this situation by establishing a network of youth-friendly, community-based mental health programs, located in varied contexts across Canada, for youth ages 11 – 25 years. **Objectives:** This project aims to (1) describe the youth seeking mental health services at ACCESS Open Minds sites; (2) identify the social determinants associated with mental health problems, distress, social/occupational challenges, suicidal ideation, and substance use; and (3) determine the risk factor for these problems based on the social determinants. **Methods:** 5,259 youth seeking services from 14 ACCESS Open Minds sites completed self-report measures of mental health, distress, and suicidality. Clinicians assessed youth's mental health problems, substance use, and social/occupational challenges. To identify the social determinants, we used six binary logistic regression models to predict mental health problems, distress, social/occupational challenges, suicidal ideation, and substance use, using nine sociodemographic characteristics. **Results:** A large percentage of youth seeking services had difficulty meeting their basic needs (40%), were sexual minorities (36%), had fair/poor physical health (31%), were not in employment, education or training (NEET; 32%), were visible minorities (24%), and were Indigenous (29%). Presenting concerns included anxiety (72%), depression (51%), stress (50%), and substance use (26%). Youth who lived in an urban environment, had difficulty meeting basic needs, or belonged to a sexual minority, were more likely to present with moderate to severe problems. Youth who were NEET were likely to present with moderate to severe mental health problems (OR=1.78), social/occupational challenges (OR=3.40), suicidal ideation (OR=1.46), and have substance use concerns (OR=1.78). Youth who lacked a reliable adult were likely to report poor mental health (OR=2.43) and very high distress (OR=2.07). Youth who belonged to a gender minority were also likely to report very high distress (OR=2.52). Cis-women were more likely to present with moderate to severe mental health problems and report very high distress, whereas cis-men were more likely to have social/occupational challenges and misuse substances. Youth with four or more social determinants were between 4.2 and 24.5 times more at risk for severe problems. **Conclusion:** Youth accessed program sites from diverse backgrounds and with varied concerns, across the full range of mental health problems and challenges. Identifiable sociodemographic characteristics increased the risk of youth presenting with moderate/severe distress, mental health problems, social/occupational challenges, suicidal ideation, and substance use concerns. Our findings have implications for optimizing prevention, early identification, and intervention efforts.

Testing a transdiagnostic approach to the delivery of CBT for common mental health problems in youth: 3-year follow-up of the Mind-My-Mind randomized trial

Saturday, 1st October - 10:30: Concurrent 3.2 Oral - Learning from data about youth services in varied contexts (Øksnehallen Breakout Room 2) - Oral - Abstract ID: 880

Prof. Pia Jeppesen (Child and Adolescent Mental Health Services, Region Zealand, Denmark), Ms. Ditte Vassard (Child and Adolescent Mental Health Services, Capital Region, Denmark), Mr. Rasmus Trap Wolf (Child and Adolescent Mental Health Services, Capital Region, Denmark), Prof. Robin Christensen (Section for Biostatistics and Evidence-Based Research, The Parker Institute, Bispebjerg and Frederiksberg Hospital, Copenhagen, Denmark), Ms. Sabrina Mai Nielsen (Section for Biostatistics and Evidence-Based Research, The Parker Institute, Bispebjerg and Frederiksberg Hospital, Copenhagen, Denmark), Prof. Kerstin Plessen (Division of Child and Adolescent Psychiatry, Department of Psychiatry, Lausanne University Hospital CHUV, Lausanne, Switzerland), Prof. Niels Bilenberg (Department for Child and Adolescent Psychiatry, Mental Health Services in the Region of Southern Denmark, Odense, Denmark), Prof. Per Hove Thomsen (Research Center at Department for Child and Adolescent Psychiatry, Aarhus University Hospital, Skejby, Denmark), Prof. Anne Katrine Pagsberg (Child and Adolescent Mental Health Services, Capital Region, Denmark), Prof. Christoph Correll (Feinstein Institute for Medical Research, Center for Psychiatric Neuroscience, Manhasset, New York, United States)

Introduction

Early psychosocial treatment of youth mental health problems is key to prevention of more severe psychopathology later in life. Many psychosocial interventions, particularly cognitive-behavioral therapies (CBT) targeting specific emotional or behavioral disorders, have demonstrated small-to-moderate effect sizes. These CBT programs usually include ‘common elements’ applicable across a range of diagnoses. Still, there is a lack of wide-scale dissemination of evidence-based psychotherapies for youths. Youths’ access to care is limited and often delayed for several years after onset of impairments. These challenges have inspired us to develop and evaluate a transdiagnostic approach to the delivery of CBT for common mental health problems.

Objectives

This presentation will update previously reported results of a randomized trial of modular and flexible CBT (Mind My Mind [MMM]) compared to management as usual (MAU) in 396 youths with new follow-up data approximately 3 years after end of treatment.

Methods:

This pragmatic, multi-site, randomized clinical trial (RCT) of MMM compared to MAU for youths aged 6-16 years with anxiety, depressive symptoms, or behavioral problems was conducted from September 7, 2017, to August 28, 2019 in Denmark. Youths were randomized (1:1) to MMM (9-13 sessions of CBT) or MAU (community care enhanced by two care coordination visits). The primary outcome was the youth’s distress and impact of mental health problems (parent-reported) using the Strengths and Difficulties Questionnaire (SDQ)-impact score (range=0–10 points). All outcomes were assessed in the intention-to-treat population at week 18 (end-of-treatment), and maintenance effects were explored at week 26 and approximately at 3 years.

Results:

Altogether, 396 children (age=10.3 ±2.4 years, 48% females) were randomized to MMM (n=197) or MAU (n=199). The primary outcome measure was collected at week 18 for 177 (89.8%) in MMM, and 167 (83.9%) in MAU. The primary outcome measure was available at the 3-year follow-up for 136 (69%) in MMM and 118 (59%), assessed together with other questionnaire data. We previously reported that the SDQ-impact score showed superiority of MMM compared to MAU (between-group difference =1.10; 95% confidence interval (95%CI) =0.75-1.45, p<0.001) at week 18 (end of treatment), and this effect was largely maintained at week 26. The effectiveness of MMM versus MAU was supported by net benefits in a wide range of measures of emotional and behavioral

symptoms, daily and social functioning, and school attendance, at week 18 and week 26. There were no harms. The results will be updated with preliminary data from the questionnaire- and register-based 3-year-follow-up of the 396 youths in the trial.

Conclusions:

The transdiagnostic CBT-program (MMM) outperformed usual care (MAU) at end of treatment and 8 weeks after treatment in the community setting. This study of the long-term effects of transdiagnostic modular and flexible CBT will contribute knowledge with importance for future dissemination of early intervention and prevention programs targeting the increasing global burden of mental health problems in youths.

ClinicalTrials.gov Identifier: NCT04804917 (3-year follow-up); NCT03535805 (Mind-My-Mind RCT).

Keeping therapy on track: measuring young people's outcomes and session experiences

Saturday, 1st October - 10:30: Concurrent 3.2 Oral - Learning from data about youth services in varied contexts (Øksnehallen Breakout Room 2) - Oral - Abstract ID: 475

Prof. Debra Rickwood (headspace), Mr. Nic Telford (headspace)

Introduction: headspace (Australia's National Youth Mental Health Foundation) is committed to improving young people's mental health by prioritising their views and experiences. Measurement informed practice, through routine outcome monitoring on a session-by-session basis, is an evidence-based practice to keep therapy on track to address young people's needs. Yet, there is a lack of measures designed specifically for those aged 12-25 and appropriate for the diverse range of mental health presentations at headspace. In response, headspace has worked with young people and their service providers to develop and implement two brief (5-item) self-report scales:

- MyLifeTracker (MLT) – assesses young people's quality of life outcomes across five domains identified as important to young people: general wellbeing, day-to-day activities, relationships with friends, relationships with family, and general coping.
- My headspace Experience (MhE) – assesses young people's experience of their service session, whether they feel: listened to, understood, involved in guiding their treatment, more hopeful, and that things have improved in their lives.

Objectives: This paper will present recent data from MLT and the first data on MhE. We will show the impact of headspace services on young people's quality of life and provide the first analysis of their experiences of headspace services, and the factors associated with positive experiences and outcomes.

Methods: Data were collected via the headspace centre service minimum data set from over 50,000 young people who received mental health services over a 12-month period in 2020/21. We analyse MLT and MhE data pre, during and post service, and used demographic, referral and service data to understand the factors impacting a young person's experiences and outcomes.

Results: MLT has been shown to be a sensitive measure of change in a young person's quality of life and we continue to see positive outcomes with just under half reporting significant improvements during their episode of care. These results are consistent across age and gender and greater initial engagement results in greater improvement.

Young people's service experiences explored through MhE were very positive overall, and this was evident across all five items. The most positively rated item was feeling listened to and understood. While there were generally no demographic differences in service experience for most groups, there were clear age differences, with those aged under 18 reporting significantly lower scores than those aged 18 years or older.

Conclusion: headspace has published MLT and it is being used internationally to track young people's outcomes; we have recently implemented MhE to determine young people's experiences of their therapy sessions. Our results provide good evidence that young people accessing headspace services are having a positive experience of service that results in improvements in their quality of life. The responses to both of these scales are made available to clinicians in real time so they can be used to inform and improve services through measurement based practice; this seems to be making a real difference to the mental health of young people through the positive service experience and good quality of life outcomes being achieved.

Examining predictors of reliable reduction in distress among young people engaging with Jigsaw for a brief intervention

Saturday, 1st October - 10:30: Concurrent 3.2 Oral - Learning from data about youth services in varied contexts (Øksnehallen Breakout Room 2) - Oral - Abstract ID: 662

Mr. Joe Rossouw (Jigsaw, The National Centre for Youth Mental Health), Dr. Eleanor Carey (Jigsaw, The National Centre for Youth Mental Health), Ms. Elizabeth Doyle (Jigsaw, The National Centre for Youth Mental Health), Ms. Anna Blix (Jigsaw, The National Centre for Youth Mental Health), Dr. Ailbhe Booth (University College Dublin and Jigsaw, The National Centre for Youth Mental Health), Dr. Aileen O'Reilly (University College Dublin and Jigsaw, The National Centre for Youth Mental Health)

Background

Most mental health difficulties originate in adolescence and young adulthood, making this a crucial time for early intervention. There is a need to ensure that programmes providing support to young people are effective in promoting positive mental health outcomes. Previous research has indicated that at least half of young people receiving a mental health intervention do not show reliable improvement in clinical outcomes at intervention end, but very little has been published on what factors are associated with reliable improvements. Understanding the individual and service-level factors that influence reliable improvement is an essential step to inform youth mental health service developments to best suit the needs of young people seeking help.

Objective

The aim of this study was to examine the factors associated with a reliable reduction in distress among young people attending brief intervention services delivered by Jigsaw – The National Centre for Youth Mental Health. Jigsaw is a primary care youth mental health service that provides online and community mental health supports to young people aged 12-25 years experiencing mild to moderate mental health difficulties.

Method

Participants were 4,025 young people who engaged with Jigsaw's brief intervention service between January, 2017 and December, 2019. Distress was measured using the YP-CORE for 12-16 year olds and the CORE-10 for those aged 17-25, reliable improvement was calculated using a Reliable Change Index of at least 6 points. Explanatory variables including gender, age, initial distress, wait time, length of intervention and source of referral were examined. A Poisson regression model was used to estimate crude and adjusted risk ratios.

Results

The model showed the strongest significant association between initial distress and reliable improvement. Those with the highest level of initial distress were over 200% more likely to achieve reliable improvement compared to those with the lowest (aRR: YP-CORE=334.3; CORE-10=329.4). For the YP-CORE, wait time was significantly associated with reliable improvement, those who waited over 60 days were 13% less likely to improve compared to those waiting 30 days or less (aRR: 87.0). Intervention length was also significantly associated with reliable improvement, with those attending 1-5 sessions over 10% more likely to improve than those attending 6-8 sessions (aRR: YP-CORE=110.5; CORE-10=117.3). Finally, males showed less reliable improvement than females on the YP-CORE, however this association was no longer significant when controlling for baseline distress.

Conclusions

These findings provide an insight into the factors associated with reliable improvement in youth mental health services. This study shows that both individual as well as contextual factors are related to reliable improvement outcomes. Notably, limiting wait-times may be an important structural intervention that could result in improved outcomes for young people. Furthermore, many young people achieve positive outcomes from only a small number of sessions. It may also be necessary to rethink how we measure outcomes with young people with low distress as they are far less likely to see a reliable improvement.

YouthCan IMPACT: A pragmatic randomized controlled trial of a youth co-created model of integrated service delivery to address youth mental health and substance use challenges

Saturday, 1st October - 10:30: Concurrent 3.2 Oral - Learning from data about youth services in varied contexts (Øksnehallen Breakout Room 2) - Oral - Abstract ID: 801

Dr. Joanna Henderson (Centre for Addiction and Mental Health: Youth Wellness Hubs Ontario), Mx. Jackie Relihan (Centre for Addiction and Mental Health Youth Engagement Initiative), Mx. Mahalia Dixon (Centre for Addiction and Mental Health), Dr. Amy Cheung (University of Toronto), Dr. Kristin Cleverley (University of Toronto), Dr. Claire de Oliveira (Centre for Addiction and Mental Health), Dr. Lisa Hawke (Centre for Addiction and Mental Health), Dr. Clement Ma (Centre for Addiction and Mental Health), Dr. Myla Moretti (The Hospital for Sick Children), Mr. Di Shan (Centre for Addiction and Mental Health)

Introduction: Approximately 20% of youth experience significant mental health and/or substance use problems and the majority do not receive timely access to effective, evidence-based services. To address this long-standing service problem the YouthCan IMPACT team, including researchers, youth with lived and living expertise of mental health and/or substance use concerns, caregivers with lived and living expertise, and service providers co-created an integrated model of service delivery: the Integrated Collaborative Care Team. This model was purpose-built to address system gaps by providing rapid access to evidence-based services offered in youth-friendly community-based settings. The model was also designed to reduce transitions by co-locating a range of mental health, substance use, health, and social services and by eliminating the usual transition to adult services required at 18 years old. Service components reflecting the specific contributions of youth team members include walk-in availability of brief intervention services, peer support, and care navigation.

Objectives: This study examines the benefits of the Integrated Collaborative Care Team model for adolescents with mental health and/or substance use difficulties, as compared to hospital-based outpatient psychiatric services. Outcomes under examination include clinical outcomes, service experience and system outcomes.

Methods and analysis: The YouthCan IMPACT team used a pragmatic randomised controlled trial design, to examine outcomes associated with the Integrated Collaborative Care Team model as compared to treatment as usual as offered by hospital-based outpatient psychiatric departments. Youth aged 14 to 18 years old were recruited at entry points at the five participating hospitals. The primary outcome variable, as selected by the youth team members, is youth functioning, as measured using the Columbia Impairment Scale. Secondary outcomes include symptom reduction, youth and family service experience and satisfaction, empowerment, and engagement, as determined by youth team members. Outcomes were measured at baseline, and at 6-months and 12-months post-randomization. Descriptive statistics were used to examine the balance of baseline participant characteristics between blinded treatment arms.

Results: In total N=247 adolescents enrolled in the YouthCan IMPACT study. Among participating adolescents, 157 (63.6%) identified as female, 85 (34.4%) identified as male, and 5 (2%) identified as non-binary, gender-diverse or another gender identity. Adolescent participants were distributed across the age range of interest (14 – 18 years at baseline). Most (95.5%) participants were full-time students and the majority (64.4%) of participants did not report employment. Most youth (85.8%) were born in Canada. A subset of participants have a caregiver participant in the study (N=189). Caregivers primarily identified as female (89.4%). No substantial imbalances were identified between blinded treatment groups. Analysis of the primary and secondary outcomes are in progress.

Conclusion: It is feasible to co-create and implement intervention studies with rigorous designs. The Integrated Collaborative Care Team model has potential to address youth mental health and substance use system gaps.

What works in implementing learning health systems to improve youth mental health services?

Saturday, 1st October - 10:30: Concurrent 3.2 Oral - Learning from data about youth services in varied contexts (Øksnehallen Breakout Room 2) - Oral - Abstract ID: 961

Dr. Amal Abdel-Baki (Department of Psychiatry, University of Montreal, Montreal, QC, Canada), Dr. Manuela Ferrari (McGill University), Dr. Srividya Iyer (Douglas Mental Health University Institute; Department of Psychiatry, McGill University)

Although models of integrated youth mental health services have been shown superior to standard treatments for access to services and engagement of young people, they are unevenly deployed across different countries and regions, or are not available to all patients.

A significant proportion of youth do not engage in services, since they do not meet their needs. Clinicians remain for many passionate, dedicated but often overwhelmed.

The necessary transformation of services to become more relevant to the times, the science and the youth needs, can be facilitated by rapid learning health systems (RLHS).

With the overarching goal of improving patient care quality and satisfaction, adherence to core components of care models, and informing local and provincial decision-making, a RLHS uses technology for real time monitoring of services and their impact on patient health, outcomes and satisfaction. It collects data continuously and provides real-time electronic personalized feedback showing the progress of a program over time and comparing it to the average of all or similar programs, with comments and suggestions for improvement.

It is built and functions in collaboration, at all stages, with all key stakeholders (clinicians, patients and their families, researchers, decision-makers), and resources in the natural environment offering support and training. It offers continuing education activities and new clinical tools adapted to the evolving needs of the programs as identified by the RLHS. They are offered notably through an electronic platform integrated into the RLHS but above all within a stimulating community of practice. Then the cycle continues by re-measuring the same indicators to determine which areas have improved and which areas need further change.

Ultimately, the RLHS can increase the capacity mental health services to provide evidence-based care, monitor their performance, set targets for improvement, make decisions at the local and provincial level, and develop collaborative learning and multi-stakeholder interactions.

In this presentation, we will share our experience in deploying a RLHS for first episode psychosis in 11 early intervention services for psychosis (EIS) in Quebec, Canada (www.SARPEP.ca), within a 2 years pilot project which demonstrated the feasibility implementing a RLHS and its acceptability. Beyond reflecting on the value of RLHS for youth mental health services, we will discuss the successes and challenges encountered in this adventure.

Guided by the RE-AIM (Reach, Effectiveness, Adoption, Implementation, Maintenance) framework, we will present quantitative and qualitative data on the reach, effectiveness, adoption, implementation, and maintenance which were collected through the RLHSQ (quantitative) and focus groups (qualitative) to evaluate the impact of the SARPEP RLHS project. Qualitative data will be presented, focusing on the ability of the RLHS to promote evidence-based care and quality care in EIS (Effectiveness); the feasibility of EIS programs to integrate

indicators/digital data into routine care (e.g., attitudes about data collection), and the ability of the RLHS to foster a learning community in EIS programs (Adoption); feasibility of implementing the RLHS in EIS looking at facilitators and barriers to implementation (Implementation) and ability of EIS programs to continue to collect data and sustaining mutual learning, and innovation (Maintenance).

How do Indigenous Australian Young People Define and Experience Life Interference?

Saturday, 1st October - 10:30: Concurrent 3.3 Oral - Reimagining culture as care in youth mental health (Øksnehallen Breakout Room 3) - Oral - Abstract ID: 413

Ms. Maddison O'Gradey-Lee (Black Dog Institute)

Indigenous young people report higher levels of psychological distress than non-Indigenous young people, with up to three in 10 Indigenous young people rating high to very high levels of distress from mood or anxiety symptoms compared to 13% of non-Aboriginal people. The symptoms associated with anxiety and depressive disorders can cause significant life interference for youth and their parents. Life interference is the ways in which symptoms impact a young person's life such as their participation in school, the quality of their relationships and so on. Although there are multiple validated measures for assessing anxiety and depressive symptoms and disorders in the general population, there are only a few culturally validated measures to assess Indigenous young people, none of which focus on life interference. Further no research has examined how life interference is defined culturally and what areas it significantly impacts Indigenous young people lives. Thus, current data on the prevalence of mental health may not accurately reflect true prevalence of mental ill-health, nor the impact it has on young people's lives. The present study aims to gather an understanding of what life interference from internalising disorders means in the cultural context of Indigenous Australia. 30 Aboriginal and Torres Strait Islander young people with anxiety and/or depression, their carers and service providers will be interviewed. Data will be analysed using reflexive thematic analysis.

Navigating Mental Health Services for Indigenous Youth Who Live On and Off Reserve: How Being a Youth Advisory Member for Integrated Youth Services Changed our Lives

Saturday, 1st October - 10:30: Concurrent 3.3 Oral - Reimagining culture as care in youth mental health (Øksnehallen Breakout Room 3) - Oral - Abstract ID: 449

*Dr. Joanna Henderson (Centre for Addiction and Mental Health: Youth Wellness Hubs Ontario), Mx. Devon Walpole (Youth),
Mx. Melody Recollet (Youth)*

Introduction: Youth who live on and off reserve face similar but unique barriers and struggles accessing supports for their mental health and wellbeing. The impact of the Covid-19 pandemic, long wait-lists, transportation, a lack of culturally appropriate services, a lack of Indigenous service providers, and the effects of intergenerational trauma are just a few of the barriers youth face when seeking help for their mental health. Creating a foundation of both formal and informal support systems can help Indigenous youth be resilient and thrive.

Objectives (of project/research). This presentation will be delivered by two Indigenous youth with lived experience who want to share their stories about living on and off the reserve. Their stories will discuss how they have overcome barriers to accessing services for their wellbeing, and how being an active member on a provincial Indigenous Youth Advisory Committee for Youth Wellness Hubs Ontario has changed their lives.

Methods or approach: This presentation will share the personal stories of two Indigenous youth who have overcome significant challenges by creating formal and informal support systems in their lives.

Results or Practice/Policy Implications: The youth delivering this presentation hope to help other youth, service providers, and professionals through their stories of remarkable resilience and change.

Conclusion: Celebrating the voices, experiences, and stories of youth is instrumental in their journey of development and growth.

A Review of Cultural Connection as an Active Ingredient Affecting Anxiety and Depression in Young People

Saturday, 1st October - 10:30: Concurrent 3.3 Oral - Reimagining culture as care in youth mental health (Øksnehallen Breakout Room 3) - Oral - Abstract ID: 949

Dr. Nicole D'souza (Institute of Family and Community Psychiatry), Ms. Negin Zamani (McGill University), Ms. Hani Rukh E Qamar (McGill University), Mx. Tommy Akinnawonu (.), Ms. Kathryn Cruz (.), Ms. Amanda Dennie (.), Mx. Angelo Luu (.), Dr. Jaswant Guzder (McGill University), Dr. Srividya Iyer (McGill University)

Introduction: The purpose of this study was to investigate how young people's connection to 'culture' can be used as an active ingredient in the treatment and prevention of anxiety and depression in youth. A person's culture, or the ways by which they connect to culture, also known as cultural connection relates to the dimensions of an individual's identity, including their worldview, sociocultural background, collective histories, language, and religion. Previous research has shown significant correlations between youth engagement with their culture and improved mental health outcomes. Connecting to one's cultural resources can be especially important during the adolescent years to secure cultural identity, healthy relationships, a sense of belonging and well-being.

Objectives: (1) To identify the elements of cultural connection that affect anxiety and depression in young people (14-24 years old); (2) to understand how different elements of culture contribute to improving mental health outcomes for young people with depression and anxiety, and in which contexts these elements are most effective.

Methodology: The team conducted a narrative review of the literature on cultural connection, focusing on studies that would inform mental health interventions of anxiety and depression in youth. We identified 2,088 papers for screening, and of these 47 studies were included in the review. To ensure the outcomes of the review were meaningful, we partnered with youth (n=5) as co-researchers, integrating diverse forms of knowledge, drawing inferences from both, the scientific literature and from youths' lived experiences. The Youth Advisory Committee (YAC) met weekly over the course of 6 weeks to organize and interpret the results of the narrative review.

Results: Results from the review revealed the difficulty of defining cultural connection systematically across studies, as the construct is difficult to detangle from markers such as race, traditional practices and context. The results also indicate that cultural factors at the individual, familial and community level work together in complex relationships to reduce symptoms of anxiety and depression and create environments that support youth wellbeing. Cultural connection was also seen in the close links between individual identity and engagement in spiritual and religious activities. Several studies linked religious or spiritual identity to collective identity, which was associated with a decrease in depressive symptoms, and an increase in individual levels of psychological wellbeing, self-esteem and identity formation. Consultations with the YAC further delineated the importance of ethnic, religious, and familial identity as significant and positive factors relating to collective identity and well-being. Yet, the YAC also stressed the importance of examining the root causes of certain cultural factors such as colonialization, oppression, historical trauma, stigma, cultural gatekeeping (e.g., perceived rejection by members of the heritage culture), that could negatively impact youth mental health.

Conclusion: There is a need to deconstruct the complex contextual and relational aspects of culture in mental health interventions given a particular place, time, and population group. Researchers, mental health professionals and treatment providers are encouraged to work together to make further inroads into expanding the study of culture-based interventions from multiple perspectives and locations.

A narrative synthesis of the processes and determinants effecting the mental health of adolescents from ethnically and culturally diverse backgrounds.

Saturday, 1st October - 10:30: Concurrent 3.3 Oral - Reimagining culture as care in youth mental health (Øksnehallen Breakout Room 3) - Oral - Abstract ID: 633

Ms. Alanna Donnelly (University College Dublin), Dr. Dorothy Leahy (University College Dublin), Prof. Barbara Dooley (University College Dublin)

Rationale: Ethnicity has been central to intersectionality research and advocacy. As both an aspect of personal identity and a complex social category, ethnicity is embedded within contexts and processes through which an adolescent develops with implications for developmental and mental health outcomes. Objectives: The present systematic review aimed to explore lived experiences of mental health of adolescents from ethnically and culturally diverse backgrounds in developed countries, through their own voices with reference to the Process-Person-Context-Time (PPCT) developmental model. Methods: Qualitative studies from both academic and non-academic sources published in English from 2000 were sourced from databases, and internet searches. Seventeen studies meeting eligibility criteria were identified, which were assessed for quality and bias. A narrative synthesis involving deductive and theoretically inductive methods was conducted. Results: Synthesised findings highlighted the multisystemic contexts in which adolescents from ethnically and culturally diverse backgrounds were situated and revealed risk and protective effects of processes and determinants on mental health outcomes within these systems. Adolescents identified variations in cultural norms, discrimination, social inequalities, and interpersonal conflicts, as risks to their mental health. The protective effects of connection in proximal contexts such as family and school, and adolescents' personal strengths and resources, emerged as salient. The systematic review elicited findings regarding adolescents' experiences with mental health professionals and services, with adolescents emphasising the importance of sensitivity and understanding of, and a sense of trust in, professionals and services. Conclusion: Limitations to examining studies with adolescents from a variety of backgrounds included the breadth and complexity of ethnicity and culture. Cognisant of this, the study centralised the lived experiences of mental health shared by adolescents in the studies and identified both similar and nuanced processes and determinants impacting the mental health of adolescents from ethnically and culturally diverse backgrounds. These included cultural variations in understanding of mental health, experiences of discrimination and inequality, and connected versus conflictual interpersonal relationships. Findings also provide considerations for research, practice and policy for meeting the mental health needs of adolescents from diverse backgrounds.

allcove ACCESS Project: Anti-Racist, Culturally-Minded Community Education, Support, and Services

Saturday, 1st October - 10:30: Concurrent 3.3 Oral - Reimagining culture as care in youth mental health (Øksnehallen Breakout Room 3) - Oral - Abstract ID: 908

Ms. Ana Lilia Soto (Stanford Center for Youth Mental Health Wellbeing), Ms. Samskruthi Madireddy (Central allcove Team Youth Advisory Group), Ms. Shravanti Shankar (allcove Youth Advisory Group alumni), Ms. Shirley Mak (Stanford Center for Youth Mental Health Wellbeing)

With COVID-19 exacerbating inequities among communities of color and calling attention to racial injustice, listening to diverse community voices is more important than ever. For many youth, the effects of racism and isolation have led to a growing mental health epidemic. To facilitate mental health spaces that feel safe and inclusive for all youth, youth voices need to be central in developing and implementing antiracist policies and practices. Through the ACCESS (Anti-Racist, Culturally-Minded Community Education, Support, and Services) Project, members of allcove, an integrated youth mental health center, worked together to gather valuable feedback from young people and their families to guide the development of anti-racist policies/practices for allcove and youth-serving organizations at large.

As allcove prepares to open centers for youth across California, it seeks to establish itself as an anti-racist organization committed to advancing social change and justice. The ACCESS Project, conceptualized and pioneered by youth, combines data collection from surveys and focus groups, along with training focused on mental health equity, data analysis, and policy development, to lead the charge in anti-racist policy creation and implementation in allcove centers nationwide.

Through close collaboration with our youth partners, survey questions were developed for youth and parent/guardians eliciting responses on help-seeking behavior and barriers to access, including the mental health effects of racism, cultural stigma, and marginalization. As a result of outreach to 100+ youth-serving organizations, 396 respondents completed the survey on their perception of/experience with mental health systems based on different facets of their identities. There were a total of 5 focus groups recruited from organizations that focus on serving youth of color and highlighting varying lenses of lived experience. Our second phase involved bringing together diverse youth to participate in a series of workshops on mental health equity, data review, anti-racist principles, and creating core values, principles, and policies focused on equity and inclusion. This project aims to ultimately produce an allcove Equity Policy that will outline best practices for implementing equitable services, communications, climate, data collection, and evaluation across allcove. Centers will be provided with a framework to help evaluate the state of equity within their systems, along with guidance on how to apply key learnings and champion youth-focused presentations on reducing stigma and racial bias. Together, these materials will serve as guideposts for allcove centers to adopt an anti-racist model inclusive of the diversity of communities they serve and contribute to the creation of anti-racist spaces for youth-serving organizations at large.

Anti-racist spaces offer participants the ability to not only reflect on and deconstruct the racialized structures that govern our institutions and systems, but an opportunity to learn to have intergenerational conversations with their peers and guardians on what it truly means to be equitable and inclusive. By empowering youth from diverse communities to research and co-design an anti-racist framework, the ACCESS Project hopes to make progress towards a future where young people from all racial backgrounds experience equitable, safe, and inclusive access to mental health services and programs.

Engaging the youth voice in the MindKind study: Learnings from South Africa

Saturday, 1st October - 10:30: Concurrent 3.3 Oral - Reimagining culture as care in youth mental health (Øksnehallen Breakout Room 3) - Oral - Abstract ID: 963

Prof. Zukiswa Zingela (Nelson Mandela University), Dr. Yanga Thungana (Nelson Mandela University)

Background: The MindKind is a multisite research project that was launched in South Africa (SA), India and the United Kingdom, to research the feasibility of developing a global mental health database of digital data collected from young adults aged 16 to 24 years, using smartphones. The aim was to create a data governance structure that gives real voice to youth and to research the process of how to do this effectively.

Methods: We used a mixed qualitative and quantitative approach to research the development of a global mental health databank for young people. Recruitment was via direct outreach to youth using in person contact, peer recruitment, email, SMS, networking through local organisations, poster campaigns, and targeted social media advertisements (via Instagram, Facebook). For the qualitative arm we reached out to youth who were co-enrolled in the quantitative study arm and also to youth who were newly recruited (naïve) to the study. We added a snowball strategy and requested participants to spread the word about the research to their peers. The co-enrolled participants received an in-app pop-up notification with site specific links to join the study. Sites in SA were urban (Higher Health in Gauteng Province, Johannesburg) and rural (Walter Sisulu University in Mthatha, Eastern Cape (EC)). Participants info leaflets in EC were translated from English into IsiXhosa, the main language spoken in EC, using accessible everyday language to ensure better understanding of general terms and phrases that were used to explain technical concepts on data management.

The quantitative arm piloted an android based app-which collected data (both active and passive opt-in) over 12 -weeks, on factors which have been shown to influence mental health, which we referred to as Active Ingredients (AIs). We surveyed participants' consent to enrol, the types of data participants contributed as part of the AIs, the duration of data contribution, data governance preferences and the relative acceptability of governance models. For the qualitative arm we used two deliberative sessions with participants from across all three countries, where we engaged them in iterative, consensus-building discussions with each other, across the three countries, so that they could weigh complex ethical issues. Deliberative sessions were preceded by sharing educational information to empower participants and enable them to engage meaningfully in the ethical discussions.

Results: Participants in the quantitative arm were 3575 in total (1034 from India, 932 from SA, 1609 from the UK). Of the 3575 participants, those with lived experience of mental health challenges were 88% from India, 67% from SA , and 91% from the UK. The majority of participants for the quantitative arm were recruited via social media (80% of participants in India, 55% in South Africa, and 90% in the UK). The qualitative arm, had 135 participants who engaged in deliberative sessions.

Conclusion: Comparing by country, participants expressed convergent and divergent preferences about key governance questions during the deliberative sessions. The preferences did not translate into unwillingness to participate under less preferred conditions.

Straight to the source: A participatory workshop approach to collaborative mental health service design.

Saturday, 1st October - 10:30: Concurrent 3.4 Oral - The only way: youth voice and co-design approaches (Øksnehallen Breakout Room 4) - Oral - Abstract ID: 455

Dr. Jess Stubbing (University of Auckland), Dr. Kerry Gibson (The University of Auckland)

Introduction. Around the globe, there are few mental health services available to young people and, where these do exist, they often fail to engage their target population or achieve good outcomes. International evidence clearly demonstrates that we must reconsider traditional mental health care in favor of transformative approaches which are youth-informed, inclusive, empowering, and responsive to the needs of young people. In response to this imperative, some mental health services and clinicians may seek to involve young people in consultation processes for service development and improvement. However, there is a lack of clarity in the literature about best practice approaches to youth consultation with many relying on traditional methodologies such as surveys, interviews, and focus groups. While these methodologies have their merits, they also have limitations as to the kinds of knowledge that can be gathered and from whom. Other approaches may be time consuming or feel inaccessible to services, who may benefit from briefer approaches for initial needs assessments.

Objectives. In this project, we sought to develop and deliver a novel brief participatory workshop approach to youth consultation. Our aims were to develop a methodology that 1) is engaging and enjoyable for diverse populations of young people; 2) is thought provoking and provides opportunities for young people to share a variety of perspectives, including critical ones; and 3) promotes creativity and generates novel solutions.

Method. The 2 hour collaborative workshop methodology was developed to incorporate elements from critical and participatory methodologies alongside a youth empowerment agenda to intentionally position young people as experts. Additionally, a mixed-method approach within the workshop was chosen to promote multiple, creative avenues for different young people to share their ideas through alternative methods which may be more comfortable or accessible to them. The workshop involved 6 key phases: An initial individual survey; a focus group style group discussion; reviewing and responding to a prompt about current youth mental health services; a creative small group activity; group presentations and discussion of creative ideas; and a final individual survey. This methodology was piloted with 4 young people before being piloted and delivered to a further 90 young people around Aotearoa, New Zealand.

Results. This methodology was effectively used to engage young people from around Aotearoa, New Zealand of diverse identities and experiences within mental health care in a discussion about how to improve the youth mental health system. Young people shared a range of perspectives including novel, creative solutions. Additionally, young people in both the pilot and large scale delivery phases of the project reported positive feedback about the workshop process including a sense of personal empowerment.

Conclusions. Mental health services and clinicians may feel uncertain about how to engage young people in service consultation, or resort to traditional methodologies with limited capacity. This study demonstrates that even brief approaches, when intentional and developed appropriately for a local youth population, can effectively engage young people in participatory practices.

Placing co-design and youth lived experience leadership at the heart of national research efforts: the origin story of the Australian Eating Disorder Research & Translation Centre

Saturday, 1st October - 10:30: Concurrent 3.4 Oral - The only way: youth voice and co-design approaches (Øksnehallen Breakout Room 4) - Oral - Abstract ID: 942

Assistant Prof. Sarah Maguire (InsideOut Institute University of Sydney), Ms. Peta Marks (InsideOut Institute University of Sydney), Ms. Shannon Calvert (Australian Eating Disorder Research & Translation Centre)

In February 2022 the Federal Government announced funding of \$13 million to support the establishment of a national research & translation centre for eating disorders in Australia. The centre will be driven by a central co-production process, with lived experience and youth embedded at the highest levels of governance. By placing those most affected with personal and system expertise at the heart of innovation the centre will embrace exploration, new ways of seeing and thinking and genuinely enact the ‘nothing about me without me’ principles. Eating disorders overwhelmingly affect young people, and peak during adolescence. Early intervention for eating disorders has been a largely failed endeavour to date, and innovation and understanding of risk and early-stage treatments have been seriously hampered. Putting those affected at the centre of the process, driving change in culture, power sharing and diversity of voices will be primary strategies of the centre to innovate thinking, spark innovation and transform the trajectory of eating disorder research and breakthroughs in Australia.

InsideOut Institute for eating disorders at the University of Sydney is the lead of a national consortium of centres for research excellence, including Orygen Youth Health, Blackdog, and the Brain Mind Centre who will lend their resources, expertise and research track records as part of the co-production team, informed by the youth and living voice advisory to establish the centre over the course of 4 years and deliver projects across two programs and four streams of work. The Lived Experience and Aboriginal & Torres Strait Islander programs will innervate all streams of work and activities across the centre; those being, the establishment of a national research network, research innovation, research workforce development, and translation of research into practice. The Centre funding follows a two-year national co-production effort to develop the Australian Research & translation Strategy for eating disorders and develop co-produced consensus research priorities for the country.

In the presentation we will outline the co-production ‘equal voice’ process, the role of the youth and living voice leads and advisory, the governance and operational system surrounding them, the outputs to date and projects of the centre.

#MyGPguide: Co-design of a guide designed to support young people to seek help from their GP about self-harm and/or suicidal experiences

Saturday, 1st October - 10:30: Concurrent 3.4 Oral - The only way: youth voice and co-design approaches (Øksnehallen Breakout Room 4) - Oral - Abstract ID: 681

Dr. Maria Michail (University of Birmingham), Mr. Devauntay Hunter (University of Birmingham), Ms. Lizzie Mitchell (University of Birmingham), Mr. Jamie Morgan (University of Birmingham), Ms. Imaan Rathore (University of Birmingham), Mx. Kalen Reid (University of Birmingham), Mr. Charlie Tresadern (University of Birmingham), Ms. Beckye Williams (University of Birmingham), Mr. Niyah Campbell (University of Birmingham)

Primary care, and in particular general practice, is at the forefront of identifying and supporting young people with experience of self-harm and suicidality. However, for many young people the prospect of seeking mental health support from their GP is a daunting one. There are many barriers that young people face in this scenario, such as lack of practical knowledge about how to book an appointment with a GP, feeling anxious about speaking to a GP about their mental health or concerns about what might happen if they tell a GP about issues that they are experiencing. This is particularly the case for young people with experience of self-harm and/or suicidality. This is an issue that Dr Maria Michail and members of the Institute for Mental Health Youth Advisory Group (IMH YAG) wanted to address through developing a resource that could support young people to seek support from their GP. First, a qualitative study using semi-structured interviews was conducted with 8 young people (6 females) aged 16 to 25 years with a history of attempted suicide; and, who were under the care of a youth mental health service in the UK. Data from interviews were analysed using framework analysis and the findings were presented to members of the IMH YAG. Four online workshops followed within which young people from the IMH YAG worked in partnership with Dr Michail and a graphic designer to co-develop the content and format of a written guide.

This work resulted in the co-production of 'Visiting Your General Practitioner: A guide for young people with lived experience of self-harm and suicidality (#MyGPguide). #MyGPguide an evidence-informed resource that offers young people valuable information and advice on: i) what to consider before they visit their doctor, including preparing questions and booking an appointment; ii) how to manage the consultation, what their rights are with respect to confidentiality, what questions their doctor might ask them; safety planning and referral to mental health services; iii) what to do after the consultation; and how their doctor can support them. Within the written guide and videos that have been produced to support dissemination, you will see quotes provided and narrated by IMH YAG members, blending the evidence-informed guidance with that of guidance provided by young people with lived experience.

Since its launch, YAG members have been involved in efforts to disseminate the guide by taking part in online panels and documenting their involvement in co-designing the guide through written and video-recorded content.

Consultations about self-harm and/or suicidal experiences can be challenging for both GPs and young people. #MyGPguide, offers evidence and experience-based, accessible and practical tips to support young people to seek support from their GP. Future plans involve co-designing an evaluation plan of #MyGPguide with young people with lived experience.

Youth participation in mental health policymaking: Scoping review and global stakeholder consultations

Saturday, 1st October - 10:30: Concurrent 3.4 Oral - The only way: youth voice and co-design approaches (Øksnehallen Breakout Room 4) - Oral - Abstract ID: 437

Dr. Sakiko Yamaguchi (Research Institute of the McGill University Health Centre; McGill University), Dr. Srividya Iyer (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Dr. Mónica Ruiz-Casares (SHERPA University Institute; Department of Psychiatry, McGill University)

Introduction

Youth mental health is a global priority. Although youth participation is growing momentum, little is known about the participation of children and youth in mental health policymaking, including about who participates and how.

Methods

We conducted a scoping review based on Arksey and O'Malley's framework to identify and synthesize available information on children and youth's participation in mental health policymaking. We searched published studies in Medline (OVID), PsycINFO (OVID), Scopus, and Applied Social Sciences Index and Abstracts (PROQUEST), and unpublished studies through Google Scholar. After screening and data extraction relevant to the review objective, we conducted online consultations of youth (n = 15), policymakers (n = 8), and adult facilitators of child and youth participation (n = 21) in mental health policymaking in 16 countries in order to validate the findings, inform future research, and develop knowledge dissemination strategies.

Results

Among 25 publications from 2,981 records, we found a lack of diversity among child and youth participants. While children and youth played multiple roles within various stages of mental health policymaking such as situational analysis, policy design and planning, and advocacy, their involvement in policy implementation was limited. Both the identified facilitators of and barriers to child and youth participation were multifaceted and interconnected. Despite a range of effects of participation being expected for youth, adults, organizations, and communities, we barely found perceived and actual effects in the retained publications.

Many consultation participants suggested lived experience as valuable in identifying policy gaps. Youth participants also pointed out that children and youth with disabilities, diverse sexual orientations, and/or gender identities were often missing. Youth also shared their experiences in a tokenized policymaking process, resulting in feelings of frustration. Adult participants' accounts highlighted the challenges inherent in policymaking such as the need for knowledge of policymaking processes and time constraints for policy development. A range of cultural, socio-economic, and political barriers to youth participation also emerged from global consultations, indicating the need for a holistic and integrative approach for context-specific understanding of youth participation.

Conclusion

Our review and consultation results highlight concrete recommendations for youth mental health policymaking: 1) appreciation of lived experience as expertise in shaping mental health policies; 2) inclusion of children and youth from diverse groups; 3) building of relationships that ensure safety, adult feedback, co-production, and accountability/response to youth effort; and 4) an integrative approach to address a range of cultural, socio-economic, and political barriers to participation.

How to communicate safely online about suicide and self-harm: #chatsafe 2.0

Saturday, 1st October - 10:30: Concurrent 3.4 Oral - The only way: youth voice and co-design approaches (Øksnehallen Breakout Room 4) - Oral - Abstract ID: 468

Dr. Jo Robinson (o), Dr. Laura Hemming (Or), Dr. Louise La Sala (Orygen and Centre for Youth Mental Health, The University of Melbourne), Ms. Pinar Thorn (Orygen and Centre for Youth Mental Health, The University of Melbourne), Ms. Michelle Lamblin (Orygen and Centre for Youth Mental Health, The University of Melbourne), Mr. Charlie Cooper (Orygen and Centre for Youth Mental Health, The University of Melbourne), Ms. Rikki Battersby-Coulter (Orygen and Centre for Youth Mental Health, The University of Melbourne), Ms. Vicki Harrison (Stanford Center for Youth Mental Health & Wellbeing)

Background: Social media presents a unique opportunity to reach young people with effective and youth-friendly approaches to suicide prevention, however it can also present challenges in term of safe online communication about suicide. In 2018 we developed the #chatsafe guidelines to facilitate safe online communication using a Delphi expert consensus study. Information from the guidelines was then shared via a 12-week social media campaign that was co-designed by young people. In 2020 the guidelines were adapted for 11 different communities around the world.

Aim of the current study: To develop a new set of #chatsafe guidelines and a new co-designed social media campaign.

Methods: 1) A series of consultations with young people, the social media industry, families, and policy makers are being conducted in order to determine the challenges and opportunities when it comes to safe online communication about suicide and self-harm. 2) A new Delphi expert consensus study is being conducted. This includes a systematic review of the literature, the development of a survey and then 2 rounds of consensus activities with expert stakeholders in order to determine what the guidelines will include. Panels will be: young people; social media professionals; and suicide prevention experts. Items that achieve over 80% consensus across each panel will be included in the updated guidelines.

Results: The new guidelines will be presented along with examples from a brand-new social media campaign co-designed with young Australians. The work is still underway but the new guidelines will include content on safe online communication about self-harm, safe management of live stream suicide events, and managing suicide games and hoaxes. Data from the consultations will be also presented and the key levers for change from the perspectives of young people, families, policy-makers and social media industry will be discussed.

Conclusions: The broader implications for safe online communication and the next steps for the #chatsafe project will be discussed. Interactive techniques will be used to seek feedback from audience members about the new guidelines and their applicability to countries outside of Australia. This will help inform the subsequent adaptation of the new guidelines for a global audience.

10 years of child and youth postvention service delivery in Australia - learnings and reflections.

Saturday, 1st October - 10:30: Concurrent 3.4 Oral - The only way: youth voice and co-design approaches (Øksnehallen Breakout Room 4) - Oral - Abstract ID: 741

Ms. kristen Douglas (headspace Sch), Ms. Nicola Palfrey (headspace Schools)

headspace Schools have been involved in the development and delivery of postvention services to communities across Australia for the past 10 years. Postvention activities refers to any actions that are undertaken to try and mitigate the impact of a suicide death on a community or group of people. The aim of postvention planning and actions is to help reduce distress, but also critically to reduce the associated risk of future harm and suicidality amongst those affected by a suicide death. Suicide postvention activities are a critical component of broader suicide prevention activities and should be integrated into any comprehensive mental health and well-being strategy. However, detailed understanding of the role and best practice elements of postvention are still limited and implementation of postvention activities is variable and inconsistent. There is also a serious lack of comprehensive evaluations of the impact of postvention activities in reducing suicide risk and facilitating recovery.

At the same time children and young people are experiencing greater stresses on their mental health than in the foreseeable past. Cumulative stresses of isolation, disconnection, interruption to schooling, lack of certainty and fear are all at unprecedented highs with no end in sight. The global pandemic has shone a necessary light on young people's mental health needs and distress, but this focus has also come with its own challenges. Increased media interest in young people's mental health and associated unsafe media reporting regarding suicidal behaviours are on the rise. Social media discussion and sharing in the aftermath of a suicide also provides inordinate challenges for schools and communities to manage in order to reduce risk of blaming, idealising of suicidal behaviours and social transmission of risk. Mental health services are suffering under demand strain and workforce shortages.

In such circumstances the development and implementation of sound postvention plans and practices are even more critical. Each school or community that is impacted by suicide has its own distinct risk and protective factors that need to be understood and postvention activities tailored within this context. In these circumstances, practice experience and wisdom in setting up and activating postvention response and recovery activities are indispensable.

headspace Schools has been at the forefront of developing and implementing postvention services and best practice principles for schools, sporting clubs and broader communities over the last decade. Through this process we have developed a great deal of practice wisdom around how to respond to risk, prevent or contain risk of suicide contagion, and manage the devastating impacts of suicide clusters. This presentation will share the insights, practical strategies and frameworks that headspace Schools have developed and delivered to communities across Australia. Attendees will be taken through some of the core components and essential activities of postvention work and be supported to think about how this sort of work can be implemented within their own contexts.

Development and implementation of a new Self-Management and Recovery Intervention for adolescents with SMI in the education system in Israel.

Saturday, 1st October - 10:30: Concurrent 3.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 810

Dr. Gili Hoter Ishay (Department of Community Mental Health, University of Haifa), Dr. Paula Garbere Epstein (Bob Shappel School of Social Work, Tel Aviv University), Dr. Linda Wagner (Department of Special Education, Ministry of Education), Mrs. Orna Meidan (Department of Special Education, Ministry of Education), Mrs. Efrat Levine ("Maor" education center, The "Maale Hacarmel" Mental Health center.), Prof. David Roe (Department of Community Mental Health, University of Haifa)

Introduction: schools for children with psychiatric disorders in Israel work and corporate the medical model into the state educational agenda. A need for wider agenda emerged created partnership between special education policy makers and mental health academicians to discuss possible ways to address the self stigma of these youth in a recovery oriented approach.

Objectives: To create a youth oriented intervention to address this issue and develop a method of adapting recovery oriented principles for these schools

Methods: A plan of 3 phases was made , including one day conference which led to a course and finally adapting parts of adults recovery oriented interventions IMR and NECT to an adapted manual for this population.

Results: 4 yearly courses for special education schools staff took place, suggesting urgent need of an intervention directed at recovery oriented group conversation of stigma and its implication on youth lives. Following the courses an adapted manual for youth was developed and piloted.

Conclusions: this is an example of how a burning concern arose from the field, the education directors made an attempt to address via establishing a partnership which led to the products described.

Data´s role in headspace Denmark

Saturday, 1st October - 10:30: Concurrent 3.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning -
Abstract ID: 962

Ms. Sarah Wurr Stjernqvist (The Social Network/headspace Denmark)

headspace Denmark provides very successful mental health promotion interventions for youngsters between 12-25 years in Denmark. This success is partly due to our documentation strategy which provides us with valuable data driven knowledge, including unique perspectives from users.

In this poster we want to present information centered around headspace Denmark's documentation journey. This documentation journey will provide an overview of the steps we have taken to reach the level of documentation that we have today and how we have managed to integrate documentation into our everyday practices, including our volunteer led activities.

Furthermore, the poster outlines the importance and (political and economic) power of the data and how it is generating value to the organization: Internally to develop new interventions according to the changing needs and tendencies which are highlighted by the young people themselves and to raise the quality of our ongoing interventions to promote mental health, as well as externally to legitimize our practices, and thereby improving our financial foundation and basis of existence.

Finally, the poster will present some insights from headspace Denmark on how to keep the right balance of data collection and data identification (for instance by a user identification number), while still holding on to the promise of anonymity (as opposed to the healthcare system) and insights on how to find the right balance of using validated measurements contra not validated measurements. Where the validated measurements are accepted worldwide and therefore proven evidence based, they are not always capturing/measuring the true/full nuances of changes/effects.

Mental images of suicide

Saturday, 1st October - 10:30: Concurrent 3.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 606

Dr. Lianne Schmaal (Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC, Australia; Orygen, Parkville, VIC, Australia), Dr. Laura van Velzen (Orygen), Ms. Magdalene de Rozario (Orygen), Ms. Pemma Davies (Oryg), Dr. Simon Rice (Orygen), Dr. Jo Robinson (o), Prof. Mario Alvarez (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Kelly Allott (Orygen)

Rationale: Suicide is the leading cause of death in young people in Australia. Given the gravity of outcomes surrounding suicide, there is an urgent need to identify novel treatment targets and mechanisms of suicidal ideation in order to develop more effective treatment and risk management strategies. Suicide research and suicide risk assessment in clinical practice primarily focus on verbal thoughts of suicide. Mental images of suicide - vivid mental images of future death or suicide – is a form of suicidal cognition that could provide a novel target for treatment.

Objective: We aimed to investigate the extent to which young people with mood disorders and suicidal ideation report mental images of suicide and identify potential behavioural and clinical correlates of these mental images.

Methods: We examined the prevalence and characteristics of mental images of suicide in 33 young people (aged 16-25) who reported recent (in past 4 weeks) suicidal ideation. The content and characteristics of mental images of suicide were assessed with the Suicidal Flashforwards and Cognitions Interview. Other measures included the Quick Inventory of Depressive Symptomatology, Altman Self-Rating Mania Scale, Pittsburgh Sleep Quality Index, Spontaneous Use of Imagery Scale and Columbia-Suicide Severity Rating Scale. We examined associations between clinical and behavioural measures and characteristics of mental images of suicide.

Results: The results indicate that mental images of suicide are very common in young people with present suicidal ideation. 97% of our participants reported experiencing mental images of suicide – with the majority of the sample reporting that they experienced these images often (64%). 56% reported that mental images of their future suicide attempt or self-harm constituted the main content of any mental imagery they experienced. The majority of the young people who experienced mental images of suicide found their imagery of suicide to be realistic, compelling, and vivid. In addition, the majority of the young people in our study rated them as distressing and indicated that they did not have control over the images, indicating that the images were mostly experienced as intrusive. We found significant correlations between greater overall sleep disturbances and higher ratings of vividness ($r = 0.54, p = 0.016$) and realness ($r = 0.44, p = 0.017$) of the mental images. Higher ratings of the realness of the suicidal flashforwards were also associated with a higher trait propensity for mental imagery ($r = 0.41, p = 0.021$) and greater depressive symptoms severity ($r = 0.39, p = 0.029$). Importantly, we found that ratings of distress associated with mental images of suicide were positively associated with suicidal behaviour (total of past actual, aborted and interrupted attempts; $r = 0.42, p = 0.016$), while no association between any of the characteristics of verbal suicidal thoughts and number of attempts was found.

Conclusion: Our pilot study showed that mental images of suicide are very common in young people with suicidal ideation. Unfortunately, these images are not routinely discussed in clinical treatment. This study provides some potential direct and indirect targets for interventions, to be confirmed in larger studies.

Associations between distinct dimensions of Mental Health Literacy and adolescent help-seeking intentions

Saturday, 1st October - 10:30: Concurrent 3.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 49

Dr. Claire Goodfellow (University of Glasgow), Dr. Edward Sosu (University of Strathclyde), Dr. Anna Macintyre (University of Strathclyde), Dr. Jo Inchley (University of Glasgow)

Introduction: Adolescence is a critical period for the development of mental health problems, yet help-seeking among this population remains low. Lack of effective help-seeking may result in a worsening of mental health outcomes in adolescence and into adulthood. Low mental health literacy (MHL) is a noted barrier to help-seeking, and adolescents have comparatively lower MHL. MHL is typically defined as knowledge and beliefs about mental health problems and is comprised of multiple components such as obtaining and maintaining good mental health, and knowledge of how to seek help. Although MHL is a multidimensional construct and adolescent help-seeking can be through formal and informal means, little is known about how dimensions of MHL influence these help-seeking intentions.

Objective: This study aimed to identify distinct dimensions of MHL, and examine associations between these dimensions and formal and informal help-seeking intentions among adolescents. In addition, we aimed to investigate whether informal help-seeking mediates the associations between MHL and formal help-seeking, and whether gender moderates these associations.

Methods: A cross-sectional survey including measures of MHL, and help-seeking intentions was distributed to participants in ten schools (12-17 years) across Scotland (n = 734). Data were analysed using Confirmatory Factor Analyses (CFA) and Structural Equation Modelling (SEM).

Results: CFA identified two distinct dimensions of MHL: ability to identify a mental health problem, and knowledge of treatment efficacy. While knowledge of treatment efficacy was positively associated with increased intention to seek formal and informal help, ability to identify a mental health problem was negatively associated with both forms of help-seeking intention. Informal help-seeking was found to mediate the association between both forms of MHL and formal help-seeking. Gender did not moderate associations between MHL and help-seeking.

Conclusion: We identified that distinct dimensions of MHL have disparate associations with adolescent help-seeking intention. Therefore, care should be demonstrated when developing and delivering MHL interventions to ensure that adaptive forms of MHL are equally promoted. Our results suggest that effective MHL interventions for adolescents should focus on providing information relating to effective treatments of mental health problems, which was associated with increased help-seeking intentions. Future research should investigate possible mechanisms by which discrete dimensions of MHL influence adolescent help-seeking.

Defining integrated care and its key ingredients for youth mental health

Saturday, 1st October - 10:30: Concurrent 3.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 742

Dr. Cali Bartholomeusz (Orygen and Centre for Youth Mental Health, The University of Melbourne), Ms. Alicia Randell (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Nick Duigan (headspace), Prof. Rosemary Purcell (Orygen), Ms. Vikki Ryall (headspace National)

Rationale: For over a decade integrated care has been a goal for reforming youth health, including mental health, for academics, policymakers, governments, health services, providers and youth advocates, worldwide. Integrated models of care offer solutions to providing young people with more efficient and higher quality services, ultimately leading to subjectively better experiences and improved health outcomes. There is evidence supporting integrated care as an effective treatment model for young people and the approach is recommended by various international government bodies. Despite this, many young people continue to ‘fall through the gaps’ or only receive treatment for one of multiple needs. Although there is strong consensus regarding the importance of integration at both the service and individual care levels, the reality on the ground often falls far from intentions. Delivering integrated care is difficult. It is influenced by many barriers, such as inadequate information and communications technology, lack of funding and unclear treatment guidelines. Difficulties may reflect in part, a lack of consensus as to what integrated care is and what the key ingredients are, in youth mental health.

Objectives: This joint initiative by Orygen and headspace National Youth Mental Health Foundation aimed to i) develop a clear definition of integrated care for a youth mental health context, based on currently used definitions and stakeholder views, and ii) identify the core components of integrated care for use in a youth mental health setting.

Methods: This project consisted of two phases. The first involved reviewing the literature and extracting the common themes from definitions of integrated care and extracting the core components, from eighty-three papers selected for this project. The second phase involved engaging thirty-nine stakeholders from around Australia, including young people, family and friends, clinicians, policy makers, scientists and professionals employed at varying levels of the health system. Stakeholders attended online workshops and were asked to share their perspectives of what integrated care means to them, and to take part in open discussions. Authors facilitated discussions based on presentation of literature and by inviting stakeholders to share personal experiences and opinions of integrated care. Stakeholders also completed anonymous surveys during the workshops, which were also topics of discussion.

Results: A definition was formulated based on the World Health Organization’s user-led definition (Integrated care models: an overview. Copenhagen: World Health Organization Regional Office for Europe; 2016) and the key themes rated in the surveys as important by young people, friends, and family. Accompanying this definition is a statement of implications for health systems, services, and providers, informed by what professional stakeholders rated as important themes of integrated care. Seventeen core components were rated overall as essential for integrated care. These will be discussed using a health system framework, categorised under the building blocks: service delivery; workforce; information systems and communication; products and technology; health financing; leadership, governance, and policy.

Conclusion: Integrated care is conceptually and pragmatically complex. The outcomes of this project will inform future implementation strategies and methods for enhancing and measuring integrated care in youth health, including mental health.

The utility of a fidelity measure to monitor early psychosis services across Australia

Saturday, 1st October - 10:30: Concurrent 3.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 715

Ms. Georgia Williams (Orygen), Dr. Ellie Brown (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Simone Farrelly (Orygen), Mrs. Heather Stavelly (Orygen), Ms. Dianne Albiston (Orygen, Parkville, VIC 3052, Australia), Ms. Kristie Van der El (Orygen, Parkville, VIC 3052, Australia), Prof. Andrew Thompson (Orygen, Parkville, VIC 3052, Australia), Prof. Patrick McGorry (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Shona Francey (Orygen), Prof. Eoin Killackey (Orygen and Centre for Youth Mental Health, The University of Melbourne)

Introduction/rationale:

Early psychosis service models have proliferated worldwide, but ensuring that services deliver what they are supposed to is key to long term implementation.

Objectives of project/research:

This project aims to describe the development, implementation, and adaptation of a fidelity tool in a national network of early psychosis services across Australia—the headspace Early Psychosis program. The reconfiguration of the tool in the context of the Covid-19 outbreak and the development of a new tool to measure quality of the service provision in the established headspace Early Psychosis programs will also be discussed.

Methods/approach:

Following a detailed consultation process, and based on the Australian Early Psychosis model, an 80-item Early Psychosis Prevention and Intervention Centre Model Integrity Tool (EMIT) was developed along with predefined thresholds for fidelity. The tool was used to assess adherence to the model in six clusters of service sites across Australia. Ratings on the EMIT were informed by interviews with site staff and young people receiving the service, routinely collected data and site policies and procedures.

The EMIT has since been adapted for use in the assessment of model fidelity virtually due to the impact of Covid-19 restricting in-person site visits. The EMIT tool is currently undergoing a review and revision process to enhance the tool to capture more of the equality of service provision. A consultation process involved in the development of the tool will be repeated.

Results or practice/policy implications:

All six clusters of headspace Early Psychosis programs participated in five fidelity assessments across a period of two and a half years. In the initial two visits, the average fidelity score was in the 'low' fidelity range. By the fifth fidelity visit, the network average improved to superior' fidelity. Despite the impact of Covid-19 on service provision across sites, the EMIT was successfully utilised in fidelity assessments and sites were able to successfully maintain an average fidelity rating reflecting, high to superior fidelity.

Conclusion:

Results of the longitudinal fidelity assessments indicate the successful implementation of the Australian Early Psychosis model across the headspace Early Psychosis program. Utilisation of ongoing fidelity assessments has proved an effective method to improve and maintain adherence to the model. Following successful implementation of the Australian Early Psychosis model, the EMIT tool is currently undergoing a review and revision process to enhance the tool. This is to ensure that the services and outcomes achieved by the headspace Early Psychosis sites are reflective of their state of implementation and ensure that services of a high quality and achieve the best possible outcomes for young people. The process of this will be discussed.

Mental health support in the time of crisis: Are we prepared? Experiences with the COVID-19 counselling programme in Hungary

Saturday, 1st October - 10:30: Concurrent 3.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning -
Abstract ID: 175

Ms. Zsofia Szlamka (King's College London), Ms. Marta Kiss (Eotvos Lorand University), Mr. Samuel Bernath (Eotvos Lorand University), Mr. Peter Kaman (Eotvos Lorand University), Ms. Amina Lubani (Eotvos Lorand University), Dr. Orsolya Karner (Eotvos Lorand University), Dr. Zsolt Demetrovics (Eotvos Lorand University)

Introduction

The Coronavirus disease 2019 (COVID-19) posed unexpected global economic and societal challenges, especially for young people. These include a heavy impact on youth mental health due to fast changing lockdown and quarantine measures, uncertainty about health and safety and the prospect of new waves of infections. To provide crisis mental health support during the pandemic, Eötvös Loránd University in Hungary launched a specialist online counselling programme, consisting of one to three sessions.

Objectives

In this paper we discuss the experiences of practitioners in youth mental health in Hungary. Besides, we analyse the challenges reported by our clients, key features of providing a brief mental health intervention online, reflect on counsellor experiences.

Methods

We collected the experiences of counsellors iteratively in the form of group discussions. We then organised the collected experiences in the form of key themes.

Results

Most clients had challenges with developing a daily routine under quarantine; and many had hardship related to finances, housing, and distance learning. Common mental health consequences included fear from the virus and stress, anxiety, and fatigue due to the interruption to everyday life. In some cases, more complex conditions were triggered by the pandemic. Examples include addictive behaviours and symptoms of depression or psychosis. However, referring cases beyond the competency of counselling proved to be a challenge due to the closure of specialist services. Counsellors observed three key features to the online delivery of a brief crisis mental health intervention: 1) an explicit problem-oriented approach to counselling; 2) challenges of building rapport online; and c) frames of online counselling. Counsellor experiences often overlapped with those of clients and included challenges of working from home and adjusting to online counselling methods. Like other mental health initiatives launched to tackle COVID-19, the intervention's effectiveness was not measured given the unexpected context and short time frame for programme development. We recommend the use of impact measurement tools to develop mental health services in crises. Meanwhile, the pandemic brought to attention the need to better understand online delivery models. Counsellors should have access to training opportunities on online counselling and managing work-life balance in a remote setting.

Conclusion

Clearly, more studies are needed discussing delivery models and effectiveness of mental health interventions during the pandemic. Experience and knowledge sharing across practitioners should be encouraged to improve how the field reacts to unexpected, high risk events and crises.

Towards a new measure of integration to support integrated youth services

Saturday, 1st October - 10:30: Concurrent 3.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 958

Dr. Skye Barbic (University of British Columbia), Dr. Karen Tee (Foundry), Dr. Steve Mathias (Foundry), Ms. Pamela Fennell (Foundry), Ms. Elise Durante (Foundry), Ms. Toni Carlton (Foundry)

Introduction (rationale):

Foundry is an integrated youth services organization in British Columbia, Canada, providing services for physical health, mental health, substance use, social supports, and family/caregiver and youth peer support. Since its inception in 2015, integrated care has been a goal for reforming youth health, including mental health, a goal shared by researchers, decision-makers, policy-makers, service providers and philanthropists. However, how best to operationalize “integration” and measure success has yet to be explored.

Objectives:

The objectives of this presentation are to highlight the progress made and lessons learned through efforts to improve integration across a primary integrated youth service called Foundry in British Columbia, Canada. Specifically, we will describe the process of “integration dialogues” with diverse communities and how they have informed the development of a new measure to capture centre-level integration in six main areas: organizational, functional, clinical, service, normative, systemic, and community integration.

Methods:

Based on the Fulop typology of integration, we used integration dialogues to prepare centres for intentional integration prior to opening. With operating centres, we used the dialogues to support our understanding of the facilitators and challenges to integration, leading to actionable steps to further integration. After each dialogue, data are collected and summarized using thematic analysis. Using these data, we engaged in an iterative process to develop a new measure to help guide conversations in future integration dialogues and to support centres to understand their performance in each area outlined by the Fulop Typology. Methods were guided by Rasch Measurement Theory. After several rounds of expert review, items were kept if they were fit for purpose and clear. The final version is called the Foundry Integration Measures (FIM). Next steps for implementation of the FIM will be discussed.

Results:

Integration dialogues are now standard practice when working with a Foundry community and centre. Our project has resulted in a standardized process to conduct the dialogues and a new 52-item measure to capture success. The FIM shows strong face and structural validity. In addition to these results, we will present results on clinical utility, construct validity, and reliability at IAYMH.

Conclusion

Integration is a core outcome of success measured and practiced at Foundry. To build a world class model of in-

egrated youth, Foundry recognizes the importance of designing and implementing integration dialogues across the network and measuring the success of this work. Through this work, integration dialogues and measurement have fostered strong, interdisciplinary, multi-sectoral collaborations and partnerships among IYS youth, families, policy makers, decision makers, health providers, the public, and communities interested in advancing IYS in BC. Future work to understand the impact of strong integration on health outcomes and experiences is critical to build capacity for auctioning evidence on integration and integrated youth services.

Validation of the Transition Readiness Assessment Questionnaire among Youth Receiving Mental Health Services

Saturday, 1st October - 10:30: Concurrent 3.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 646

Dr. Kristin Cleverley (University of Toronto), Ms. Julia Davies (University of Toronto), Ms. Brooke Allemang (University of Calgary), Dr. Sarah Brennenstuhl (University of Toronto), Ms. Mardi Daley (Centre for Addiction and Mental Health Youth Engagement Initiative), Mx. Jackie Relihan (Centre for Addiction and Mental Health Youth Engagement Initiative)

Introduction: Youth with mental health disorders often require ongoing support across the boundary between child and adolescent mental health services (CAMHS) and adult mental health services (AMHS) but are at high risk for disengaging from care during this transition. A recent Delphi study engaging clinicians, caregivers, and youth as experts in mental health care transitions identified that regular assessment of readiness to transition is a core component of successful CAMHS-AMHS transitions. A structured, easy-to-use, and validated tool is needed for clinicians to conduct these assessments with youth as they prepare to leave CAMHS. The Transition Readiness Assessment Questionnaire (TRAQ) 5.0 is a 20-item questionnaire which measures transition readiness across five domains and can be easily used in clinical settings. The TRAQ has been validated across various physical health settings but has not been psychometrically validated among youth using mental health services.

Objectives: The objective of this study was to conduct psychometric validation of the TRAQ 5.0 for use among transition aged youth receiving mental health services.

Methods: This study examined data from the baseline assessment of the Longitudinal Youth in Transition Study (LYiTS) cohort, a sample of 237 16-18-year-old youth recruited from hospital and community CAMHS in Ontario, Canada. Participants completed the TRAQ 5.0 as well as several measures about symptoms, transition discussions with their clinicians, health service use, and functioning. Psychometric evaluation included a confirmatory factor analysis and test of internal consistency of the TRAQ and its sub-scales. Convergent validity and criterion validity as well as known-group testing were assessed using questionnaire items about developmental maturity, whether participants had discussed transition with their CAMHS clinician, and age.

Results: The analysis indicated adequate fit of the 5-factor TRAQ structure as well as adequate internal consistency within most sub-scales. As expected, TRAQ scores were higher for youth who were older and who had discussed the transition process with their clinician. The overall TRAQ score, but not all subscales, correlated with measures of developmental maturity. One domain in particular, the *Managing Daily Activities* subscale, performed poorly across several tests, indicating that future iterations of the TRAQ might benefit from this domain being removed for use in youth with mental health concerns.

Conclusion: The TRAQ 5.0 appears to be a valid tool to assess transition readiness among youth receiving mental health services, however additional work is needed to assess the scale among youth with specific mental health diagnoses.

Mental health symptoms and health service use among youth receiving hospital-based versus community-based models of mental health care

Saturday, 1st October - 10:30: Concurrent 3.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 651

Dr. Kristin Cleverley (University of Toronto), Ms. Julia Davies (University of Toronto), Dr. Sarah Brennenstuhl (University of Toronto), Mx. Jackie Relihan (Centre for Addiction and Mental Health Youth Engagement Initiative), Ms. Mardi Daley (Centre for Addiction and Mental Health Youth Engagement Initiative), Dr. Joanna Henderson (Centre for Addiction and Mental Health: Youth Wellness Hubs Ontario)

Introduction: Youth who are transitioning out of child and adolescent mental health services (CAMHS) are at high risk for discontinuity of care and disengagement from services as they attempt to access adult mental health services (AMHS), with transition age youth turning to emergency services in crisis at increasing rates. The Longitudinal Youth in Transition Study (LYiTS) is a longitudinal cohort study co-designed with youth with lived experience, that is following youth over 4 years as they age out of CAMHS to better understand the transition pathways from CAMHS to AMHS. LYiTS recruited youth from both hospital-based and community-based CAMHS. With differing models of care across community organizations and hospital-based services, and extensive wait times for CAMHS, there is increased interest in better understanding how to organize systems of care wherein services are appropriately matched to patient need. There is, however, minimal evidence on the differing clinical profiles of youth currently receiving treatment from differing models of care.

Objectives: The objectives of this study were to 1) understand mental health symptom profiles of transition age youth accessing CAMHS and 2) examine differences in symptoms, functioning, and healthcare utilization between youth receiving hospital-based versus community-based CAMHS.

Methods: A sample of 237 16-18-year-old youth were recruited from outpatient CAMHS at two tertiary hospital sites and two community-based organizations in Toronto, Canada. Participants completed self-report measures of mental health symptoms and health service utilization at their baseline assessment. A latent profile analysis (LPA) was used to identify profiles of mental health symptomology based on the Achenbach Youth Self Report syndrome scales. Participants from hospital-based and community-based CAMHS were compared on mental health symptom profiles, measures of functioning and substance use, health care service utilization, and use of medication.

Results: The symptom profiles identified were markedly similar between youth recruited from hospital-based and community-based sites, as were measures of substance use and psychosocial functioning. Hospital-based youth were more likely to use medication and see a psychiatrist as their primary provider. There were no differences in use of emergency services or inpatient admissions between the hospital- and community-based youth.

Conclusion: The results suggest that despite differing models of care, there is little difference in symptomology or illness acuity between youth receiving outpatient CAMHS in a hospital versus community setting. It is possible that systems factors or sociodemographic characteristics predict where youth receive mental health care. Continued research is needed to better understand pathways into care and predictors of receiving different models of mental health services.

Understanding and Responding to Mental Health Stigma in Chinese Youth: A Qualitative Analysis

Saturday, 1st October - 10:30: Concurrent 3.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 398

Ms. Ning Song (University of Leeds), Dr. Ghazala Mir (University of Leeds), Dr. Stobhan Hugh-Jones (University of Leeds)

Introduction: Experiencing mental health stigma during adolescence can exacerbate mental health conditions, reduce quality of life, and inhibit young people's help-seeking for their mental health needs. Stigmatising of young people with mental health needs is widespread in China. However, little is known about forms of mental health stigma experienced by Chinese young people, and existing anti-stigma interventions adopt a western perspective which may not always align with the way mental health is understood in China. Social media has been included in interventions for improving wellbeing, but it is not clear its role in anti-stigma interventions among youth. There is a pressing need to explore the understanding and lived experience of mental health stigma in Chinese youth and develop interventions that are appropriate to Chinese culture.

Aim and objectives: This study aimed to investigate experience of and views on mental health stigma among Chinese youth and what they think is needed in an anti-stigma intervention. The objectives are to (a) understand experience and viewpoints of mental health stigma among Chinese young people; (b) explore Chinese youth's needs on anti-stigma interventions; (c) examine what Chinese youth think about social media-related interventions for mental health stigma reduction; and (d) identify a suitable existing anti-stigma intervention that could be adapted for use with Chinese youth.

Methods: Qualitative interviews were employed to collect data, and thirty Chinese young people aged 16 to 19 were recruited in China via snowballing approach and mental health teachers' help. Participants who have/had mental health experience were in Group A, and young people in general were in Group B. Thematic analysis will be used for data analysis.

Results: Preliminary findings indicated that stigmatising experiences were common in Chinese youth, and youth were mainly stigmatised by parents, teachers, and peers. Parents were often unable to understand their children's poor mental health, and they often denied mental health conditions existed and refused to seek professional help for children's mental healthcare. Teachers persuaded some students with severe mental health conditions into dropping out of school to protect the school reputation. Peers isolated some youth with mental health conditions and reacted with verbal attacks. However, a few participants reported supports they received from parents, teachers, and peers, instead of stigmatising experiences. For interventions, participants proposed that social media could play a role in popularising mental health knowledge and strategies that respond to mental health conditions, such as creating short videos by professionals through which social media provided a platform for the public to understand how people with mental health conditions live. Some participants expressed pessimistic attitudes towards anti-stigma interventions thinking that it is hard to eradicate stigma in Chinese society. Findings are considered in relation to Intergroup Contact Theory and Information-Motivation-Behavioural Skills Model etc. theories of stigma reduction.

Conclusion: Stigmatising beliefs/behaviours are prevalent in Chinese youth, parents, and teachers. Social media platforms could be used to reduce mental health stigma for Chinese youth. This study will contribute to the adaptation of an anti-stigma intervention in Chinese youth.

Leaning into Collaboration and Away from Duplication: Building partnerships across an under-resourced and over-capacity Youth Mental Health and Substance Use sector

Saturday, 1st October - 10:30: Concurrent 3.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning -
Abstract ID: 852

Ms. Kristy Allen (Frayme), Mr. Tamir Virani (Frayme), Ms. Shauna MacEachern (Frayme)

Introduction

An increased focus on funder investment in research activities in the youth mental health and substance use (YMHSU) sector in Canada is a welcome step toward optimization in a highly inefficient system. However, without the necessary oversight, inadvertent redundancies of effort and investment are common.

Furthered by fragmented funding of intermediary organizations with mandates to serve and transform at a system level, the YMHSU sector is compromised in its ability to project a cohesive future state of service.

Frayme was created as a federally-funded organization with a mandate to reduce duplication through knowledge mobilization in the Canadian youth mental health and substance use sector.

Focusing on youth mental health and substance use (YMHSU) care, specifically integrated youth mental health and substance use (iYMHSU) services, Frayme is a meta-network that connects individuals and organizations working in youth services systems to accelerate the implementation of quality iYMHSU services. In the Canadian context, Frayme and its partners are already informing the rapid adoption of iYMHSU services. Frayme acts as a resource for health leaders with an interest in promoting integration between YMHSU services, leading-edge knowledge, and connections to other partners working to advance the field.

Objectives

Leveraging best principles around meaningful engagement, knowledge equity and cross-sectoral collaboration and partnerships, participants will leave this presentation with insights around:

- Building and maintaining partnerships within the youth mental health sector that bring together service providers and service users to better inform system transformation, exploring Frayme's partnerships with Homewood Research Institute in the development of evaluation standards for mental health apps and HSO's Improving Integrated Care for Youth Learning Collective focused on the assessment of standards and tools within Integrated Youth Services environments
- Measuring impact around system transformation through partnerships via key performance indicators in the youth mental health sector
- Identifying key areas of focus and importance required through a partnership-lens, when trying to reduce system duplication

Approach

Frayme is a system intermediary, meaning it does not provide direct services, but rather supports all those working in the youth mental health and substance use sector through multi-faceted efforts in knowledge mobilization and equity; communications; evaluation; and funding and strategic partnership development, in order to broker linkages, reduce duplication, and make the best use of the latest evidence available. This presentation will explore tangible lessons learnt and best practice strategies in order to bridge the gap between research, lived expertise and practice, that participants will be able to implement within their own organizations and partnership strategies.

Conclusion

Using a network approach to pulling in and pushing out research, practice, and lived expertise opportunities and insights, Frayme cultivates and nurtures a Pan-Canadian microcosm of our youth mental health and substance use sector. Importantly, this enables more visibility into what researchers, service providers, policymakers and youth and family advocates in the sector are working towards, thereby creating more opportunity for collaboration toward more efficient and robust results.

The First Episode Mood and Anxiety Program (FEMAP): Long term impact assessment of a treatment program for emerging adults.

Saturday, 1st October - 10:30: Concurrent 3.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 840

Mr. Michael Wammes (Western University), Ms. Jazzmin Demy (London Health Sciences Centre), Ms. Carolyn Summerhurst (London Health Sciences Centre), Mr. Justin Arcaro (London Health Sciences Centre; Lawson Health Research Institute), Dr. Evelyn Vingilis (Western University), Dr. Elizabeth Osuch (London Health Sciences Centre; Lawson Health Research Institute; Western University)

Introduction: The ambulatory First Episode Mood and Anxiety Program (FEMAP) in London, Ontario, Canada admits 16-25-year-olds experiencing mood and/or anxiety disorders without primary substance use disorders. FEMAP offers youth friendly care in a community setting. Each individual's treatment plan is designed specifically to help them return to optimum functioning in this patient-focused service delivery model.

Objectives: Identifying way in which the FEMAP model satisfies or falls short of the goals of its logic model is a critical component of evaluating it. Our long-term outcome hypotheses, based on our logic model, were that treatment at FEMAP would reduce depression and anxiety, improve functioning, reduce substance use and receive high patient satisfaction scores on long-term follow-up. We also sought to understand what factors were associated with improvement at long-term follow-up.

Method: 453 patients completed questionnaires at treatment onset, and again 1-2 years afterwards. SPSS was used for all analyses. Repeated-measures ANOVAs were conducted comparing quality of life, depression, anxiety and functional impairment between timepoints. ANOVAs were computed for each of these parametric outcome variables independently to minimize the impact of missing data. Effect sizes were estimated using eta-squared. Binary logistic regression with ten variables-of-interest was used to identify associations with improvement in functioning versus no change or worsened functioning. Patient satisfaction was evaluated at follow-up using both a 20-item scale and a 3-item subscale.

Results: Patients were significantly improved in quality of life, depression, anxiety sensitivity and functional impairment between timepoints. Effect sizes for improvements in depression, anxiety sensitivity and functional impairment were large. Depression and functional impairment were also clinically significantly improved, dropping below their respective thresholds for clinical relevance. Contrary to our hypothesis, alcohol and cannabis use were significantly increased over time, with a moderate effect size. Patient satisfaction with the service was very high with a mean of 36% of patients giving the highest possible score on the subscale and over 92% of patients rating the service as positive on the total scale. The strongest association with functional improvement was depression score, which was inversely related, suggesting that the greatest functional improvement was seen in the most depressed patients.

Conclusion: Treatment at FEMAP was effective at reducing mood and anxiety sensitivity symptoms, improving quality of life and reducing functional impairment. It was not effective in reducing alcohol or cannabis use in this population, which excluded patients with primary substance use disorders. Increased use of these substances may be related to participants reaching the legal age for purchase and consumption of these substances in Ontario, or improved socialization for patients. Our regression analysis indicated that more severe depression at treatment onset was associated with greater functional improvement from treatment. This could suggest that a primary clinical focus on depressive symptomatology is useful. These results indicate that the program had most, but not all of the impact that was anticipated in the logic model. Therefore, this model can be used to develop other, similar programs to address mood and anxiety disorders in emerging adults.

Enhancing Evidence-Based Practice for Youth and Emerging Adults with Early Psychosis: Implementation and Evaluation in Diverse Service Settings

Saturday, 1st October - 10:30: Concurrent 3.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 639

Ms. Augustina Ampofo (Centre for Addiction and Mental Health), Dr. Janet Durbin (Centre for Addiction and Mental Health), Dr. Nicole Kozloff (Centre for Addiction and Mental Health), Dr. George Foussias (Centre for Addiction and Mental Health), Dr. Sanjeev Sockalingam (Centre for Addiction and Mental Health), Dr. Melanie Barwick (The Hospital for Sick Children), Dr. Simone Dahrouge (Bruyère Research Institute), Ms. Lillian Duda (Centre for Addiction and Mental Health), Ms. Emily Panzarella (Centre for Addiction and Mental Health), Dr. Aristotle Voineskos (Centre for Addiction and Mental Health)

While early psychosis intervention (EPI) services have grown in recent years, programs struggle to deliver consistent, coordinated, recovery-based care for youth and emerging adults (YEA). These challenges exist across Canada, as well as internationally. 'NAVIGATE' is a manualized model of EPI care that aims to improve the day-to-day functioning of YEA suffering from a first episode of psychosis (FEP) by incorporating four pillars of care: (1) medication management; (2) individual resiliency training; (3) supported employment and education; and (4) family education. Our multi-site project aims to evaluate: (1) the implementation of NAVIGATE and its effects on fidelity to EPI standards in Ontario, Canada; (2) system-level outcomes (e.g., the number of emergency room visits) among patients receiving NAVIGATE compared to patients who are not; (3) individual-level symptomatology and functioning outcomes; and (4) the engagement of youth and family members with lived experiences of FEP.

We include 6 EPI programs from various geographic regions across Ontario to strengthen the diversity and generalizability of NAVIGATE. The implementation and fidelity of NAVIGATE are measured via the First Episode Psychosis Services - Fidelity Scale (FEPS-FS), and sustained through regular tele-video conferencing sessions with our community of practice, 'Extension of Community Healthcare Outcomes (ECHO), Ontario Mental Health'. We also assess barriers to implementation using the Consolidated Framework for Implementation Research (CFIR). At the start of our project, we formally established youth and family advisory committees as equal partners with policy makers to guide recruitment strategies, assessment and treatment protocols, outcome measures, and the interpretation and dissemination of findings. Engagement and contributions made by our Youth Advisory Committee (YAC) and Family Advisory Committee (FAC) are measured via the Public Patient Engagement Evaluation Tool and PCORI Engagement Activity Inventory.

In total, 74 clinicians and 14 psychiatrists have been trained to deliver NAVIGATE to over 750 clients and family members across participating EPI programs. The first three EPI programs that joined our project have completed baseline and time one assessments (one year post-baseline), and a final assessment upcoming. Early results from baseline to time one assessments show improvements in delivery of team-based care, family education, and supported education and employment in relation to EPI standards. The second group (the remaining three programs) are now completing their second review (time one). In terms of engagement, the YAC, for instance, consisting of 6 diverse individuals with unique lived experiences, have completed 9 engagement evaluations and are projected to complete an additional evaluation in May 2022. Implementation and youth engagement results, as well as specific contributions made to this project by the YAC, will be discussed.

Our project is designed to improve the delivery of recovery-oriented, evidence-based EPI care for YEA suffering from an FEP in Ontario, and offer a potential roadmap to treatment both nationally and internationally. Reimagining youth and family engagement in mental health research has been incredibly valuable in developing and carrying out all aspects of our project. Our project provides strategies for executing patient-oriented research by involving youth and family members with mental health experiences as equal partners.

Parent Education for Responding to and Supporting Youth with Suicidal Thoughts (PERSYST): A Longitudinal evaluation of the LivingWorks Start program with Australian parents

Saturday, 1st October - 10:30: Concurrent 3.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 201

Dr. Sam McKay (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Sadhbh Byrne (Trinity College Dublin), Ms. Alison Clarke (Orygen and Centre for Youth Mental Health, The University of Melbourne), Ms. Michelle Lamblin (Orygen and Centre for Youth Mental Health, The University of Melbourne), Ms. Maria Veresova (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Jo Robinson (Orygen and Centre for Youth Mental Health, The University of Melbourne)

Introduction: Suicide is a leading cause of death for young people. Parents are an important point of early intervention, as they are well placed to observe suicide warning signs, monitor risk, provide emotional support, and facilitate engagement with mental health services. However, research indicates that parents lack confidence and knowledge to intervene against suicide. A small number of studies have assessed gatekeeper training programs for parents, suggesting they may be potentially efficacious for increasing knowledge, attitudes and help-seeking intentions. Yet, to date, evaluations of online programs with parents are lacking.

Objectives of the research: In 2019, LivingWorks International developed an online training program called LivingWorks Start, which is an online 90-minute, self-paced, interactive community training designed for those aged 15 years and older. The present study is the first evaluation of the program and aimed to examine the efficacy and acceptability of delivering LivingWorks Start training to parents of young people aged 12-25 years. The following hypotheses were tested:

1. Completion of the LivingWorks Start training program by parents will be associated with improved self-efficacy to support a young person experiencing suicidal thoughts and feelings, increased intentions to seek help for their child, improved suicide literacy, and reduced suicide stigma
2. Parents' scores on each variable will remain stable from post-intervention to follow-up
3. LivingWorks Start training is not associated with increased distress for parents
4. LivingWorks Start training is acceptable to parents (i.e., enjoyable and worthwhile)

Additionally, the research included an exploratory component addressing the perceived barriers and facilitators for parents to take part in the current study.

Methods and material: Participants were 127 parents of young people aged 12-25 who completed the LivingWorks Start training and consented to participate in the evaluation. Participants completed online surveys before, after, and 3-months post-training.

Results: Participants increased their perceived self-efficacy and help-seeking intentions, while also reducing suicide stigma, although stigma returned to baseline three months post-training. Suicide literacy was also found to increase, but only at the three-month follow-up. Most participants reported that they enjoyed the training, would recommend it to others, and that it met or exceeded their expectations. Most did not find the training distressing. Parents reported choosing to participate because they wanted to know more about the topic of suicide, because it was relevant to their child, or because they wanted to help their own or other children. Reported barriers to participation were time constraints, confidentiality concerns, and fears related to the topic.

Conclusion: Online gatekeeper training for parents can be beneficial and is rarely associated with distress.

Are Australian early psychosis services working? Exploring clinical and functional outcomes of a large dataset

Saturday, 1st October - 10:30: Concurrent 3.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 522

Dr. Ellie Brown (Orygen and Centre for Youth Mental Health, The University of Melbourne), Prof. Andrew Thompson (Orygen, Parkville, VIC 3052, Australia), Ms. Georgia Williams (Orygen and Centre for Youth Mental Health, The University of Melbourne), Mrs. Heather Stavely (Orygen)

Introduction: Services for individuals with a first episode of psychosis (FEP) or at ultra-high risk of psychosis (UHR) have become a treatment model of choice in mental health care, with services in Australia now established across the country. Most research on the impact that these services have on clinical and functional outcomes comes from highly controlled research trials, less is reported on how these services do in the ‘real world’.

Objectives: This study aimed to use the clinician collected data from national early psychosis services in Australia to explore the impact these services are having and what potential future targets might be for these teams.

Methods: We analysed data from FEP and UHR services delivered across Australian primary youth mental health care services known as *headspace*. Outcome measures were completed and entered into a minimum dataset every 90-days a participant was receiving treatment and included psychiatric symptomology (brief psychiatric rating scale, BPRS, and psychological distress, K10) and psychosocial functioning (SOFAS and My Life Tracker, MLT). Linear mixed effect models were used to evaluate changes in outcome over time.

Results: Outcome data from a total of 1252 young people were evaluated (643 FEP, 609 UHR). Of those who entered UHR services, 11.8% transitioned to FEP services. Overall, substantial improvement in clinical (BPRS, K10) and functional (SOFAS, MLT) outcomes were seen across groups and outcomes. UHR patients showed a greater reduction in distress symptoms, while FEP patients experienced a greater reduction in positive psychosis symptoms. Although clinical outcomes showed a plateau effect after approximately three months of care, improvement in functional outcomes (SOFAS, MLT) continued later in treatment.

Conclusions: These findings support the use of real-time, real-world and low-cost administrative data to rigorously evaluate symptomatic and functional outcomes in early psychosis treatment settings. Findings that functional outcomes improve past the remittance of clinical outcomes also supports the functional recovery focus of early psychosis services and the need for UHR services to extend beyond six months of care.

Harnessing the power of data for youth mental health service improvement – showcasing an early psychosis clinical quality registry

Saturday, 1st October - 10:30: Concurrent 3.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 696

Ms. Emily Painter (Orygen), Ms. Jo Fitzsimons (Orygen), Ms. Karine Fernandez (Orygen), Mr. Dean Kolovos (Orygen), Prof. Andrew Thompson (Orygen, Parkville, VIC 3052, Australia)

Introduction/Rationale:

Mental health service improvement is needed and overdue globally.

In order to improve a problem, first you need to understand it. In the modern world, that means collecting and analysing data.

Objectives:

The Australian Early Psychosis Collaborative Consortium (AEPCC) aims to facilitate continuous feedback and improvement in Australian clinical services for early psychosis. We will achieve this through a robust, data-driven approach. By maximising the utility of mental health data, we ultimately aim to make a positive impact on young people's treatment, outcomes, and lives.

Approach:

AEPCC is constructing a national Clinical Quality Registry (CQR) for Early Psychosis to achieve the objectives above. It will be the first of its kind in the youth mental health sector, and aims to collect an important minimum dataset featuring as many early psychosis service users as possible.

Clinical quality registries are common across many health issues such as cancer, joint replacement, and heart failure. Important data insights are fed back to relevant stakeholders including service managers, clinicians, government, and the patient group. Case studies of successful clinical quality registries demonstrate powerful outcomes not limited to:

- Enhanced survival of patients
- Improvements in quality of life
- Reduced hospital stays
- Reduced treatment cost

Ultimately, clinical quality registries have been shown to improve adherence to evidence-based care, and thus drive improvement in real life outcomes.

The AEPCC QCR will be constructed in close collaboration with sector stakeholders including the lived experience community. This is to ensure the intervention will have the greatest chance at success, and provide benefit to all.

Practice/Policy Implications:

Mental health is just as important as physical health, and thus we believe it's time to apply the QCR framework to the mental health sector. We hope this registry will prompt the creation of others around the world. Clinical quality registries are also powerful advocacy tools, and can be used to campaign for funding where it is needed.

Conclusion:

In this presentation, we will discuss the need for (and complexities of) implementing a registry platform within and across early psychosis clinical services. We will also discuss our approach to ensuring lived experience is front and centre to this project. Overall, we hope interested parties will take away some of our learnings so far, and perhaps be inspired to advocate for their own registry projects locally. In our view, a culture of continuous improvement in the mental health sector can only benefit those accessing crucial care.

TABLE 1 - SUBSTANCE USE: Exposing Stigma's Harmful effects on Youth Impacted by the Stress and Stigma of a Parent's Substance Use Disorder

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 22

Mrs. Agnes Chen (Starling Community INC)

Over the past 30 years, the scientific community has made incredible progress in understanding the impact of toxic stress on a child's developing brain and body, underscoring the connection between childhood adversity and risk for a substance use disorder (SUD) later in life. Informed by this research, national recommendations have been made in children's mental health, substance use, and addictions aimed at decreasing stigma, promoting Children's Rights, and reducing health inequities by addressing the social determinants of health. However, children who today are exposed to the stress and discrimination related to a parent's unaddressed trauma and substance use disorder (SUD) are not directly included in this work, and stigma continues to marginalize families.

In Canada, approximately one in six children are exposed to a parent's SUD, along with the stigma society imposes on such families (Langlois & Garner, 2013; McDonald & Tough, 2014). This family and community environment contributes to a child's susceptibility for society's most pressing social issues, including up to double or even triple the risk for addiction, mental illness, and suicide (Anda et al., 2002; Leyton & Stewart, 2014; Parolin et al., 2016; Titlestad et al., 2020; Alonzo et al., 2014; Meulewaeter et al., 2019; Smith et al., 2021). Despite this risk, today, there is limited to no proactively offered supports for impact youth, families continue to be retraumatize within current systems, and stigma continues to marginalize families.

To effectively prevent the cycle of trauma and addiction within youth exposed to the stress and stigma of a parent's substance use, we must utilize opportunities within current systems known to interact with families, including the healthcare, criminal justice and child welfare system to ensure a spectrum of supports are available and offered.

This presentation will discuss the many ways structural stigma harms youth exposed to a parent's substance use disorder, and our communities opportunity to promote a family's healing.

TABLE 1 - SUBSTANCE USE: A qualitative research study exploring how young people perceive and experience substance use services in British Columbia, Canada

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 556

Ms. Roxanne Turuba (Foundry), Ms. Anurada Amarasekera (Foundry), Ms. Amanda Madeleine Howard (Foundry), Mrs. Corinne Tallon (Foundry), Dr. Kirsten Marchand (University of British Columbia), Dr. Skye Barbic (Foundry Central Office)

Rationale: Substance use among youth is troublesome given the increasing risk of harms associated. Although youth have different treatment needs compared to adults, evidence-based services and treatments have been largely designed based on adult studies and lack validation from youth. Even though substance use services are largely underutilized among youth, few studies have explored young people's help-seeking behaviours to address substance use concerns.

Objectives: To address this gap, this qualitative research study explored how youth perceive and experience substance use services in British Columbia (BC), Canada.

Methods: We applied youth participatory action research (YPAR) methods by partnering with 14 youth with lived/living experience of substance use from across the BC to inform the research process and materials. Three advisory members were hired as youth research assistants to support further research activities including data collection, analysis, and the dissemination of the findings. An initial focus group (n=3) and qualitative interviews (n=27) were conducted with youth (ages 12-24) who have lived and/or living experience of substance use (alcohol, cannabis, and/or illicit substances) and live in BC. The discussions were audio-recorded, transcribed verbatim, and analyzed thematically using an inductive approach.

Results: Young people's perceptions and experiences revolved around 3 main themes specific to the phase of service interaction they described: *Prevention/Early intervention*, where youth described feeling unworthy of support; *Service accessibility*, where youth encountered many barriers to finding relevant substance use services and information; and *Service delivery*, where youth highlighted the importance of meeting them where they are at, including supporting those with milder treatment needs by employing a holistic approach.

Conclusion: Our findings suggest a clear need to prioritize substance use prevention and early interventions specifically targeting youth. The lack of integration and capacity among service providers to provide substance use services implies that youth with milder treatment needs often do not have access to adequate support to address concerns before they are in crisis. These findings call for a more integrated youth-centred approach to address the multifarious concerns linked to young people's substance use and service outcomes and experiences. Involving youth and peers with lived and/or living experience in co-designing and co-delivering such programs is crucial to ensure their relevance and credibility among youth.

TABLE 2 - SUICIDE PREVENTION + SELF HARM 1: Developing guidelines to enable the safe, meaningful and effective collaboration of young people with lived experience of suicide in suicide prevention research: a Delphi study

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 376

Dr. Marianne Webb (Orygen; Centre for Youth Mental Health, University of Melbourne), Mr. Charlie Cooper (Orygen; Centre for Youth Mental Health, University of Melbourne), Dr. Laura Hemming (Orygen; Centre for Youth Mental Health, University of Melbourne), Mr. Alexander Dalton (Orygen), Mx. Emily Unity (Orygen), Dr. Jo Robinson (Orygen; Centre for Youth Mental Health, University of Melbourne)

Introduction: Suicide is the second-leading cause of death in young people worldwide and is the leading cause of death in Australians aged 15-24 years. Despite the prevalence of suicide and suicidal thoughts and behaviours in young people, evidence regarding interventions and treatments that work for suicide-related behaviour in young people is still emerging. Meaningful youth involvement in all stages of the research process ensures that research outcomes and interventions are relevant and responsive to young people's needs. However, to date young people with lived experience tend to be excluded from active involvement in youth suicide research due to concerns about safety and support, significantly limiting the transferability and appropriateness of interventions for this population.

Objectives: The objective of this study was to develop best practice guidelines for researchers and young people for how young people with a lived experience of suicide can collaborate with researchers safely, meaningfully and effectively in research activities.

Methods: The study employed a Delphi expert consensus method, consisting of the following two stages: 1. A systematic search of the peer and grey literature, and interviews with international experts (14 researchers, and 13 young people with lived experience of suicide), to identify possible guideline items; 2. consensus ratings of draft items by expert panel members.

Results: Included action items in the guidelines were based on an 80% consensus agreement threshold. These action items were grouped according to common themes, including risk management and safety protocols, support strategies, communication and boundaries, recruitment, training and professional development, and agency and personalisation. Key tensions between young people with lived experience and researchers will also be discussed, particularly the level of acceptable risk levels for young people's recruitment and involvement, and the dynamic nature of risk.

Conclusion: The guidelines developed in this study provide an essential and practical framework for researchers to safely, meaningfully and effectively collaborate with young people with lived experience of suicide in research activities.

TABLE 2 - SUICIDE PREVENTION + SELF HARM 1: Suicidality and self-injury with selective serotonin reuptake inhibitors in youth: Occurrence, predictors and timing

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 947

Prof. Anne Katrine Pagsberg (Child and Adolescent Mental Health Services, Capital Region of Denmark), Dr. Johanne Sørensen (Child and Adolescent Mental Health Services, Capital Region of Denmark)

Objective: Meta-analyses have established a heightened risk of suicidality for youth treated with selective serotonin reuptake inhibitors (SSRIs). The present study investigates the risk and possible predictors of suicidality and non-suicidal self-injury (NSSI) associated with SSRI treatment in a clinical sample of children and adolescents.

Methods: An observational, longitudinal, retrospective study using a within-subject study design including in- and outpatients aged 0-17 years treated with SSRIs. Data were obtained from digital medical records and prescription software.

Results: N = 365 patients were included (64.1% female), mean (SD) age 14.5 (2.04) years, with primary depression, anxiety or obsessive-compulsive disorder. No suicides occurred. When comparing the 6-week period immediately prior to versus following SSRI initiation, the patient proportion with broadly defined suicidality decreased (38.5% vs. 24.2%, $p < 0.001$) while the proportion with suicide attempts was stable (2.8% vs. 2.8%, $p = 1.000$). The proportion with NSSI decreased statistically non-significantly (12.4% vs. 8.4%, $p = 0.067$). Results from individually standardized observation periods were similar; however, the proportion with suicide attempts decreased statistically non-significantly and the proportion with NSSI decreased significantly. Suicidality during SSRI treatment was associated with previous suicidality (OR[CI] = 6.0 [2.4-14.8], $p < 0.001$), depression as indication for SSRI treatment (OR[CI] = 2.1 [1.2-3.7], $p = 0.01$), female sex (OR[CI] = 2.1 [1.1-4.1], $p = 0.02$) and previous NSSI (OR[CI] = 2.0 [1.2-3.5], $p = 0.01$).

Conclusion: Suicidality was common in youth treated with SSRIs. The patient proportion with overall suicidality decreased, and the proportion with attempted suicide was stable in the weeks following SSRI initiation. Previous suicidality, depression, female sex and previous NSSI are important predictors for suicidality during SSRI treatment in youth.

TABLE 2 - SUICIDE PREVENTION + SELF HARM 1: Innovations in suicide prevention, mental health and the media, grounded in youth voice

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 282

Ms. Chloe Sorensen (Stanford Center for Youth Mental Health & Wellbeing), Ms. Vicki Harrison (Stanford Center for Youth Mental Health & Wellbeing)

INTRODUCTION:

Media and technology are a constant presence in the lives of young people, and understanding the extent of media's influence on mental health is critical to supporting youth health and wellbeing. Engaging with social media has become a requirement of adolescence, but guidance and support in navigating its complexities is limited. And media coverage of suicide has been found to be significantly associated with the initiation of suicide clusters, with a substantial number of suicide attempt survivors reporting being affected by a media story about suicide. The lived experience of young people is a powerful source of expertise and inspiration for developing innovative approaches to mitigate the harmful effects of media on youth mental health. Collaborating directly with young people and building from their personal experiences with media is an effective strategy to improve the role of media in young people's lives.

OBJECTIVES:

The session will demonstrate ways in which community mental health professionals and organizations can empower and co-design with young people to create meaningful change in their communities, especially in the aftermath of tragedy. A youth advocate will describe how her experiences with suicide loss inspired her to partner with the Stanford Center for Youth Mental Health and Wellbeing in order to start more productive community conversations about media and mental health.

METHODS:

In this session, a youth advocate and the program director of the Stanford Center for Youth Mental Health & Wellbeing will present a case study of a highly publicized youth suicide cluster in Palo Alto, California, and describe how local youth partnered with community mental health professionals to launch a series of youth-led initiatives designed to change the way we talk about suicide, media and mental health. The presenters will highlight three initiatives that were born out of this partnership: The Tool for Evaluating Media Portrayals of Suicide (TEMPOS), Good for MEdia, and Youth United for Responsible Media Representation and how together they helped jumpstart a larger Media and Mental Health Initiative at Stanford.

RESULTS:

Building off of one young person's experience of turning pain into purpose, the presenters will highlight how community mental health professionals and organizations can play an important role in empowering young people to turn adverse experiences into meaningful change in their communities. The development of the Media and Mental Health Initiative at Stanford illustrates how collaborative partnerships between young people and community-engaged mental health professionals can lead to successful mental health innovations.

CONCLUSION:

The omnipresence of media in the lives of young people can have a strong impact on their mental health. Based on their direct, daily experiences with media, young people can be experts in identifying opportunities to improve its impact. Working with young people to develop initiatives that are grounded in their lived experiences can lead to important and groundbreaking innovations to improve youth mental health and reduce risks.

TABLE 3 - DIGITAL: Access and Use of Technology in Youth Experiencing Homelessness: Implications for Mental Health and Related Services

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 879

Dr. Shalini Lal (School of Rehabilitation, University of Montreal, Montreal, QC, Canada), Ms. Amané Halicki-Asakawa (Youth Mental Health and Technology Lab, Centre de Recherche du Centre Hospitalier de l'Université de Montréal, Montreal, QC, Canada), Ms. Amélie Fauvelle (Youth Mental Health and Technology Lab, Centre de Recherche du Centre Hospitalier de l'Université de Montréal, Montreal, QC, Canada)

Introduction: Youth homelessness is a serious and complex public health issue. Factors leading to situations of homelessness are multifaceted, and involve the interaction of issues such as a lack of affordable housing, economic insecurity, behavioral health, violence at home, lack of positive social supports, and involvement in the child welfare system. As such, youth experiencing homelessness (YEH) face multiple barriers in accessing health information and health care services, and may best be reached through information and communication technologies (ICTs). However, limited efforts have been made to synthesize literature on this topic.

Objectives: To synthesize knowledge on access and use of ICTs among YEH and to discuss implications for health care, including mental health services.

Methods: We conducted a scoping review based on Arksey and O'Malley's five-stage framework for conducting scoping reviews and informed by the Preferred Reporting Items for Systematic reviews and Meta-Analyses extension for Scoping Review (PRISMA-ScR). We searched four databases (Medline, Embase, PsycInfo, and CINAHL) for studies published between 2005 and 2019, screening 1,927 titles and abstracts.

Results: We reviewed 19 articles reporting on studies with YEH between the ages of 12-30, with the majority having been published in the USA. More than half of the samples owned smartphones, used social media, and accessed the internet weekly to search for housing, employment, health information, and to communicate with family, peers, and health workers; however, many youth faced barriers to sustaining their access to technology. Benefits of using ICTs were connecting with home-based peers, family, and case workers, which was associated with a reduction in substance use, risky sexual health behaviors, and severity of mental health symptoms. Connecting with negative, street-based social ties was identified as the most common risk factor to using ICTs due to its association with engaging in risky sex behaviors and substance abuse.

Conclusion: The high rates at which YEH are accessing and using ICTs for various goal-oriented behaviors indicates that technology plays a critical role in their lives. Prioritizing free and accessible technology in public settings (e.g., shelters, community centers, libraries, harm reduction centers, mental health organizations) and free access to mobile devices, may be an important way to empower YEH, enable them to maintain connections with pro-social peers and family, and help build their awareness of public health guidelines, health services, and information. Ultimately, this review supports the advancement of research and practice on using ICTs to deliver health information and health services to YEH, including those related to mental health, while also considering the health-related risks, benefits, and barriers that YEH face when accessing ICTs.

Reference: Lal, S., Halicki-Asakawa, A., & Fauvelle, A. (2021). A scoping review on access and use of technology in youth experiencing homelessness: implications for healthcare. *Frontiers in digital health*, 3.

TABLE 3 - DIGITAL: The Be There Certificate - Democratizing Mental Health Education

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 649

Mrs. Michelle Dowling (Jack.org), Ms. Amy Wang (Jack.org), Mr. Ezechiel Nana (Jack.org)

Introduction

The conversation around mental health is growing. Young people are finding the courage to reach out for support, but often their friends and families don't know how to respond. Created by Jack.org in partnership with Born This Way Foundation, the Be There Certificate can change that as we work towards creating a world where every young person gets the support they deserve.

Objectives

Traditionally, mental health training is costly, inflexible and varies in quality making it difficult for youth, particularly marginalized youth, to access basic mental health education. The Be There Certificate aims to democratize mental health education through this accessible, free, high quality course.

Based on the award-winning resource, BeThere.org, the Be There Certificate was designed to increase mental health literacy and provide youth with knowledge, skills, and confidence to safely support someone struggling with their mental health. It provides a deep understanding of Be There's 5 Golden Rules — a simple but actionable framework teaching people how to recognize when someone might be struggling with their mental health, their role in supporting that person, and how to connect them to the help they deserve.

Approach

We conducted a needs assessment with North America youth on their preferences and pain points with online learning. Then an environmental scan of digital education products was conducted from which we drew lessons and inspiration. Finally we engaged an agency to design and build the learning management system while the Be There team created multimedia content including videos, illustrations and interactive activities. The copy was professionally translated and then reviewed by Francophone and Spanish speaking youth. Feedback from a soft launch in February, 2022, was incorporated before launching on March 9, 2022.

The Be There Certificate is a free, self-paced learning experience available in English, French, and Spanish which employs approachable language, relatable visuals, and interactive activities incorporating a variety of learning styles. Realistic scenarios enable learners to dive deeper into the complexities of applying what they learned to real-life situations.

Results

Two weeks post launch, the Be There Certificate had over 50,000 visitors from 186 countries, with a very positive engagement rate of 48.8%. (Engaged sessions last longer than 10 seconds, or have two or more page views.) Over 9,000 visitors to the site created accounts and over 2,000 users completed the training, boasting a completion rate of over 22%.

Data evaluating the impact of the course will be analyzed a month post launch, but preliminary data from the soft launch suggests high user satisfaction, and improvements in both knowledge and confidence from pre to post.

Conclusion

Through the creation, evaluation and promotion of the Be There Certificate, Jack.org and Born This Way Foundation hope to create a world where we can all safely support one another. Leveraging the relatable and approachable content in BeThere.org, this new, free online course democratizes mental health education by removing barriers to training so we can all learn to Be There for our peers and our loved ones.

TABLE 3 - DIGITAL: MIND-R: A Virtual Reality Intervention for Young People with Distressing Thoughts and Emotions

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 756

Dr. Imogen Bell (Swinburne University, Orygen and Centre for Youth Mental Health, The University of Melbourne), Ms. Cassandra Li (Oryg), Ms. Carli Ellinghaus (Orygen), Prof. Andrew Thompson (Orygen, Parkville, VIC 3052, Australia), Prof. Mario Alvarez (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Jen Nicholas (Orygen)

Introduction

Depression and anxiety are common problems for young people. Psychological treatment often involves teaching young people skills to manage negative thoughts related to depression and anxiety. This can be effective, but these skills can be hard to learn and apply in the real world. Virtual reality (VR) is a new technology in which users are immersed in a 3D virtual environment, and can hold great potential for enhancing the clinical treatment of people with mental ill-health. While preliminary research has found that VR can be used to deliver psychological interventions for a variety of conditions, little is known about how it can aid young people with mental ill-health. Therefore, a new research initiative at Orygen seeks to investigate the effects of VR-based application encompassing guided mindfulness techniques to assist young people with learning to manage distressing thoughts and emotions that can arise from depression and anxiety. Teaching young people therapeutic skills within VR environment could provide a more engaging and effective way to learn and apply these skills to everyday life.

Objectives

1. To understand the preferences of young people in the design of a VR-based application (MIND-R) for learning to manage distressing thoughts and emotions.
2. To investigate the immediate effects of VR-based application (MIND-R) compared to a standard mindfulness audio exercise.
3. To compare the experiences of using MIND-R against a standard mindfulness audio exercise.

Methods

This is a cross-sectional repeated-measures experimental study to explore the feasibility and efficacy of a VR application utilising mindfulness principles (e.g., defusion) to assist young people with mental ill-health in managing difficult thoughts and emotions. The attitudes and experiences of 40 young people (i.e., ages 16-25 years) whom experience elevated levels of repetitive negative thinking will be investigated across Orygen and Headspace sites in Melbourne. Participants are randomized to one-of-two groups, where they will first complete either MIND-R, a 10-minute guided mindfulness VR exercise, or a 10-minute mindfulness audio exercise. Before and after the exercise, they will answer questionnaires to assess their current mood, rumination and level of mindfulness. Following this, they will complete the alternative task coupled with questionnaires and a brief interview to understand their experiences with MIND-R and the mindfulness audio exercise.

Results

The present study will yield mixed-methods results, where between-groups repeated-measures analysis will be conducted to examine changes in measures before and after each condition (i.e., MIND-R and mindfulness audio). Data from the qualitative interview will be subject to thematic analysis to identify themes across interviews. During this presentation, we will report on preliminary findings from these analyses, sharing insights about the experiences and perspectives on the use of VR with young people who have mental ill-health.

Conclusion

We anticipate that the study will help to address the gap in literature by evaluating the feasibility and efficacy of a VR-based tool for helping young people with mental ill-health learn to manage distressing thoughts and

emotions.

TABLE 4 - CO-DESIGN + RESEARCH: Implementing the 'MindOut' social and emotional learning program in Irish schools: Recommendations for practice and policy

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top -
Abstract ID: 209

*Dr. Katherine Dowling (National University of Ireland Galway), Ms. Lianne McManamon (Mayo Mental Health Association),
Mr. Niall Dunne (Mayo Mental Health Association), Mr. Peadar Gardiner (MindSpace Mayo), Mr. Martin Rogan (Mental Health
Ireland), Ms. Anne Sheridan (Health Service Executive), Ms. Meabh McGuinness (Health Service Executive), Prof. Margaret
Barry (National University of Ireland Galway)*

Introduction: The promotion of young people's mental health and wellbeing is essential to ensure healthy development and positive social and health outcomes in adulthood. School-based social and emotional learning (SEL) interventions are an effective universal strategy for improving the mental health and wellbeing of young people; however, real-life implementation of these interventions is often inconsistent and weak leading to a lack of program effects.

A large RCT study assessing the effectiveness of the MindOut SEL program in disadvantaged schools in Ireland, revealed a number of positive mental health and wellbeing outcomes for students. However, positive outcomes were only found in schools that delivered the program with high-quality (Dowling et al., 2019; Dowling & Barry et al., 2020a; Dowling & Barry, 2020b). In response to this study, a partnership was established between local and national stakeholders (National University of Ireland Galway, Mental Health Ireland, Health Service Executive, Mayo Mental Health Association & MindSpace Mayo) to support higher-quality implementation of the MindOut program in Irish post-primary schools. This study aimed to monitor the implementation of MindOut and identify influencing factors which impact on high-quality implementation. These findings will help to inform best practice and enhance the future delivery of evidence-based programs in schools.

Objectives: The key objectives of this study were:

- To monitor schools' level of implementation quality across several implementation dimensions (e.g., dosage, adherence, adaptation, quality of delivery, participant responsiveness).
- To identify the contextual factors that impact on implementation quality based on the Consolidated Framework for Implementation Research (CFIR).
- To propose strategies that can target these influencing factors in order to enhance future implementation quality of school-based SEL programs.

Methods: This study involved a mixed methods approach to investigate the implementation of the MindOut program in six post-primary schools in county Mayo. Data were collected from teachers (n=11), principals (n=6) and students (n=88) across three different time-points: pre-delivery, delivery and post-delivery. Quantitative data were aggregated to produce an implementation index score which assessed level of implementation quality across several dimensions in each school. Qualitative data were thematically analyzed by mapping identified codes onto the CFIR.

Results: Findings demonstrated variable implementation for participating schools across the different implementation dimensions. Codes were mapped onto 23 of the 39 CFIR constructs across all five multi-level domains, highlighting several factors that were likely to impact on implementation quality of the program. Some of these determining factors included; teacher beliefs and attributes, program relevance, leadership engagement, school implementation climate and adequate planning. The presence of implementation support was also found to be a key facilitating factor for higher implementation.

Conclusion: The findings point to the importance of strong implementation support to ensure high quality implementation of school-based SEL programs. This support is critical to maximize program impact. A number

of other practical strategies and recommendations were also identified, which have direct implications for policy and practice. A combination of these strategies, alongside an effective implementation support system, are strongly recommended for school-based programs to ensure higher quality implementation and in turn, better outcomes.

TABLE 4 - CO-DESIGN + RESEARCH: Ready to Work: Key learnings from the rapid expansion of headspace Work and Study, a clinically integrated online vocational service, in response to COVID-19

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 702

Ms. Ella Hewitt (headspace National), Ms. Karen Fletcher (headspace National)

Introduction

headspace Work and Study, a clinically integrated online employment and education support service, has been a sector leader in developing a personalised model of vocational support to young people living with mental health difficulties. Delivered entirely online, and set within the clinical headspace model, to date the service has supported over 3,500 young Australians to reach their work and study goals whilst managing their mental health.

Objective

This presentation will follow the service's journey in response to COVID-19, as it tripled in capacity to support more young people at a time of unprecedented need and developed a scalable and replicable online model that other services can learn from. Presented with input from a service user, hear how the service refined a successful clinical integration model, maintained service delivery to thousands of young people and developed unique online resources to support young people with their work and study engagement. Key learnings for embedding work and study obtainment in a clinical setting will provide insight for others who may be considering how they can support young people with functional recovery, and those interested in effective online service provision.

Approach

The headspace Work and Study model has been refined over six years, with a majority non-clinical workforce the service has had to continuously evolve to meet the needs of both young people and staff. The service expansion in response to COVID-19 saw hiring of staff nationally across Australia, increased clinical capacity, new ways of multi-disciplinary working, changes to service structure and need to support staff in permanent work from home positions. Whilst the service has been a leader in online provision since establishment in 2016, increased demand and the new norm of digital access has resulted in quickly evolving processes, new approaches to engaging and supporting young people, and importantly ways of ensuring high quality online care.

Implications

A large satisfaction survey undertaken during the pandemic has highlighted the success of the model and take-aways for other providers, with young people agreeing that the integration of mental health and vocational support through the same service is of benefit and that they felt supported to reach their work and study goals. Similarly, high satisfaction from participants indicates that online support has a valid role to play long-term alongside in person services. This presentation will include personal reflections from a service user on their journey in the program, highlighting the critical role vocational support can provide in recovery. Feedback from service staff and cultural work undertaken also reflects positively on the service expansion from a multi-disciplinary staffing perspective.

Conclusion

Whilst many services moved temporarily online in response to COVID-19, headspace Work and Study showcases the unique value and longevity of entirely digital services in the post pandemic world. It highlights the importance of person centred and clinically integrated vocational support in a young person's journey, and how similar services can literally achieve life changing outcomes for the young people they support.

TABLE 4 - CO-DESIGN + RESEARCH: The UBC Youth Research Advisory Panel: Moving From Consultation to Co-Creation

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 530

*Ms. Alisha Daya (Foundry), Ms. Jeanna Pillainayagam (Foundry), Ms. Gloria Cheung (Foundry), Mx. Zee Goerzen (Foundry),
Mr. Dan Nixon (Foundry), Dr. Skye Barbic (Foundry)*

Introduction or rationale:

This presentation will explore the centering of youth voices and youth representation within research from the perspective of panel members from the UBC Youth Research Advisory Panel. The panel members will share the benefits of meaningful youth engagement within research and the importance of including youth at a co-creation level.

Objectives (of project and/or research):

To combat the exclusion of youth voices and the transactional nature of the current youth engagement work being done in research, the UBC Youth Research Advisory Panel (YRAP) aspires to allow youth and researchers to co-design research surrounding youth health. The panel provides feedback to researchers grant proposals, leading with their lived experiences and knowledge of the challenges the healthcare system presents to patients. The co-creation relationship allows the youth panel members to engage in bridging the gap between the views and priorities of the researchers with the views and priorities of the youth. This process allows the youth to identify assumptions around their lived experiences the researchers may be making and inform the perspectives the researcher takes in their research.

Methods or approach:

The youth on the panel work collaboratively with the researcher, providing direct feedback and edits to research grant proposals. The youth have full discretion over which researcher they feel they can support through continued interaction or a letter of support. The youth panel was comprised of youth with lived or living experience (n=10, age 13-25) The panel allowed young people to collaboratively work alongside researchers on their engagement strategies and methods. The panel initially provided feedback but as more projects were undertaken moved towards ideation and co-creation.

Results or practice/policy implications:

The panel gives youth power over their own narratives of their health and the ability to address unmet needs. This work is central to closing the knowledge gap between service providers and youth. This panel also has positive and empowering effects on the panelists themselves through the tangibility of the actions taken. This work allows research to be more representative, shifting the focus from publication and prestige to intentional knowledge exchange. The experience of working with the panel is a step in improving research as the work with youth will allow the researchers to reflect on their own work. The panel is working to move youth engagement within researchers beyond just consultation to co-creation and co-design.

Conclusion:

The lack of youth voice and representation including Indigenous, Black and People of Colour (IBPOC), two-spirit, and queer (LGBTQIA+) individuals within research hampers the effectiveness of research both in its execution and its impact on society. The exclusion of diverse voices from the research process disconnects researchers from the youth population they are hoping to impact. The current system treats youth as supplementary voices to research, only capable of providing context. Youth are not supplementary but are essential and critical voices to creating meaningful research outcomes.

TABLE 5 - CO-DESIGN + RESEARCH DESIGN: Reimagining the concept of ‘vulnerability’ in research design

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 473

Ms. Jo Farmer (Orygen and Centre for Youth Mental Health, The University of Melbourne)

When designing ethical research, researchers must think carefully about balancing any potential harm caused by research with the benefits of undertaking the research. Crucial to this process is meaningfully understanding how vulnerable young people with a mental health condition are to the harms of research. In Australia, the National Health and Medical Research Council posits that people with a mental health condition are “more-than-usually-vulnerable” to research harm and that young people may be, at different levels, vulnerable through immaturity (NHMRC, 2018).

Without fully understanding the concept of ‘vulnerability’ to harm from research among young people with a mental health condition, there is a risk that research design and ethics approval processes skew the assessment of young people’s capacity to participate in research. The consequences of this are that research and researchers may be inadvertently paternalistic, limiting young people’s ability to take part in research in a way that is meaningful for them, or indeed, to take part at all.

This table top presentation will present emerging findings from the presenter’s PhD literature review into the concept of ‘vulnerability’ as experienced by young people with a mental health condition. The objectives of the research are to understand how vulnerability is currently framed, and to identify what evidence and practice currently shapes how researchers make determinations about young people’s vulnerability and capacity to participate in various stages of the research process (including design, participation as research subjects, analysis, reporting and dissemination).

The following table top discussion will then guide participants to reflect on their own experiences of designing research with young people, and how they have understood young people’s vulnerability and capacity.

Understanding vulnerability is a critical first step for reimagining research that better incorporates the voices of young people with a mental health condition, both as co-researchers and research participants.

TABLE 5 - CO-DESIGN + RESEARCH DESIGN: Receiving Youth-Generated Feedback for Researchers: From Defense to Co-design

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 524

Ms. Jeanna Pillainayagam (Foundry), Dr. Skye Barbic (Foundry), Mr. Dan Nixon (Foundry), Ms. Gloria Cheung (Foundry), Ms. Alisha Daya (Foundry), Mx. Zee Goerzen (Foundry)

Introduction and Rationale: To combat the exclusion of youth voices and the transactional nature of the current youth engagement work being done in research, the UBC Youth Research Advisory Panel aspires to allow youth and researchers to co-design research surrounding youth health. The panel provides feedback to researchers on grant proposals, leading with their lived experiences and knowledge of the challenges the health-care system presents to patients. The co-creation relationship allows the youth panel members to engage in bridging the gap between the views and priorities of the researchers with the views and priorities of the youth.

Objectives: This project examined the feedback provided by the members of the UBC YRAP to researchers on draft grant proposals, as well as the general criteria the youth use to assess the quality and impact of the proposals. The YRAP members shared the elements that they believe are important to include when designing research processes and spaces intended for youth, to include youth, or to benefit youth.

Methods: A panel was created, comprised of youth with lived or living experience (n=10, age range 13-25). This panel worked alongside researchers to inform researchers on the youth engagement work taking place within their proposed research projects. The panel reviewed, collaborated and co-created engagement strategies with researchers when they were applying for grant funding. The panel did this through a series of virtual zoom meetings in which they talked through and workshopped their feedback with the researchers.

Results or practice/policy implications: When evaluating the draft grant proposals and study ideas brought forth by researchers, factors considered include:

- Representation - How will the researchers ensure that there is adequate representation across relevant identifying factors such as ethnicity or gender?
- Safety of Youth - Will the research pose a psychological and/or safety risk to the youth before, during, or after participating in the research?
- Practicality - Is the outcome of the research directly benefiting youth? Can the outcomes of the research be applied and utilized readily?
- Accessibility - Are there accommodations in the study for youth with physical disabilities? How about youth without access to any technology needed for the study?
- Nuance - Are there some details that come from lived experience as a young person accessing the health-care system, that might have been overlooked when designing the study?

Conclusion: Consulting youth when designing research that is meant for youth helps bridge the knowledge gap between the perspectives of researchers and the perspectives of young people. Youth who have lived experience accessing the healthcare system can be a valuable resource for researchers as they attempt to make the outcomes of their research more applicable in the lives of young people. Enlisting youth to provide feedback when designing such research and being aware of the factors young people use to evaluate the proposals not only empowers youth, but also makes the research outcomes much more powerful.

TABLE 5 - CO-DESIGN + RESEARCH DESIGN: Creating A Safe Environment for Youth in Research Early in the Research Cycle: The UBC Youth Research Advisory Panel

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 525

Ms. Gloria Cheung (Foundry), Ms. Jeanna Pillainayagam (Foundry), Mx. Zee Goerzen (Foundry), Ms. Alisha Daya (Foundry), Dr. Skye Barbic (Foundry), Mr. Dan Nixon (Foundry)

Introduction or rationale: The current ways of engaging youth in research can be harmful to youth and may not meaningfully involve youth when informing outcomes and impacts of the research. The lack of safety, denial of people's experiences as valid, lack of representation, age bias and stigma surrounding mental health are all inhibitors to meaningful youth engagement in research. This presentation will outline how to safely engage marginalized youth, two-spirit, queer, IBPOC and LGBTQIA+ youth throughout the research process when studying mental health.

Objectives (of project and/or research): To combat the exclusion of youth voices and the transactional nature of the current youth engagement work being done in research, the UBC Youth Research Advisory Panel (YRAP) was designed to allow youth and researchers to co-design research surrounding youth health. This project attempted to create a process for youth involvement in supporting researchers with grant proposals and leading with their lived experiences and knowledge of the challenges the healthcare system presents to patients. Our project attempted a co-creation relationship between youth and researchers to bridge the gap between the views and priorities of the researchers with the needs and priorities of the youth.

Methods or approach: The youth on this panel (n=10 youth with lived and/or living experience) work collaboratively with researchers to provide direct feedback and edits to research grant proposals, including the co-design of research questions, methodology and knowledge translation activities. The youth on the panel have full discretion over which researcher they feel they can support through continued interaction or a letter of support for the grant submissions. Panels inform, shape and create diverse research projects that have direct impacts on youth health in British Columbia, Canada, and beyond.

Results or practice/policy implications: Several factors have been identified for success by the YRAP for meaningful engagement of youth with researchers at the early stages of the research process, specifically grant writing. This includes but is not limited to:

- Articulating ground rules clearly and ensuring agreement of all members at the beginning of the process;
- Creating a safe space where everyone feels comfortable through fostering an equal power, group accountability and respectful environment;
- Optimizing different means of communication including talk, message group, anonymous survey on YRAP site;
- Ensuring proper use of pronouns;
- Meaningful Land acknowledgments;
- Facilitating greater accessibility;
- Discussion and naming of microaggressions when they occur;

Conclusion: When youth are meaningfully engaged within research it allows for the free exchange of ideas amongst youth and researchers. It will empower youth to have a voice in relevant research processes such as formulating a grant proposal and the execution of the research procedures. Meaningful youth engagement early in the research cycle allows for more voices to be heard in a safer manner and for research to be translated into

action more quickly. The learnings from the YRAP have helped research become more relevant and applicable to the daily lives of young people.

TABLE 6 - IMPLEMENTATION QUALITY: Bridging the gap: Optimising the implementation of evidence in children and young people's mental health

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top -
Abstract ID: 482

Dr. Holly Bear (University of Oxford), Dr. Timothy Clarke (Norfolk and Suffolk NHS Foundation Trust), Ms. Georgia Naughton (McPin Foundation), Ms. Tanya Mackay (McPin Foundation), Ms. Sarah Shenow (Sarah Shenow Consulting)

Background: Despite efforts to increase access to services and a proliferation in the number of interventions available, outcomes for young people remain suboptimal. This can be attributed, in part, to the complex process of implementing evidence-based approaches into practice. Providers are faced with a complex array of barriers which impede the implementation and adoption of established evidence-based practice (EBP). Similarly, researchers face challenges in progressing their findings into 'real-world' settings. Given these multifaceted challenges, it is important that we work toward building core knowledge about what facilitates the implementation of EBP. **Objectives:** To address this complex challenge, we are using implementation frameworks to investigate factors which optimise and hinder the implementation of research into practice in order to make recommendations across clinical, commissioning, and academic settings. **Methods:** In collaboration with the McPin Foundation, we are conducting a mixed methods study in collaboration with two lived experience, young people young co-researchers. We have co-developed a theoretically informed survey to gather case study data on the implementation of EBP in children and young people's mental health settings. Survey items include, but are not limited to, the role of co-production, organisational leadership and culture, resources, commissioner input, funding streams and implementation processes and procedures. We are currently recruiting clinicians and researchers who have been involved in developing and/or testing EBP to complete the survey. Next, in partnership with the young co-researchers, we will carry out qualitative work to gain a greater depth of understanding of stakeholders' experiences and perspectives to better understand why implementation succeeds and fails. **Results:** The psychometric properties of the newly developed survey will be presented, including the internal consistency of subscales and factor structure. Key mixed-methods findings will be discussed including practitioners', researchers', commissioners', funders', perceptions and experiences about 1) why implementation succeeds and fails and 2) the involvement of stakeholders across the implementation pathway, and impact of this and 3) how to optimise implementation in children and young people's mental health settings. **Conclusion:** We hope that this project will generate core knowledge about what facilitates and inhibits the uptake of children and young people's mental health interventions in practice. From this knowledge, we will co-develop several outputs including a validated tool to measure barriers and facilitators in practice which can be used in different contexts and settings and recommendations for how to develop a successful implementation strategy. The young co-researchers will be centrally involved in co-presenting findings, dissemination and sharing of our recommendations via workshops, webinars, video briefings and a digital report.

TABLE 6 - IMPLEMENTATION QUALITY: Triangulating Evidence in Partnership: Lessons Learned Through Research and Knowledge Mobilization

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 855

Ms. Kristy Allen (Frayme), Ms. Heather McLaughlin (Frayme), Ms. Julia Solimine (Frayme)

Introduction

To create effective, sustainable mental health and substance use solutions, it is important to engage with diverse sets of stakeholders, including youth and caregivers with lived expertise, throughout all stages of the research process. Engagement with stakeholders also extends beyond the research process into mobilizing knowledge and evidence to help inform policy, practice, and/or programs. This presentation will explore three case examples of how Frayme has embraced knowledge equity and worked to ensure the meaningful collaboration of stakeholders with diverse perspectives in practice.

Objectives

Through this presentation, participants will briefly explore how to:

- Create meaningful engagement opportunities for diverse stakeholders throughout all stages of the research process
- Provide allyship, capacity building and mentorship in a research-based setting
- Identify opportunities to create actionable and creative knowledge products

Approach

As a knowledge mobilization intermediary organization, Frayme has supported the engagement of diverse stakeholders in a number of knowledge-generating initiatives. A prime example is our work with Homewood Research Institute (HRI), identifying the tools and methodologies that are most effective for measuring outcomes related to anxiety and depression among youth who use mental health apps. We will describe how Frayme helped identify multiple opportunities for youth and caregivers to engage in the research process. This included recruitment, mentorship, capacity building and allyship of youth and caregivers to fully participate in a scientific panel, as well as hosting a Town Hall and focus groups, which engaged over 25 youth and caregivers to inform the research.

A second example is Frayme's Learning Through Living granting program, which provided \$50k of funding to four organizations to support the inclusion of diverse lived expertise into existing research programs. Importantly, the grant was adjudicated by youth with lived expertise, and each grantee was provided with support and capacity building for meaningful engagement.

Lastly, Frayme has supported a project with PolicyWise for Children & Families and the University of Calgary examining the contexts and mechanisms that lead to successful peer support outcomes. This involved a realist

review that included interviews and focus groups with youth, youth peer support workers, and organizational leaders in order to validate and expand upon findings.

Results

By partnering with various organizations and incorporating the perspectives of diverse stakeholders, Frayme was able to support the creation of relevant and useful knowledge. Importantly, those with lived/living experience have been involved in the creation of further knowledge mobilization products, including webinars and a zine (shared via Instagram).

Conclusion

This session will explore how to integrate the perspectives of diverse stakeholders into the research and knowledge generation process. We will explore the various roles stakeholders can play throughout the process when supported through allyship and capacity building. We will share some of the lessons learned during these processes and discuss how knowledge equity can be achieved by re-imagining what ‘counts’ as evidence and democratizing knowledge.

TABLE 6 - IMPLEMENTATION QUALITY: Reimagining implementation and quality improvement in youth mental health: The Implementation Lab

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 577

Ms. Sian Lloyd (Orygen - National Centre of Excellence in Youth Mental Health), Ms. Sophie Prober (Orygen - National Centre of Excellence in Youth Mental Health), Mr. Craig Hamilton (Orygen - National Centre of Excellence in Youth Mental Health), Ms. Yamiko Marama (Orygen - National Centre of Excellence in Youth Mental Health)

Introduction

In 2016, the Australian government funded 31 healthcare commissioning organisations known as Primary Health Networks (PHNs) to develop new regional service models for young people experiencing severe and complex mental health issues, known as Youth Enhanced Services (YES). Orygen was funded to provide guidance and support to the PHNs on the design and commissioning of these new models. By 2019, most YES programs were functioning, resulting in Orygen receiving ever-increasing requests to support programs with implementation, quality improvement and capacity building. Responding to this need, Orygen developed a new systemic approach to service improvement, known as the Implementation Lab ('the Lab').

Approach

Delivered by Orygen's Service Implementation and Quality Improvement (SIQI) team, the Lab involves the Orygen team working with cohorts of up to six services (and their healthcare commissioner) to achieve collaboratively agreed upon improvement goals over a period of 12 months. The approach is described as a 'Lab' to acknowledge the experimental nature; that there is much for all of us in the sector to discover about how best to design, deliver, and improve new models of care.

The Lab's design was informed by the Orygen team's prior experiences of working with YES programs and PHNs, and the healthcare improvement literature. In particular, the approach is underpinned by the Promoting Action on Research Implementation in Health Services integrated (i-PARIHS) framework (Harvey & Kitson, 2016), which conceptualises how evidence can be successfully implemented in healthcare settings using the process of facilitation. Recognising that *how* things are done is as important as what's done, the Lab approach is highly relational and values based. The SIQI team put an onus on embodying four core values – curiosity, collaboration, openness, and adaptability – throughout the Lab process.

There is an overarching structure to the approach, consisting of four phases: engagement, planning, doing, sustainability. In line with its value of adaptability, however, the Lab is designed to be tailored to the individual needs of services in their unique contexts. To achieve this, feedback data from participating services is regularly sought and reviewed by the SIQI team.

Results

Since its inception, the Lab approach has been delivered to 11 services over two cohorts. Examples of issues we have helped services with include: eligibility criteria and intake processes, case allocation processes, review and discharge processes, professional development, care pathways and system integration, access to psychiatric secondary consultation and team reflective practice. Aside from providing support to each service within a cohort, a community of practice is developed to facilitate peer-to-peer support and learning.

To illustrate the approach and its impact, we will present case studies from the first two cohorts of the Lab, which will include data from monitoring and evaluation activities.

Discussion

The Implementation Lab has demonstrated itself to be a promising approach to improving the quality of youth mental health services. We will discuss our key learnings, challenges, and plans for making the approach more

accessible and equitable in Lab 3.0.

TABLE 7 - IPS: The future is in our hands: How integrating work and study in mental health centres internationally helps young people's outcomes.

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 521

Ms. Sarah Watson (headspace), Mr. Matthew Wenger (Foundry BC), Dr. Skye Barbic (Foundry), Ms. Carolyn Watts (headspace Australian Youth Mental Health Foundation)

Introduction

headspace is Australia's national youth mental health foundation and Foundry is a province wide health and wellness service for young people in British Columbia.

headspace Australia and Foundry Canada provide young people with in-person, time-unlimited and individually tailored vocational support through Individual Placement and Support (IPS), a world-recognised, evidence-based program. IPS when delivered in a mental health setting leads to improved lifelong, vocational and mental health outcomes. Join us as we share insights on how each organisation has successfully established the program in its centres.

Objectives

Our presentation will explain how the IPS program has been reliably implemented in different international settings leading to positive outcomes for young people. We'll explore the guiding principles in the IPS model that assist to establish effective vocational support in an early intervention, youth mental health service worldwide. We'll also discuss the unique aspects each organisation faced and how the program was tailored to support young people in each country.

Approach

headspace Australia trialled IPS in 24 centres for 3 years and based on its success recently expanded the program to 50 centres with over 100 staff. In 2021 our centres supported over 1500 young people with their work and study.

Based on the success of a pilot program in 2020 -2021, Foundry has recently expanded IPS programming to include 12 centres and a virtual service. Across the province of British Columbia, approximately 30 staff are supporting over 200 youth who have enrolled in the program, with a three-year target to reach over 1,500 youth who are not in employment, education, or training.

Both organisations use the evidence-based IPS fidelity scale which outlines key criteria for the program's success. Independently each organisation has complemented the program with a digital work and study service to assist young people in remote locations or those who may prefer an online service. We also provide personalised support for the program and gather data for research purposes to verify that the program is leading to better mental health and economic outcomes for young people. Through our partnership we've shared approaches and gained some fascinating insights on the similarities and differences in our programs and identified some important barriers and enablers for successful implementation.

Implications

This exciting program offers young people hope for their futures with practical and caring support in important aspects of their lives; work and study. Delivering the program through accessible, youth-friendly mental health services is an ideal way for young people to become involved and can assist services with providing more holistic and appealing support choices.

Conclusion

We've shown that a well-integrated vocational service can be established in centres to support young people across the world and that partnering with other organisations is mutually beneficial and strengthens the pro-

gram.

TABLE 7 - IPS: Can the rate of a young person's mental health improve more when they are receiving an IPS service with their clinical care as opposed to just receiving clinical care in a non-theoretical setting?

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 690

Ms. Alice Wilkin (headspace National), Mr. Nic Telford (headspace National)

1. Introduction

Individual Placement and Support (IPS) is an international model of vocational support for people with serious mental illness. headspace has implemented IPS in 50 centres across Australia - integrating the program alongside existing clinical programs to support young people's mental health, well-being, and vocational needs.

2. Objectives

Within the IPS website, and associated grey literature, IPS publishing on implementation is dominated by research pilots, time limited interventions, and/or theoretical applications of the program. Additionally, peer-reviewed literature on IPS implementation is also lacking. For example, over a period of ten years, only three peer-reviewed articles were found in the journal databases ProQuest Central and PubMed using the keywords of; services of youth employment, mental health, clinical treatment, clinical intervention, and functional recovery.

headspace has successfully applied a real-world application of the IPS program integrated within an existing youth mental health service across Australia. In addition to the vocational outcomes expected of the IPS program, this study explores the impact on young people's mental health and wellbeing of receiving an integrated vocational and clinical service, and how these outcomes compare to a like group of young people who only receive clinical care.

3. Methods

Data were collected via the headspace centre and IPS minimum data sets over 12 months during 2021/22. We analysed changes in three key outcome measures used across headspace programs that holistically explore a range of factors that contribute to young people's mental health and wellbeing. These measures include the Kessler 10 (K10) which measures a young person's self-report of psychological distress (Kessler et al., 2002), MyLifeTracker (MLT) which is a self-reported quality of life measure developed specifically for youth mental health services (Kwan et al., 2018), and Social and Occupational Functional Assessment Scale (SOFAS) which is a clinician rating of current functioning (Goldman et al., 1992).

4. Results

Early analysis of over 250 young people receiving IPS and almost 7,000 young people who received a clinical service and no vocational support indicate considerably greater improvements across all measures for the IPS clients. More than eight in ten achieved significant improvement in one or more of the outcomes measures during their episode of care, and beyond the outcomes achieved for those young people who only received a clinical service. Variations across key demographic groups will also be explored.

5. Conclusion

The integration of a vocational program within a clinical setting can not only achieve positive work and study outcomes but can also support effective improvements in quality of life, psychological distress, and functioning, beyond the outcomes achieved through clinical care alone.

TABLE 7 - IPS: Supporting the Individual Placement and Support workforce: development and implementation of an IPS Workforce Development Framework in Australia

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 561

Ms. Catherine Gayed (Orygen), Ms. Gina Chinnery (Orygen), Ms. Kerry Pennell (Orygen), Prof. Eoin Killackey (Orygen and Centre for Youth Mental Health, The University of Melbourne)

The Individual Placement and Support (IPS) model has been shown nationally and internationally to be an effective approach to achieving vocational outcomes for individuals experiencing mental ill health. The IPS model integrates vocational support with clinical mental health care to focus specifically on supporting engagement or retention in education and employment for individuals experiencing mental ill-health.

In 2019, KPMG conducted a review of the IPS program in headspace centres across Australia, noting competence and attitudes and the background and experience of vocational specialists as a key enabling factor in the effectiveness of the IPS program.

In 2020, Orygen was engaged to develop and implement an IPS Workforce Development Framework to support the expansion of IPS in headspace with the aim to increase IPS workforce availability, capacity and capability and improve retention and career opportunities for the workforce. Critical to the success of IPS is a workforce with the skills to effectively deliver the IPS model while ensuring the foundational principles of IPS are maintained.

In developing the IPS Workforce Development Framework, Orygen conducted an evidence review and consulted with IPS specialists, supervisors and clinical service managers; young people with an experience of receiving employment or career support and external stakeholders with career development and employment services expertise.

Through a number of surveys and focus groups consistent themes emerged as opportunities for improvement, clustering around the core features of delivering the program. These included:

- Understanding young people and their mental health needs
- Developing employment placement and support skills
- Developing education placement and support skills
- Career planning, support and advice
- Understanding and applying the unique components of the IPS model.

An IPS competency framework (tailored to an Australian and youth context) was also developed, clearly articulating the capabilities IPS workers require alongside options for resources and learning and development activities to support improvement in IPS practice and opportunities for career pathways for IPS workers. The ultimate outcome for the IPS Workforce Development Framework is to improve vocational recovery outcomes for young people, resulting from improvements to the IPS workforce, and the systems in which they operate.

This presentation will describe the process involved in developing the IPS workforce development framework, including examples of learning and development modules and resources for IPS workers, and an overview of how the framework will be implemented for IPS workers supporting young people experiencing mental ill health in Australia.

TABLE 8 - DATA USE: The power of data to understand and improve young people's experience of youth mental health services: Insights into a national approach with international relevance

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 689

Ms. Vanessa Kennedy (headspace National (Australia)), Mr. Nic Telford (headspace)

Introduction: headspace, Australia's National Youth Mental Health Foundation, has built one of the most comprehensive and useable data collection systems in the field of youth mental health internationally. headspace takes a data informed approach to all its in-person and digital services, and each service has comprehensive data collection and measurement embedded within its service model for monitoring, reporting and evaluation purposes. Data is fed back in real time to service providers and managers to inform service delivery and to improve the service experience, engagement and outcomes of young people. The data headspace collects, and how it is collected, is informed by young people.

Objectives: In this presentation, we will consider what it means to create and sustain a data-driven culture in which holistic evaluation and service monitoring is both embedded and valued. We will describe headspace's approach across all aspects of data collection, management and use whereby young people and staff from across the organisation play an integral role. We will also describe the infrastructure headspace uses for its data collection and management. We will share challenges that headspace has faced and continues to navigate, and describe upcoming work to increase the relevance and appropriateness of its data items and systems for key population groups including refugee and migrant young people.

Approach: In addition to outlining core components relevant to all headspace services, we will use a case study approach in which we focus on one of headspace's innovative national services. We will share examples from our data platforms and interactive Tableau dashboards so that those who attend this session will experience what the data journey is like from a young person's perspective, Service Provider's perspective, and Management perspective. This session is designed to be of relevance to organisations starting out in their data journey, as well as established organisations looking for ideas for future directions.

Implications (practice/policy): Through sharing how headspace approaches national data collection, including challenges faced, we hope to support other youth mental health organisations and specialists internationally in their approach to data both in terms of practice (e.g. what data are collected and how), and policy (e.g. how data are used to advocate for service improvements, sustainability and growth). We will welcome discussion with attendees to hear about and learn from the data experiences and learnings of other mental health professionals and organisations.

Conclusion: A robust and innovative approach to data collection and data insights is increasingly integral to the sustainability and growth of youth mental health services. Data holds significant power to improve the mental health services available to young people, and the opinions and experiences of young people are vital to ensure the right data are collected in the right way.

TABLE 8 - DATA USE: Best practices to measure gender identity in young adults with serious mental health conditions

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 876

Dr. Kathryn Sabella (University of Massachusetts Chan Medical School), Mr. Ian A. Lane (University of Massachusetts Chan Medical School), Ms. Murrone O'Neill (Boston University School of Social Work)

Introduction

Almost 80% of nonbinary and transgender adults are between the ages of 18 and 29 (Wilson & Meyer, 2021). Research suggests that gender diverse young adults face an increased risk substance use, homelessness, suicide, and poor mental health (Healthy People, 2020; The GenIUSS Group, 2014). Gender identity nonverification or misclassification can lead to additional shame, embarrassment, anxiety, and sadness (Burke & Stets, 2015). Researchers should measure participant gender identities in an inclusive and respectful way. While measures of gender identity on population-based surveys are increasingly diversified, stakeholder input varies and there is no “gold standard” (Holzberg et al., 2018).

Objectives

A longitudinal survey of young adults (ages 16-25) with serious mental health conditions (SMHC) was used to:

- Assess if within-subject gender identities change over time
- Pilot and obtain feedback on inclusive, gender diverse demographic questions

Methods

Between 2017 and 2022, 279 young adults (ages 16-26) with SMHC from across the United States participated in a longitudinal quantitative study to describe their school, training, and work activities and explore if and how those activities were correlated with various demographic and psychosocial covariates. Participants received a web-based survey (via REDCap) at baseline and every 4 months for up to 20 months. Young adult staff members with lived experience of an SMHC participated in study design and led all data collection activities. As a result of this participatory approach, the study team utilized a set of gender identity measures that were inclusive of diverse gender identities (The GenIUSS Group, 2014). Questions asked participants to identify with one or more diverse gender identities (i.e., binary and non-binary), allowed them to select multiple gender identities, and asked separately whether they identify as transgender. Participants were also asked how they prefer to be asked about their gender identity.

Results or Practice/Policy Implications

Most participants (84%) endorsed traditional gender identities (e.g., male, female). However, many young adults reported diverse gender identities (e.g., genderqueer, gender fluid) and 42 participants (26%) reported identifying with more than one gender identity at a single timepoint. Longitudinally, 11 participants reported changing gender identities over time. Most participants endorsed the way we asked about gender identity and applauded our efforts. Additional recommendations included adding additional categories (e.g., ‘agender’, ‘questioning’, or ‘I don’t know’), discarding the use of static gender categories in favor of an open-ended question, and the strong preference for using ‘man’ and ‘woman’ rather than ‘male’ and ‘female’. Many also suggested we ask for participant pronouns.

Conclusion

Young adults with SMHC may identify with more than one gender identity at any given time and their gender identity may change over time. While many young adults prefer gender to be asked with an open-ended answer, utilizing a close-ended question with multiple response options does seem viable. Answer categories should be as inclusive as possible and not utilize biological sex categories of “male” and “female”. Researchers and service

providers should continually monitor their gender questions to ensure the accurate representation of gender diverse individuals.

TABLE 9 - YMH SERVICES - DATA DRIVEN EVALUATION 1: A Digital Platform for Integrated Youth Services to Deliver Personalized and Measurement-Based Care

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 448

Dr. Debbie Chiodo (Centre for Addiction and Mental Health: Youth Wellness Hubs Ontario), Dr. Joanna Henderson (Centre for Addiction and Mental Health: Youth Wellness Hubs Ontario), Mx. Melody Recollet (Youth), Mx. Devon Walpole (Youth)

Introduction: In response to the failures of the traditional mental health system for youth both in Canada and abroad, a global movement of models of integrated youth services (IYS) that span the integration of mental health, health, substance use, education, employment, peer support, and navigation into ‘one-stop shops’ are being established nationally and internationally. Youth Wellness Hub Ontario (YWHO) is a provincial initiative with 14 established integrated youth service hubs across the province. Integrated care for youth requires a deep understanding of youth’s needs, goals, and risk status, in addition to permitting access to such information by multiple health care providers within their circle of care. To achieve this, innovative, youth- and service provider-friendly digital platforms must be available and accessible by professionals across the care pathway.

Objectives (of project/research): This presentation will describe the features of the YWHO model, with a particular focus on the implementation of a digital platform that facilitates measurement-based care within clinical services for youth between the ages of 12 and 25. In addition, this presentation will highlight the importance of including measurements that are meaningful and sensitive to youth’s goals and developmental stages.

Methods or approach. This presentation will describe the YWHO model, the innovative digital platform named by youth “My Wellness Passport”, and the measurement-based care model for integrated services delivery. Qualitative data from services providers on the barriers and facilitators of implementing measurement-based care in practice will be discussed.

Results or Practice/Policy Implications: Enablers of measurement-based care included standardized and evidence-based screening tools, monitoring youth’s progress over time with visual aids, and having a real-time understanding of client’s needs, goals, and risk status. Barriers to implementing measurement based care include service providers’ perceptions of standardized tools and data collection, double documentation, time and effort.

Conclusion: Implementing integrated care holds the potential for improving youth outcomes, and the quality and accessibility of services. Ensuring information technology infrastructure within a measurement-based care model exists will be necessary for enhancing integrated services for youth.

TABLE 9 - YMH SERVICES - DATA DRIVEN EVALUATION 1: The Service Seeking Profiles of Youth Accessing Youth Wellness Hubs Ontario

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 450

Dr. Debbie Chiodo (Centre for Addiction and Mental Health: Youth Wellness Hubs Ontario), Dr. Joanna Henderson (Centre for Addiction and Mental Health: Youth Wellness Hubs Ontario), Mx. Melody Recollet (Youth), Mx. Devon Walpole (Youth)

Introduction: Youth Wellness Hubs Ontario (YWHO) is a network of 14, one-stop service hubs where young people ages 12 to 25 years have walk-in access to youth-centered, community-based mental health and wellness services informed by youth, family members and service providers. The hubs are provincially-consistent in core features and locally led and adapted to offer and connect to a range of evidence-based services—mental health care, substance use, primary care, education, employment, housing, peer support, family support and care navigation—in youth-friendly spaces.

Objectives (of project/research): This presentation will share findings to better understand the demographic characteristics of YWHO youth, what services young people are accessing at YWHO sites, how young people articulate their goals for service, and what interventions are delivered to young people based on their needs and self-reported goals. We also will share findings on the patterns of service use for young people (number of sessions of each service, modality of service delivery, and the types of services).

Methods or approach: Youth who attend for service at YWHO sites complete standardized demographic questions, clinical screening tools, goals for service, and service satisfaction on a youth-friendly, measurement-based care digital platform. Service providers also complete standard end of visit forms to document service needs and interventions delivered.

Results or Practice/Policy Implications: This presentation will share findings from over 40,000 visits since April 2020 from youth presenting for service at Youth Wellness Hubs Ontario. From a health equity perspective, the data will highlight access to services for different ethnic, racial, and cultural groups of youth; youth with different gender and sexual identities; youth with disabilities; and youth with different educational, training, and employment experiences. Moreover, this presentation will discuss what are the primary needs and goals of youth attending for service, and characteristics of the interventions delivered to address their needs.

Conclusion: Integrated youth services are innovative approaches to youth mental health care. Patterns of service use typically diverge from traditional approaches to care. Understanding equitable access to care for all youth are critical elements in this work.

TABLE 9 - YMH SERVICES - DATA DRIVEN EVALUATION 1: eheadspace – bridging a gap for early intervention

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 750

Ms. Ashley Sheridan (eheadspace), Mr. Carsten Schley (eheadspace National Youth Mental Health Foundation – Digital Mental Health Programs)

Rationale

Timely access to care in the early stages of mental illness is pivotal to recovery and prevention of longer-term disablement. Yet, service access is a growing concern around the globe.

eheadspace is an Australian national online mental health service for young people aged 12-25 and their families. eheadspace is part of headspace, The National Youth Mental Health Foundation funded by the Australian Government of Health. eheadspace provides access to digital mental health resources around the clock and telehealth mental health support with credentialed clinicians between 9am-1am each day of the year. Service access and outcome data collected since 2011 demonstrates that digital mental health services are a feasible, highly engaging and effective alternative to face-to-face support and have a clear future in mental health.

Objectives

This presentation will outline the eheadspace model of care and how the service has been successful in its delivery of services to date.

Approach

Service development and delivery continues to be shaped through co-design processes with young people and families, end of session client and clinician evaluation, service contact data, and customer feedback.

Implications

Service users only require a phone line or internet to access support from eheadspace. The key component of self-referral, ease of use, and quick access of support allows a far-reaching distribution of mental health support across the country. The online modalities are a highly engaging medium for young people due to familiarity of using technology to communicate, ability to remain anonymous, and gain access to evidence-based care at a time when they need it and convenient for them.

Conclusion

Over 11 years eheadspace has provided an integral cornerstone for early intervention to young people and families across Australia. It is a cost-effective program that provides quality mental health care, backed by high satisfaction rates of service users. The eheadspace service model might be ideally suited for health care settings around the world aiming to promote timely access to effective treatments for young people with emerging or established mental disorders.

TABLE 10 - YMH SERVICES - DATA DRIVEN EVALUATION 2: From low to no threshold help for young students in psychological distress

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top -
Abstract ID: 807

Mrs. Lena Heitmann (Stavanger University Hospital), Dr. Wenche ten Velden Hegelstad (TIPS Centre for Clinical Research in Psychosis Stavanger University Hospital, 2nd affiliation: University of Stavanger), Ms. Lene Fjelde Øye (Clinical specialist in intensive care nursing, School-& JobPrescription), Mr. Jiri Ronzani (Specialist in psychiatric nursing, Stavanger University Hospital)

Background

The TIPS and Job- and SchoolPrescription early intervention services in Norway have long since provided low-threshold early detection of psychosis and clinical high risk states. However, during the COVID-pandemic, Child and Adolescent Mental Health Care have seen a formidable influx of referrals. Consequently, youth with severe mental health problems, often having developed over time, gain priority over youth with emerging psychological distress. At the same time, we know that psychological distress, deteriorating social functioning, and school drop-out can be early expressions of mental ill-health. Addressing these issues without delay before time lapses and emerging problems become severe may prevent adverse social and clinical outcomes and the need for Child and Adolescent Mental Health Care services.

Aim

Job- and SchoolPrescription aim to try out a liaison model for preventive and resilience building mental health services for young students (16-19) in high schools.

Methods

Psychiatric nurses who are also certified CBT therapists are on-site twice a week at two high schools in the catchment area of Stavanger University Hospital, Norway. They work using CBT-enhanced IPS (Individual Placement and Support) for education methodology. Key words are flexibility; individual needs, and cooperation with school academic and welfare staff. Data from a survey asking about needs, preferences, satisfaction and suggestions for improvement among staff and student service-users are invested in further development of the model.

Results

Data will be presented. Preliminary findings indicate that social anxiety and paranoid ideation, depression and motivation issues are prevalent among those who seek help with our workers. Some also need academic support and adaptation. The model has also been received positively by school staff. Future research will focus on preventive effects with referrals to Child and Adolescent Mental Health Care as a main outcome variable.

TABLE 10 - YMH SERVICES - DATA DRIVEN EVALUATION 2: The ACCESS Open Minds Initiative and Service Transformation in Youth Mental Health in Canada: Findings from a Qualitative Case Study

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 804

Ms. Kathleen Charlebois (Douglas Mental Health University Institute, Montreal, QC, Canada), Ms. Marilena Liguori (Douglas Mental Health University Institute, Montreal, QC, Canada), Dr. Srividya Iyer (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Ms. Yvonne Pelling (ACCESS Open Minds)

Introduction/rationale: Interest in transforming youth mental health services has grown in recent years, particularly the need to develop youth-friendly and culturally adapted services. There is also consensus that such transformation involves locally contextualized application of core principles and practices. However, what service transformation actually entails remains unclear and requires clarification. An ambitious service transformation initiative in Canada, ACCESS Open Minds (AOM), comprising 14+ sites (urban, rural and Indigenous) called upon to draw on five core principles (early identification, rapid access, continuity of care, engagement and appropriate care) when delivering services in their communities, provides an excellent platform for addressing this gap.

Objectives: The presentation focuses on how services were implemented within an initiative like AOM. More specifically, the aims of this study are to: 1) ascertain how the AOM model and various norms, values and beliefs are inter-connected, 2) trace the relationships, ties and linkages formed between sites and various stakeholders, 3) identify practices upon drawing on the AOM model and 4) examine efforts to sustain the services implemented over time.

Methods and Approach: This is a single case study with the case being the AOM model. Using the EPIS framework, data collection comprised eighty-two semi-structured interviews with stakeholders (service providers, community members, policy-makers, AOM youth and family representatives as well as researchers) as well as the analysis of 340 documents (such as minutes of meetings, annual reports and government documents). An approach combining template analysis and narrative methods was used to analyze the stakeholder interviews and documentation. Thematic saturation was achieved once no new changes were made to the template.

Results: Findings point to five major themes. First was how networking and partnership efforts through service delivery were key to successful implementation. The second theme pertains to how support from local leadership guided how the AOM model was utilized. Third are the practices to integrate outreach and recruitment activities in the community with clinical work and research/evaluation. The fourth theme explores efforts sustaining the AOM model and their positive outcomes. The fifth theme centers on how services were implemented amidst ongoing administrative and organizational constraints.

Conclusion: This presentation highlights how practices focused on connecting youth to services tailored to their needs drove implementation within an initiative like AOM, particularly in terms of partnering with other service providers while bypassing organizational challenges to youth accessing services. While sites succeeded in improving service delivery at the community level, efforts towards advocacy and engagement in service planning reflect calls for system change informed by sites' experiences implementing services. Finally, insights from this presentation may prove useful in implementing community-based, multi-component and complex interventions similar to AOM, namely by providing the bases for service transformation in youth mental health.

TABLE 10 - YMH SERVICES - DATA DRIVEN EVALUATION 2: Headspace, a youth integrated care model: The relation between users satisfaction, clinical and demographic characteristics and service utilization.

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top -
Abstract ID: 833

*Dr. Gili Hoter Ishay (Department of Community Mental Health, University of Haifa), Dr. Yaara Zisman Ilani (2Department of
Social and Behavioral Sciences, College of Public Health, Temple University), Prof. David Roe (Department of Community
Mental Health, University of Haifa)*

Introduction: Youth integrated care services were developed to overcome common barriers to mental health treatment. Satisfaction is key for services utilization and engagement.

Objectives: To study users satisfaction with youth integrated care service, “Headspace”, throughout the course of treatment and its correlation with clinical and demographic characteristics and service utilization.

Methods: A sample of 112 participants ranging between ages 12-25 who attended the Headspace clinic between March 2016 and June 2018 were assessed in the middle (after 7 sessions) and end of treatment (n=71).

Results: Participants expressed high levels of satisfaction across all service aspects at the middle and end of treatment. The highest rate of satisfaction was with the centre’s staff and the lowest with personal outcomes. A repeated measures ANOVA analysis revealed that only satisfaction with personal outcomes improved significantly over time. Length of wait to begin treatment and parental engagement were negatively correlated with youth satisfaction.

Conclusions: Satisfaction rates of Headspace among youth are high from the start and with their outcomes increase over time. Youth satisfaction with the staff’s attitude and approach and satisfaction with accessibility suggest the service achievement in addressing barriers of help seeking in youth.

TABLE 11 - SUICIDE PREVENTION + SELF HARM 2: Are we practicing what we preach? Partnering with young people in a study about youth partnerships in suicide prevention research

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 712

Mr. Charlie Cooper (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Marianne Webb (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Laura Hemming (Orygen and Centre for Youth Mental Health, The University of Melbourne), Mr. Alexander Dalton (Orygen), Ms. Emily Unity (Orygen), Dr. Jo Robinson (Orygen and Centre for Youth Mental Health, The University of Melbourne)

Introduction:

A growing literature highlights the benefits of lived experience partnerships in youth mental health research, and that these benefits extend to both researchers and young people themselves. Despite ambition within the sector to enhance the involvement of young people in our work, a multitude of barriers exist to establishing meaningful youth partnerships in research. Whilst general frameworks exist to guide patient and public involvement in research, there is limited guidance for researchers on how to meaningfully involve young people in particular research methods, including the Delphi method.

Objectives:

This presentation will provide an overview of a participatory approach to conducting a Delphi study with young people who have a lived experience of suicide and/or self-harm. The study itself aimed to investigate what constitutes best practice when partnering with young people who have a lived experience of suicide and/or self-harm in suicide prevention research. Consistent with best practice guidelines, our team sought to actively involve young people throughout the research project, from study inception to dissemination of findings. This presentation will provide an overview of how our research team collaborated with young people in a Delphi study, including a discussion of key successes, challenges, insights and recommendations for other researchers who may wish to apply a participatory framework to the Delphi method.

Methods:

The Delphi method is an internationally recognised method for developing best practice guidelines in mental health research when evidence is lacking. We recruited and partnered with two youth advisors (aged 19 and 25) who brought lived experience of suicide and contributed as active members of the research team. These two youth advisors provided guidance, feedback and lived experience leadership. In our study, this involvement included co-creating public-facing study materials; creating a recruitment video; synthesizing, reviewing and co-developing action items; co-production of a youth specific resource; dissemination of findings and community advocacy. The youth advisors' input was in addition to the 13 young people with lived experience of suicide who participated in the Delphi consensus rounds.

Results:

We will discuss in detail our approach to involving young people in a Delphi study and provide recommendations for researchers who may in the future wish to partner with young people in this way. We will discuss the tensions our team experienced when seeking to uphold the rigor of the Delphi method whilst balancing the goal of having young people involved at all stages of the research process. We will share key learnings from our study, and provide recommendations around what other researchers can do to embed lived experiences voices in their work.

Conclusion:

This presentation will upskill our audience on key approaches to partnering with young people in a Delphi study. We will conclude with reflections from our youth advisors on why, despite considerable challenges, embedding lived experience perspectives in a Delphi study has the potential to enhance research outcomes and may also benefit the young people involved.

TABLE 11 - SUICIDE PREVENTION + SELF HARM 2: Transitioning From Youth to Adult Health Care Services: A Quality Standard to Support Transitions in Mental Health Care

Saturday, 1st October - 10:30: Concurrent 3.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top -
Abstract ID: 678

Dr. Kristin Cleverley (University of Toronto), Dr. Alene Toulany (Hospital for Sick Children), Mr. Sterling Renzoni (Ontario Health Transitions From Youth to Adult Health Care Services Advisory Committee), Ms. Scarlett Davidson (mindyourmind)

Introduction

The transition from youth to adult health care services is a critical time when young people are at increased risk for negative health outcomes. Up to 70% of youth receiving mental health services need adult services after the age of 18 years. Too often, this transition is complicated by health system barriers, poor communication and coordination between youth and adult health care providers, a lack of person- and family-centred social supports and resources, and gaps in funding at the age of transition. When transitioning to adult services, up to 50% of young people disengage from care altogether, resulting in poor outcomes and increased emergency department visits and hospitalizations. To address this, Ontario Health developed a provincial clinical standard on transitions from youth to adult health care services.

Objectives

- Assemble an advisory committee comprised of young people and caregivers, clinicians, and clinical leaders from the mental health, physical health, and developmental health sectors to develop the Transitions from Youth to Adult Health Care Services Quality Standard.
- Draw on evidence from clinical guidelines and expert consensus to develop quality statements that address areas with high potential to improve transitions to adult care for young people.
- Develop additional tools and resources to support uptake of the quality standard and implementation and evaluation of quality improvement efforts.

Methods

In mid-2021, quality standard development began, outlining key areas to support transitions from youth to adult health care services. This process included recruiting an advisory committee (including experts in mental health, physical health, and developmental health), analyzing Ontario data, selecting and critically appraising guidelines, prioritizing outcomes and key topic areas, developing quality statements and indicators, identifying tools and resources, and consulting diverse stakeholders. Quality statements and indicators were developed through an environmental scan, guideline review, and stakeholder feedback. The advisory committee prioritized final topic areas.

Results

The quality standard outlines six key elements of high-quality care: early identification and transition readiness, information-sharing and support, transition plans, coordinated transition, introduction to adult services, and transfer completion. The Transitions from Youth to Adult Health Care Services quality standard can be used to help patients, families, and caregivers know what to ask for in their care; to help health care professionals know what care they should be offering, based on evidence and expert consensus; and to help health care organizations measure, assess, and improve their performance in caring for patients.

Conclusion

The *Transitions from Youth to Adult Health Care Services* quality standard provides an evidence-based resource outlining what high-quality care looks like to help young people, their parents and caregivers, clinicians, and health care organizations prioritize improvement efforts and measure success.

Symposium 3.7

Active and meaningful engagement of young people to promote mental health and wellbeing

Chaired by: Dr Gabriela Pavarini, University of Oxford, Prof. Sheila Murta, University of Brasilia

Across the world, young people remain largely excluded from decision-making around mental health research and services, despite increasing evidence that participatory approaches lead to research outputs and interventions that are more effective and better tailored to their needs. There is also their right to be involved and take part in such decisions as backed by 'best interests of the child' principle. To effectively address youth mental health concerns, it is imperative that adolescents have an active voice in shaping the mental health agenda. Young people must be supported to join debates about research and service priorities, co-design methods and interventions, and champion wellbeing initiatives. Yet, meaningful engagement requires capacity-building and training of stakeholders, structural support, and attitudinal shifts at the individual and institutional levels.

This symposium combines the perspectives of adolescents, researchers, practitioners, and human rights activists who have been working to map, support, and overcome barriers to meaningful youth participation in promoting mental health worldwide. Across six talks, we will cover: a) guidelines for co-production of mental health research with adolescents, drawing on a case study from Brazil, b) innovative approaches to enhance youth participation in promoting mental health, including a co-designed narrative chat-game in Brazil and an online peer support programme in the UK, c) initiatives to integrate psychosocial support for asylum centres in Denmark, by refugees to refugees, c) findings from a qualitative study on aspirations and perceived barriers for Brazilian adolescents' active participation in promoting community mental health, and d) summary of key themes that arose from adolescent focus group discussions conducted in 13 countries around common emotional and behavioural problems, risk and protective factors, ways of coping, facilitators and barriers to help seeking, and proposed solutions. This interdisciplinary, inter-sectoral symposium will provide the opportunity to reflect upon the complexities and opportunities that can emerge within and from participatory initiatives in youth mental health in a global context.

On My Mind: How Adolescents Perceive and Experience Mental Health Around the World

Saturday, 1st October - 10:30: Concurrent 3.7 - Symposium 3 - Active and meaningful engagement of young people to promote mental health and wellbeing (Øksnehallen Plenary Room) - Symposium - Abstract ID: 972

Ms. Emma Spurlock (UNICEF & Yale School Of Public Health), Mr. Vinicius Gaby Vieira Rego (University of Sao Paulo Medical School)

To better understand mental health issues and concerns from the voices of adolescents, UNICEF, Johns Hopkins Global Early Adolescent study, and 14 partner organizations conducted 71 focus group in 13 countries: Belgium, Chile, China, the DRC, Egypt, Indonesia, Jamaica, Jordan, Kenya, Malawi, Sweden, Switzerland and the USA. Key global themes that emerged include: 1. Adolescents often describe, understand and communicate their mental health challenges in non-clinical terms using words such as: sadness, loneliness, shame, boredom, anger and defeat. 2. The contexts of adolescent's lives drive many of their mental health concerns and improving adolescent mental health requires addressing the contexts that create distress. 3. While families can be an important source of support, they can also pose significant risks to well-being through an overall lack of support, abuse and neglect, pressure and control. 4. Despite schools' many benefits, adolescents talk more about the risks including academic pressure, unsupportive and abusive teachers. 5. Digital technologies are a double-edged sword for mental health, increasing adolescents' ability to connect with others while simultaneously exposing them to risks that negatively impact their well-being. 6. Violence, both experienced and threatened, is commonplace among adolescents, with serious impacts on mental health. 7. Mental health of boys and girls are affected by gender norms: boys feel they are expected to be tough and not express their feelings, and girls are subject to inequitable standards that devalue their lives, curtail their freedoms and pressure them towards harmful ideals of beauty. Key recommendations based on these themes are included in the report.

Adolescents' agency and responsibility towards mental health promotion: a qualitative study with Brazilian youth

Saturday, 1st October - 10:30: Concurrent 3.7 - Symposium 3 - Active and meaningful engagement of young people to promote mental health and wellbeing (Øksnehallen Plenary Room) - Symposium - Abstract ID: 902

Dr. Josimar Mendes (University of Brasilia), Dr. Sheila Murta (University of Brasilia), Dr. Felipe Siston (University of Brasilia), Ms. Rafaela Cunha (University of Brasilia), Ms. Brenda Seabra (University of Brasilia), Ms. Julyana Ferreira (University of Brasilia), Mr. Victor Hugo Santos (University of Brasilia), Mr. Rafael Ribeiro Alves de Souza (University of Brasilia), Prof. Ilina Singh (University of Oxford), Dr. Gabriela Pavarini (University of Oxford)

Introduction: Due to the current political climate in Brazil, both children's rights and mental health care are under threat. This scenario has been aggravated by the COVID-19 pandemic, which left millions of young Brazilians in situations of hardship and suffering. A potentially effective strategy to help young people cope with mental health struggles, whilst strengthening young people's critical awareness, is to foster their sense of agency and responsibility towards mental health so that they can be active players within their communities to enhance health and well-being. Taking this into account, the University of Oxford and University of Brasília created a partnership called 'Project Engajadamente', which aims to map and foster young people's transformative potential towards improving mental health.

Objective: In this communication, we present results from the first step of 'Projeto Engajadamente': a qualitative mapping of how young people recognise and apply their agency and responsibility towards promoting community mental health and well-being. We also investigated what young people consider to be facilitators and barriers to taking on this active role.

Method: The study was co-produced by a team of youth researchers that conducted 16 focus groups and 10 individual interviews (N=48) online via videoconferencing between November and December 2021. Participants were aged between 15 and 18 years old, mainly identified themselves as 'female' and included representatives from the five regions of Brazil. Each focus group or individual interview was conducted by two researchers, with the main facilitator/interviewer always being a youth researcher. Interviews were transcribed and analysed using a reflexive Thematic Analysis.

Results: With regards to *Motivation and responsibility*, young people largely felt a sense of agency to support the mental health and wellbeing of other young people, either through direct support, leadership of broader initiatives (e.g., sports, art activities) or advocacy. They also highlighted the school's potential to be a safe and adequate space to talk about mental health and to promote collective actions regarding mental health and well-being. Yet, several *barriers to engagement* were identified. Main barriers included: a) lack of skills to provide effective support; b) perceptions that the other person is not "open" to receiving help or a fear of making things worse; c) not feeling heard (e.g., lack of safe spaces/places to talk about their mental health); d) feeling underestimated (e.g., adults dismissing young people's potential to promote meaningful change); e) mental health stigma, and f) lack of current opportunities for engagement (e.g., within the school setting).

Conclusion: In general, these results indicate that Brazilian young people care about mental health and wish to promote change. However, several barriers make them afraid or incapable of engaging effectively within their peer circles or communities. These barriers make it clear that youth agency is more than an individual trait; it is fundamentally dependent on relational, community and larger structural factors that enable young people's mastery over their social and political environment.

Development of a game-chat to promote youth empowerment for mental health action in Brazil

Saturday, 1st October - 10:30: Concurrent 3.7 - Symposium 3 - Active and meaningful engagement of young people to promote mental health and wellbeing (Øksnehallen Plenary Room) - Symposium - Abstract ID: 837

Dr. Sheila Murta (University of Brasilia), Dr. Josimar Mendes (University of bras), Dr. Felipe Siston (University of Brasilia), Mr. Rafael Ribeiro Alves de Souza (University of bra), Ms. Brenda Seabra (University of Brasilia), Ms. Julyana Ferreira (University of Brasilia), Ms. Rafaela Cunha (University of Brasilia), Mr. Victor Hugo Santos (University of Brasilia), Prof. Ilina Singh (University of Oxford), Dr. Gabriela Pavarini (University of Oxford)

Introduction: The promotion of young people's mental health and well-being is increasingly recognised as an essential component of public health. However, existing interventions largely frame adolescents as passive beneficiaries of resources, rather than active agents in promoting community well-being. Given the importance of peer relationships in adolescence, young people have a unique role to play in spreading awareness, improving help-seeking and providing emotional support to others. Such meaningful engagement in promoting mental health requires capacity building initiatives that prepare young people to take on this role. Given the pandemic and current need for social distancing, digital tools offer enormous potential in a country where over 90% of adolescents access the Internet daily.

Objective: In this presentation we describe the iterative development of a digital tool, a 'chat-game' to empower Brazilian young people (aged 15-18 years) as agents of change for mental health. Chat-game consists of a novel virtual experience in which a gaming narrative unfolds as users interact with fictional characters over a texting platform.

Method. The design process followed the principles of co-production, and was jointly led by an interdisciplinary team of researchers, a group of young people, and experts in technology and narrative design. The design was guided by the scientific literature around empowerment and peer support, and results from a two-staged mapping, which identified aspirations, spheres and barriers for engagement amongst Brazilian youth. E-tool design also benefited from several rounds of input from target users, teachers and policy experts.

Results. The final chat-game consists of a 3-phase narrative game, which takes the user through a hero's journey on a quest to find their best friend in time to perform at a school play. Throughout the journey, users interact with other peers (chat-game characters) and learn new skills that enable them to take an active role in promoting mental health at school. This includes a) knowledge of social determinants of mental health and protective factors, b) peer support skills such as empathic listening and referrals, and c) skills for organising collective initiatives to promote mental health within the school setting. The narrative context reflects experiences and concerns identified during the mapping stage, including anxiety symptoms, school pressure, prejudice, bullying and uncertainty about the future.

Conclusion. An innovative digital intervention highly relevant to Brazilian youth has been developed. An acceptability and feasibility study of the game-chat will inform a randomised controlled trial of its efficacy within school settings.

Online Peer Support to Improve Adolescent Wellbeing during the COVID-19 Pandemic

Saturday, 1st October - 10:30: Concurrent 3.7 - Symposium 3 - Active and meaningful engagement of young people to promote mental health and wellbeing (Øksnehallen Plenary Room) - Symposium - Abstract ID: 973

Dr. Gabriela Pavarini (University of Oxford)

Authors: Gabriela Pavarini, Tessa Reardon, Anja Hollowell, Vanessa Bennett, Emma Lawrance, Geoffrey Mawdsley, Peer Support Young People's Advisory Group, Vanessa Pinfold, Ilina Singh

Adolescents often look to their peers for emotional support, so it is critical that they are prepared to take on a supportive role, especially during a health crisis. Using a two-staged randomised controlled trial, we tested the short-term efficacy of an online programme ("Uplift") to equip young people with skills to support their peers' mental wellbeing during the COVID-19 pandemic.

In Phase I (June 2020), one-hundred UK adolescents (aged 16–18) were randomly allocated to 5-day peer support training or a waitlist, and outcomes were assessed at baseline and shortly after the training. The training increased participants' perceived support-giving skills, frequency of providing support and compassion (medium–large-effect sizes), but not motivation to provide support, 1 week post randomisation, compared to controls. Gains in the training group were maintained 4 weeks post randomisation (assessed in training group only).

In Phase II (December 2020), we tested the short-term efficacy of a peer-led wellbeing intervention delivered by a group of young people who had participated in the above training. Young people (N=100, aged 16-18 years) who received the peer-led intervention reported significantly greater wellbeing, social connectedness, coping skills, sense of purpose, and self-esteem 1-week and 2-weeks post-randomisation (medium-large effect sizes), compared to waitlist controls.

An online, peer-led intervention targeting youth wellbeing during the context of the COVID-19 pandemic brought benefits across a range of outcomes, for both trained peer supporters and supported peers. Structured peer-to-peer support can promote young people's wellbeing and foster psychological resources during a health crisis.

A novel framework for open-source youth mental health systems models applied to mapping common mental health measures to health utility

Saturday, 1st October - 13:30: Concurrent 4.1 Oral - If not now, when? Making the case for youth mental health through advocacy, health economics and philanthropy (Øksnehallen Breakout Room 1) - Oral - Abstract ID: 576

Mr. Matthew Hamilton (Orygen), Dr. Caroline Gao (Orygen), Dr. Kate Filia (Orygen), Dr. Jana Menssink (Orygen), Prof. Cathy Mihalopoulos (Monash University), Prof. Sue Cotton (Orygen)

Introduction

Major reforms to the financing and organising of youth mental health systems are urgently required, but potentially costly and risky to implement. Decision aids to predict the performance of youth mental health systems under alternative policy settings and assumed conditions are therefore potentially highly useful. However, developing such systems models can be major, and long-term undertakings and their complexity make them particularly prone to errors. One potential response to these issues is to take a modular and collaborative approach to model development, in which robust but relatively narrowly focused models from multiple modelling teams can be linked together to represent increasingly extensive systems. Open-source frameworks might facilitate such modular and collaborative approaches and enhance the transparency of model implementations. An initial trial application of an open-source modelling framework could be to map outcome measures collected in youth mental health services (that typically lack explicit policymaker willingness to pay values) to health utility measures that are more readily economically interpretable.

Objectives

We aimed to:

- Develop a novel conceptual and technical framework for implementing open source youth mental health systems models; and
- Apply that framework to implement and share multiple models for predicting health utility in help-seeking young people.

Methods

We developed software in R using an object-oriented paradigm to define core features of the modelling framework, and to provide a toolkit for consistent and reproducible workflows for applying that framework to authoring models. We used GitHub to share development version source code, Zenodo for storing citable software releases with Digital Object Identifiers (DOIs) and the Harvard Dataverse for sharing model data. We applied the framework to develop models that mapped measures of psychological distress (K6), depression (PHQ-9 and BADS) and anxiety (GAD-7, OASIS and SCARED) to the adolescent AQoL-6D health utility measure in a sample of 1107 young clients of Australian headspace services.

Results

We released one foundation (<https://ready4-dev.github.io/ready4/>) and five authoring R packages that collectively provide a framework (see: <https://www.ready4-dev.com/>) for developing systems models that are TIMELY:

- **Transparent:** Source code and input data are documented and publicly available;
- **Iterative:** Errors are corrected and new evidence incorporated;
- **Modular:** Multiple models can be combined to build more extensive system representations;
- **Epitomized:** Code is sufficiently generalised to be readily adapted to other populations / decision problems;

- **Licensed:** Code and data can be reused by others under permissive licensing arrangements; and
- **Yielding:** Models can be configured to answer multiple types of decision-maker questions.

We applied the framework to develop, test, document and disseminate utility mapping models (repository: <https://doi.org/10.7910/DVN/DKDIB0>). We also used the framework to develop one R package for applying the utility mapping models to new data and four R packages for replicating our utility mapping study. We developed synthetic (fake) datasets (<https://doi.org/10.7910/DVN/HJXYKQ>) to demonstrate more general applications of our software.

Conclusion

It is feasible, though resource intensive, to develop and apply an open-source modelling framework in youth mental health. Our utility mapping models can facilitate greater use of cost-utility analyses. Our framework has scope to be applied to topics beyond utility mapping.

An economic evaluation of youth mental health service transformation: ACCESS Open Minds in Edmonton, Canada

Saturday, 1st October - 13:30: Concurrent 4.1 Oral - If not now, when? Making the case for youth mental health through advocacy, health economics and philanthropy (Øksnehallen Breakout Room 1) - Oral - Abstract ID: 415

Dr. Jai Shah (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Dr. Thanh Nguyen (University of Alberta), Prof. Eric Latimer (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Dr. Liana Urichuk (Alberta Health Services), Dr. shireen Surood (Alberta Health Services), Ms. Katherine Hay (Kickstand), Dr. Srividya Iyer (Douglas Mental Health University Institute; Department of Psychiatry, McGill University), Dr. Ashok Malla (Department of Psychiatry, McGill University), Prof. Philip Jacobs (University of Alberta)

Introduction: ACCESS Open Minds (AOM), a leading youth mental health (YMH) service transformation initiative, sought to achieve five key objectives in 14 sites across Canada: a) early case identification, b) rapid and engaging access (i.e. a mental health evaluation within 72 hours), c) appropriate care, d) removing the need for transitions at age 18, and e) engagement of youth and their families/caregivers. In Edmonton, a large urban centre, AOM was implemented from 2017 in a community mental health clinic housed in a local YMCA.

Objectives: It is notable that despite growing momentum, there have been few health economic evaluations of YMH service transformations. We therefore conducted an economic evaluation of this implementation to inform future policy regarding the scale and spread of the intervention. We focused on youths aged 15-24 years old, as this comprised the vast majority of attendees at the service.

Approach: The analysis was performed in two steps. First, we estimated the impact (costs or savings/cost avoidance) of AOM implementation on health services utilization for youths 15-24 years old with mental health disorders. This was done by comparing patients who accessed the AOM intervention with patients in other clinics who received standard care. We used a propensity score matching technique to control for differences in the overall mix of patient characteristics, along with a ‘difference in differences’ approach to control for any common trends between the intervention and non-intervention clinics. Second, we assessed the cost (C) of the AOM intervention to obtain a measure of “Net Benefits” (NB = benefits–costs). We applied a one-year time horizon and a healthcare system perspective, including inpatient, outpatient, physician, community mental health care and residential services, as well as prescription drugs. All costs and benefits were inflated to 2019 Canadian dollars.

Results: The AOM intervention was associated with a per-patient-per-year reduction of 0.132 hospitalizations, 0.081 emergency room visits, 2.268 outpatient clinic visits, 4.17 specialist physician visits, 0.635 GP visits, 0.158 public residential admissions, and 0.765 community prescription drug dispenses. In contrast, there was a per-patient-per-year increase of 0.161 community mental health clinic visits and 0.008 contracted residential admissions. After multiplying these by their respective unit costs (derived from Alberta Health administrative databases and Alberta Health Services Finance) and then summing, AOM was associated with a reduction in health services utilization costs of \$4,391 and a cost of intervention of \$449 per patient per year. This resulted in a net benefit of \$3,943 and a return on investment of 9.8 (every dollar invested in AOM would bring \$9.80 in return). Sensitivity analyses showed that the NB ranged from \$2,926-\$4,962 with a return on investment of 6.5-11.1.

Conclusion: These preliminary estimates indicated that the AOM implementation in community mental health clinics in Edmonton, Alberta was cost-saving. If this or similar interventions were to spread to other community mental health clinics, provincially or nationally, then costs would be further reduced and the number of patients impacted would increase, resulting in higher net benefits with scale up or over longer observation periods.

Youth mental health is a global issue: Let's meet the challenge head on!

Saturday, 1st October - 13:30: Concurrent 4.1 Oral - If not now, when? Making the case for youth mental health through advocacy, health economics and philanthropy (Øksnehallen Breakout Room 1) - Oral - Abstract ID: 466

Mr. Craig Hodges (Orygen, Parkville, VIC 3052, Australia), Ms. Ella Gow (Orygen, Parkville, VIC 3052, Australia), Mr. Peter Varnum (Orygen, Parkville, VIC 3052, Australia)

Introduction

Young people's mental health is vital for sustainable development in all countries. Yet poor mental health remains a major concern for young people worldwide which has been further exacerbated by the global pandemic. It has profound adverse effects on their development and their capacity to participate and contribute economically and socially. The stark reality is that 90% of the world's young people live in low and middle resource countries with virtually no access to mental health support.

Improving the mental health and well-being of young people requires a systematic, evidence-based approach, centred on cross-sectoral support for mental health and early intervention when problems develop. Orygen Global (OG), a new program of work for Orygen, is collaborating with global partners – from big international organisations to community-based NGOs – to promote programs and pathways to better youth mental health.

Approach

Orygen Global exists for two reasons: first, to help communities design, implement and evaluate youth mental health services that make sense in their contexts; and second, to elevate the importance of youth mental health on national, regional and global agendas. Orygen Global seeks to be a collaborative partner in the global youth mental health field, providing guidance where the organisation has a wealth of knowledge and learning in areas it does not. Youth engagement is fundamental to Orygen Global's agenda.

Areas of impact

Orygen global has sought to impact through the following strategies:

1. A global advocacy fellowship program for young people 18 to 30 to develop their skills in advocating for better mental health support in their country and community.
2. Youth mental health in Action workshops which provides a platform for people working in youth mental health settings in specific regions to share knowledge and learnings from one another and to further develop support locally for local initiatives to be developed.
3. Supporting implementation of the global youth mental health framework developed through a partnership with the World Economic Forum to provide an approach that can be implemented and adapted in different cultural contexts and resource settings.

Practice and policy implications

We will present the impact of our work over the past two years through our engagement with youth advocacy fellows and communities providing support to young people locally through programs with limited resource capacity but high impact.

Discussion

Recommendations will be posed which promote great engagement with low and middle resource settings, particularly for those programs with greater resource capacity. In addition, we will seek to highlight how to expand our thinking in the provision of new and innovative approaches to providing support to young people when limited resourcing is available.

The Impact of Collaboration: Philanthropy and Integrated Youth Services in Canada

Saturday, 1st October - 13:30: Concurrent 4.1 Oral - If not now, when? Making the case for youth mental health through advocacy, health economics and philanthropy (Øksnehallen Breakout Room 1) - Oral - Abstract ID: 865

Mr. Ian Boeckh (Graham Boeckh Foundation), Dr. Marni Pearce (Graham Boeckh Foundation)

Introduction

The Graham Boeckh Foundation (GBF), based in Montreal, works across Canada to develop youth-centred services. The foundation's decade long work, with many partners, has helped to foster a broad-based pan-Canadian movement known as Integrated Youth Services (IYS).

IYS has been inspired by initiatives in other countries, such as headspace in Australia. It seeks to provide easily accessible, youth friendly, culturally appropriate and equity-focussed services for youth aged 12 – 25. The presentation will focus on how GBF and partners have helped to develop IYS, along with the lessons learned and future directions.

Objectives

We will share key drivers, unique elements and lessons learned for IYS in Canada to illuminate the diverse, yet integrated, Canadian context and help inform the global movement for youth-centred services. As well, we aim to stimulate discussion on future directions and opportunities for collaboration.

Methods/ Approach

The Graham Boeckh Foundation (GBF) has helped to foster IYS by co-developing and co-funding several IYS initiatives. The foundation initially funded the pan-Canadian ACCESS Open Minds network in partnership with Canada's health research funder, the Canadian Institutes of Health Research (CIHR). Subsequently, the foundation co-developed and co-funded several IYS initiatives in partnership with Canada's provinces. These provincial initiatives include Foundry British Columbia, Youth Wellness Hubs Ontario, and Aire ouverte in Quebec. The foundation is currently helping to develop IYS in all 10 provinces, given the federated model of health care in Canada.

The foundation is also supporting capacity for research, knowledge mobilization and pan-Canadian collaboration within the framework of an equitable learning health care system in order to ensure that IYS reaches its full potential in terms of accessible, inclusive, and effective services. In this regard, CIHR and GBF have recently announced a major pan-Canadian partnership called IYS-net. This initiative will fund capacity for research networks to collaborate in systematically improving the quality of IYS services across the country.

The presentation will start off with an overview of IYS in Canada, including this 3-minute video, a description of key elements enabling the rapid development of IYS across Canada and future plans. It will highlight key enablers from a philanthropic perspective, such as the systematic fostering of collaboration. This includes collaboration at the community, provincial and pan-Canadian levels and between sectors such as philanthropy, government, youth, service providers and researchers.

Results

IYS is spreading and scaling rapidly across Canada. All of the ten provinces in Canada have IYS underway or in development and IYS is available or planned in over 100 communities including in rural, and Indigenous contexts. In addition, work is underway to systematically build capacity for pan-Canadian collaboration and quality improvement to ensure that IYS can achieve its full potential.

Conclusion

In Canada, philanthropy has played a significant role in fostering IYS, particularly with respect to building collaborations on a number of levels. The story of IYS may help to inform similar movements in other countries, as well as contribute to international discussions on future directions and opportunities for private-public

community partnerships to improve youth mental health outcomes.

Recommendations for youth-led advocacy within a global context

Saturday, 1st October - 13:30: Concurrent 4.1 Oral - If not now, when? Making the case for youth mental health through advocacy, health economics and philanthropy (Øksnehallen Breakout Room 1) - Oral - Abstract ID: 808

Mr. Ahmad Nisar (Women Deliver), Ms. Maddison O'Grady-Lee (Orygen and University of New South Wales), Ms. Nataya Branjerdporn (Orygen and The University of Queensland), Ms. Ella Gow (Orygen), Ms. Corinne Rugolo (Orygen)

- Introduction

The global mental health crisis in the wake of COVID-19 has highlighted that now more than ever, there is a need for systemic change to ensure that young people are supported to achieve their full potential. In order for mental health supports to be appropriate, responsive and accessible, it is crucial that young people are at the forefront of mental health advocacy efforts and initiatives. With so many young people around the world expressing interest in advocating for change, a key question remains – how can we best support young people to lead advocacy efforts in a global context?

- Objectives

This presentation will share key recommendations on how to support youth-led advocacy in different contexts, based on learnings from the Orygen Global Youth Mental Health Advocacy Fellowship (the Fellowship). The Fellowship is a 7-month virtual program that empowers young advocates across the globe to lead their own local advocacy projects. Delegates will also learn about ways they can champion and elevate youth advocacy efforts in their local context and hear what key issues are for young people working within the mental health space.

- Methods or Approach

The Orygen Global Youth Mental Health Advocacy Fellowship is an example of a youth-led advocacy project, developed by youth strategic advisors working for Orygen. A distinguishing feature of the Fellowship is the centrality of lived experience and being led by a team of four women under the age of 28. The Fellowship was conceived in response to an expressed need to gain skills and knowledge about mental health advocacy highlighted throughout global consultations with young people. To date, the Fellowship has supported 12 Fellows in 2021 and 15 Fellows in 2022 to lead their own localised advocacy projects. Through regular reflective practice and evaluation methods, key insights have been gained about how to best support and champion youth-led advocacy efforts, and the key ingredients for success needed in varying global contexts. Additionally, a summary of resources that guide youth-led advocacy will be shared.

- Results or Practice/Policy Implications

Historically, young people have not had a voice in the mental health system, highlighting the need to have young people at the forefront of systemic change and advocacy efforts. Evidence has demonstrated numerous benefits for young people being meaningfully engaged in and leading youth mental health system transformation efforts; with improved outcomes for youth, their families and the mental health system.

- Conclusion

This presentation will summarise key suggestions for youth advocates and their supporters within a global context. By championing the voices of young people advocating for mental health system change, we will move towards a future where mental health responses are appropriate and responsive to young people's needs.

Reaching the Unreachable: Role of Social Media in an One-Stop Telecare Screening Platform for Young People in Hong Kong

Saturday, 1st October - 13:30: Concurrent 4.2 Oral - Appreciating and addressing the intersections between trauma, adversity, stress and youth well-being (Øksnehallen Breakout Room 2) - Oral - Abstract ID: 959

Ms. Yves Wan (The University of Hong Kong), Prof. Eric Chen (The University of Hong Kong), Dr. Kai Tai Chan (The University of Hong Kong), Dr. Yi Nam Suen (The University of Hong Kong), Dr. Chung Ming Leung (The University of Hong Kong)

Today's young people have unprecedented access to a digital world which allows them to obtain mental health information and support instantly. However, it seems that this has not helped tackle the high prevalence of mental health issues in our young generation. While young people generally have more awareness about their own mental health conditions as compared to previous generations, they are reluctant to seek professional help. Filling the gaps between our young people and available resources for their mental health becomes a key agenda for policymakers and mental health service providers.

A pilot study on an innovative online help-seeking platform, "headwind", was launched in November 2020. The platform consists of three main elements: (1) simple and evidence-based suggestions for improving mental health in daily life, (2) user-friendly and self-administered assessment tools that encourage young people to review their mental health conditions, and (3) quick and safe access to a psychiatric advisory contact via an online interview. This one-stop telecare approach offers an integrated screening platform that facilitates young people in distress to identify their own needs and to seek professional help online promptly.

In particular, utilising social media to bridge young people to this innovative platform proved to be an effective strategy. Young people nowadays are wired and often obtain information and connect with others through social media. The Instagram account of "headwind", which has over 12,000 followers now, has played a significant role in tackling the stigma and scepticism towards mental health and psychiatric service, such as believing that only people with severe mental illnesses will require psychiatric service, and psychiatrists will only give medication prescription as treatment. These myths are often barriers to help-seeking. Much effort has been put on the visual design, content development and management of the Instagram account. Through trial and error, important insights are gained; youth-generated ideas, frequent personalised interaction as well as timely response to the development of social issues or trends among young people are suggested to be some of the critical success factors of the Instagram account in reaching the hidden young people who are reluctant to seek professional help.

To date, "headwind" has provided psychiatric advice to more than 2,000 people. Using the validated K6 general distress scale with 12/13 as cut-off for significant risk for mental disorder, "headwind" successfully engaged people with high mental distress (i.e., 61% of the participants). The proportion of the high risk category significantly reduced to 42% after the psychiatric sessions. Participants found that "headwind" was particularly helpful in offering a safe platform for understanding their own mental health situation more and providing directions for further help-seeking. Their positive experience and increased mental health literacy reduced the barriers and ambivalence to seek professional help.

A trauma-informed care model for youth mental health services: Young people's perspectives

Saturday, 1st October - 13:30: Concurrent 4.2 Oral - Appreciating and addressing the intersections between trauma, adversity, stress and youth well-being (Øksnehallen Breakout Room 2) - Oral - Abstract ID: 547

Prof. Sarah Bendall (Orygen), Ms. Carli Ellinghaus (Orygen), Mr. Oliver Eastwood (University of Melbourne), Ms. Katie Truss (headspace), Dr. Janet Tong (Orygen)

Introduction: More than 65% of young people attending youth mental health services have experienced traumas such as physical and sexual abuse, natural disasters, war and conflict well as inter-generational trauma and discrimination. Trauma leads to devastating and potentially lifelong impacts on young people, including post-traumatic stress disorder (PTSD), depression, anxiety, psychosis and suicide. As the impact of trauma has come to light in recent years, mental health services have struggled to respond to the needs of those attending services. Trauma-informed care has emerged as a way for services to conceptualise and respond to trauma. Trauma-informed care is commonly defined by the “4 R’s”. A trauma-informed service: **REALISES** the widespread impact of trauma and understands the potential paths of recovery; **RECOGNISES** the signs and symptoms of trauma in clients, families and staff; **RESPONDS** by fully integrating knowledge about trauma into policies, procedures, and practices and seeks actively to **RESIST RE-TRAUMATISATION**. We have been developing a model of trauma-informed care to operationalise these principles in youth mental health services. **Objectives:** One of our objectives in the project was to gain insights from a wide range of young people with lived experience of trauma in the formative stages of the model development.

Methods: We gathered information from trauma-exposed young people about their experiences of youth mental health services using different methods across several research projects. These included: in-depth qualitative interviews with young people engaging in a trauma-informed and trauma-focussed psychotherapy in youth mental health services; discussion with youth advisors on our ongoing trauma and youth mental health research projects; exploration and interpretation of discussion threads about trauma from internet forums for young people. We have synthesised the results of these studies.

Results: Young people told us that youth mental health services should be a place where they can address their trauma experiences and at times they had found this this was not the case. However, young people also do not want to be “pushed to talk” about trauma if they do not feel ready to do so. Young people value having as much control and choice as possible over decisions about how and when to address trauma. Young people consistently state that having a good relationship with a clinician and being given time to open up to a consistent clinician is essential in becoming ready to talk about trauma. Throughout all of our research and consultations, young people described the intense emotional difficulty of talking about their trauma to a professional but also that they believe or have experienced that talking about their trauma was helpful and at times transformational.

Conclusions: The voices of young people give us knowledge and strategies to help us to move from high level trauma-informed care principles to more practical recommendations such as making sure young people have space to talk about trauma if they wish to and that they have time in the process to develop trust and readiness to talk about trauma.

A realist evaluation of a transdiagnostic ecological momentary intervention for improving self-esteem (SELFIE) in youth exposed to childhood adversity.

Saturday, 1st October - 13:30: Concurrent 4.2 Oral - Appreciating and addressing the intersections between trauma, adversity, stress and youth well-being (Øksnehallen Breakout Room 2) - Oral - Abstract ID: 485

Ms. Mary Rose Postma (Maastricht University, Department of Psychiatry and Neuropsychology Maastricht, the Netherlands), Ms. Maud Daemen (Maastricht University, Department of Psychiatry and Neuropsychology Maastricht, the Netherlands), Prof. Thérèse van Amelsvoort (Maastricht University, Department of Psychiatry and Neuropsychology Maastricht, the Netherlands), Prof. Ulrich Reininghaus (Department of Public Mental Health, Central Institute of Mental Health, Medical Faculty Mannheim, University of Heidelberg, Mannheim, Germany)

Childhood trauma is seen as a risk factor for developing a range of mental disorders, and targeting low self-esteem as a transdiagnostic mechanism is a promising strategy to minimize the deleterious impact of childhood trauma.

This presentation will shortly introduce a real-time and real-world delivery of a low-level ecological momentary intervention (EMI) targeting low self-esteem in traumatized youth in daily life which uses the Experience Sampling Method (ESM) as a basis for tailoring the intervention to the specific needs of the individual, at moments when it is needed most. This EMI is being delivered as part of an ongoing randomized controlled trial, named the SELFIE study, aimed at testing the efficacy of this EMI. Youth aged 12-25 with prior exposure to childhood trauma across the Netherlands, were randomly allocated to the experimental (6-week SELFIE-intervention in addition to treatment as usual, TAU) or the control condition (TAU only). Data is collected pre- and post-intervention and at 6-, 18- and 24-month follow-ups. The SELFIE-intervention is delivered following a guided self-help approach administered through a smartphone-based PsyMate® App to allow for interactive, personalized, real-world, and real-time transfer of intervention components in individuals' daily lives, guided by three sessions with a trained therapist and email contact.

Data is currently being collected, and we expect to be able to present preliminary results at the IAYMH conference in 2022. Furthermore, a process evaluation is being conducted within the SELFIE study following the method of realist evaluation. Expert interviews and a focus group with stakeholders have led to the development of an initial program theory. This initial program theory is now being further refined based on individual interviews with youngsters who have received the SELFIE intervention. Outcomes of the process evaluation will be presented, and are expected to gain insight into relevant contexts and mechanisms concerning a self-esteem intervention, and will aid in understanding possible working mechanisms of EMIs.

Keywords: Ecological Momentary Intervention, Childhood Trauma, Self-esteem, Realist evaluation.

Mental health services for asylum seeking and refugee youth – a qualitative study of healthcare professionals’ perspectives.

Saturday, 1st October - 13:30: Concurrent 4.2 Oral - Appreciating and addressing the intersections between trauma, adversity, stress and youth well-being (Øksnehallen Breakout Room 2) - Oral - Abstract ID: 244

Dr. Petter Viksveen (SHARE – Centre for Resilience in Healthcare, Department for Quality and Health Technology, Faculty of Health Sciences, University of Stavanger, Norway), Mr. Murad Mustafa (SHARE – Centre for Resilience in Healthcare, Department for Quality and Health Technology, Faculty of Health Sciences, University of Stavanger, Norway), Ms. Lobna Doudouh (Abri Dialogue AS), Prof. Anita Salamonsen (Regional Centre for Child and Youth Mental Health and Child Welfare, UiT The Arctic University of Norway)

Introduction: Many asylum seeking and refugee youth leave their countries of origin due to threats to their safety. These threats can be posed by persecution due to their religious or political conviction, and civil and international crises, conflicts and war. Many have experienced and witnessed human rights violations, torture and loss of loved ones. It is therefore not surprising that these youth have been found to have high rates of mental health challenges such as post-traumatic stress disorder, anxiety and depression. In Norway, up to 42% of these youth fulfil the criteria for psychiatric disorders. In spite of this, most healthcare services have not been adapted to meet their mental health needs and cultural backgrounds. Little research has been published to suggest how the healthcare services should be adapted to best meet their needs.

Objective: To explore the experiences and perspectives of healthcare professionals on how the healthcare services can best be adapted to meet the mental health needs of asylum seeking and refugee youth.

Methods: A qualitative study involving semi-structured interviews with eleven healthcare professionals working in primary and specialist healthcare services. Purposeful sampling was used to include practitioners of different professional backgrounds, including school nurses, general practitioners, clinical social worker, clinical psychologist, and psychiatrist; most of whom had extensive experience working with asylum seeking and refugee youth. Their experience included work in asylum reception centres, district psychiatric centres, psychiatric polyclinics and work in international aid organisations. Thematic analysis was used to analyse the data. A youth co-researcher with refugee background was involved as co-author of this study.

Results: Themes describing the necessary characteristics of healthcare services as recommended by healthcare professionals to meet the needs of asylum seeking and refugee youth. The themes address the questions of how the healthcare services should be organised and delivered in order for these groups of youth to seek help from the services and to experience the help as beneficial.

Conclusion: This study provides an insight into healthcare practitioners’ perspectives on the characteristics of the healthcare services in order to meet the mental health needs of asylum seeking and refugee youth. The research-based knowledge should be expanded by also exploring the experiences and perspectives of youth. The evidence may contribute to a change in the healthcare services to better meet the needs of these youth.

From affective dysregulation to psychopathology: neurodevelopmental disorders and trauma in young people at risk of Serious Mental Illness (SMI)

Saturday, 1st October - 13:30: Concurrent 4.2 Oral - Appreciating and addressing the intersections between trauma, adversity, stress and youth well-being (Øksnehallen Breakout Room 2) - Oral - Abstract ID: 946

Dr. Ruchika Gajwani (University of Glasgow, NHS Greater Glasgow and Clyde), Dr. Naomi Wilson (University of Glasgow; NHS Greater Glasgow and Clyde), Prof. Andrew Gumley (University of Glasgow; NHS Greater Glasgow and Clyde), Prof. Helen Minnis (University of Glasgow; NHS Greater Glasgow and Clyde)

Introduction: Many gaps exist in our understanding of the developmental pathways to SMI. Specifically, although it is now known that SMI's differ in the timing of their presentation (for example, we know that Borderline Personality disorder (BPD) symptoms peak in late adolescence^[i] and schizophrenia in early adulthood. The earliest clinical presentations of youth with mental illness are frequently characterized by a heterogeneous collection of symptoms and symptom patterns. The first presentation of potential SMI is therefore often a complex and undifferentiated clinical phenotype, marked by general psychopathology. These manifestations can be disabling, yet, due to the current focus on adult taxonomy, youth with early symptoms are often missed by services and left untreated^[ii]. Even when young people receive “a diagnosis”, that diagnosis frequently changes, emphasizing the importance of studying the evolution of SMI comprehensively, and with attention to the unique needs of young people.

Aim: Firstly, to examine the sociodemographic profile and psychiatric history of this group, including their exposure to Adverse Childhood Experiences (ACEs); (2) to explore their profiles of emotional regulation difficulties and borderline personality pathology; (3) to investigate the prevalence of common neurodevelopmental disorders (NDD) (ASD and ADHD); and (4) to determine whether affective dysregulation mediates the relationship between either frequency of ACEs or frequency of NDDs and the severity of borderline pathology among this group.

Method: A cross-sectional study of young adults at risk of SMI, currently being seen within NHS mental health services in the UK, was conducted between 2016 and 2018. Young people aged between 15 and 25 years of age, who met criteria for early BPD or psychosis.

Results: The majority of participants were female and between the ages of 15 and 20. Parental psychopathology was reported by 64% of participants and close to half (48%) had had a previous psychiatric admission. Nearly three quarters of participants (74%) reported having attempted suicide within their lifetime and 38% reported having deliberately self-harmed in the past 2 weeks. Emotional dysregulation, the direct effect of the frequency of ACEs on borderline pathology remained significant, supporting partial atemporal mediation. Emotional dysregulation, the direct effect of the frequency of NDD's on borderline pathology no longer significant, suggesting that the relationship between the NDD screening result and borderline pathology is fully mediated by emotional dysregulation in this sample.

Conclusion: Identifying early features of potential SMI and understanding the common trajectories of adolescents and young adults at risk is a research imperative. Our results indicate this is a group marked by significant social and clinical complexity, with an increased risk of experiencing multiple childhood adversities and a high prevalence of Neurodevelopmental Disorders. Emotional dysregulation emerged as a potentially significant early marker of future clinical severity.

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Transforming youth mental health in Singapore through digital self-help therapy and online peer support services: Case study of mindline.sg, a government-led solution

Saturday, 1st October - 13:30: Concurrent 4.3 Oral - Technology, youth and society: From mental health info on Tik Tok to large-scale deployment of virtual services (Øksnehallen Breakout Room 3) - Oral - Abstract ID: 862

Ms. Janice Weng (Ministry of Health, Office for Healthcare Transformation), Ms. Tricia Tan (National University of Singapore, Yong Loo Lin School of Medicine), Dr. Wai Chiong Loke (Ministry of Health, Office for Healthcare Transformation), Prof. Robert Morris (Ministry of Health, Office for Healthcare Transformation), Dr. Weng Mooi Tan (Ministry of Health, Office for Healthcare Transformation), Ms. Xue Er Lee (Ministry of Health, Office for Healthcare Transformation), Mr. Caleb Tan (Ministry of Health, Office for Healthcare Transformation), Dr. Yan Yan Hu (Ministry of Health, Office for Healthcare Transformation), Dr. Julian Kui Yu Chang (Ministry of Health, Office for Healthcare Transformation), Dr. Creighton Heaukulani (Ministry of Health, Office for Healthcare Transformation)

Introduction

mindline.sg is Singapore's flagship digital self-help mental health programme, helmed by the Ministry of Health Office for Healthcare Transformation. It was first launched in June 2020 to address heightened stress levels brought about by the pandemic situation. It is a transformative, first of its kind platform in Asia, equipped with a unique self-help therapeutic component (emotionally-intelligent AI chat and CBT exercises) and comprehensive resource directory. Over the past 1.5 years, it has reached out to 300,000 unique users. Since then, customised versions have also been co-designed and rolled out to two local polytechnics for student outreach. A mindline@work platform was launched in June 2021, which targets young adults transitioning into the workforce. In the next phase of development, the team will be focusing on yet another transformative project: a community-driven youth platform for mindline that reimagines social media as a force for good.

Youth mindline: Activated Communities

Youth in Singapore often face stressors stemming from parental expectations, peer competition in academics and work, and self-expectations on career and financial achievements along with other environmental pressures. In 2021, the mindline team embarked on a six month journey to conceptualise a digitally-enabled solution addressing the needs and aspirations of our young adults. The project was a ground-up solution developed in consultation with a freshly minted youth advisory group, key government stakeholders, and community partners. The community platform aims to foster a safe, positive, and reassuring space for young people to share ideas and stories, and connect with peers and trusted professionals anonymously. Youths will be able to explore various community groups covering different wellbeing topics, and be able to turn to qualified counsellors, therapists and mental health practitioners to get their pressing issues and concerns addressed by a professional. The youth advisory group was consulted closely throughout the entire process and contributed extensively to the design and content curation process.

Impact

Presently, youth mental health efforts in Singapore are fragmented. Burgeoning peer support movements occur in silo, within the school communities, with little networking between nodes. Youth often resort to unhealthy social media platforms to vent their feelings. Youth mindline will serve as a platform to unite the presently fragmented efforts of the youth mental health space and create a safe haven of positive, safe and supportive discussion - for youth, by youth. To the author's knowledge, this government-led digital community platform for youth wellbeing is the first of its kind in Asia, and is projected to force multiply nascent youth

mental health efforts in Singapore, ultimately molding a happier, healthier and empowered generation of youth to become global changemakers.

Towards a new generation of digitally enhanced youth mental health services: rollout of MOST across Australia

Saturday, 1st October - 13:30: Concurrent 4.3 Oral - Technology, youth and society: From mental health info on Tik Tok to large-scale deployment of virtual services (Øksnehallen Breakout Room 3) - Oral - Abstract ID: 612

Prof. Mario Alvarez (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Jen Nicholas (Orygen, Parkville, VIC, Australia), Mx. Lee Valentine (Orygen, Parkville, VIC, Australia; Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC, Australia), Dr. Simon Baker (Orygen, Parkville, VIC, Australia), Dr. Nicola Chen (Orygen and Centre for Youth Mental Health, The University of Melbourne), Ms. Zeinab Farahmandpour (Orygen, Parkville, VIC, Australia), Ms. Gretel O'Loughlin (Orygen, Parkville, VIC, Australia), Prof. Patrick McGorry (Orygen and Centre for Youth Mental Health, The University of Melbourne), Prof. John Gleeson (Healthy Brain and Mind Research Centre and School of Behavioural and Health Sciences, Australian Catholic University)

Introduction: Early intervention and youth mental health services (YMH) are widely recognised as the most cost-effective approach to improving the long-term outcomes of mental health conditions. Unfortunately, demand is overwhelming our existing YMH services. Average wait times have ballooned, attrition rates from therapy are high, and despite high relapse rates, no ongoing support exists. Digital technology has the scope to address these gaps. However, to date, digital interventions have not been integrated into mental health services. MOST has been designed to bridge the gap between digital technology and YMH services. MOST integrates: theory-driven and evidence-based transdiagnostic therapeutic interventions; peer-to-peer social networking, expert clinician and vocational support; and peer support and moderation. MOST is currently being rolled out across 4 states and territories in Australia.

Objectives: The aim of this project is to determine the impact of MOST on young people's mental health in real world clinical services and as part of routine care, including intervention effects, satisfaction, perceived helpfulness, take-up and engagement. A secondary aim is to evaluate the program theory of MOST and determine what works, for whom, under what circumstances and why.

Methods: MOST is currently rolled out throughout >70 YMH services, across all phases of treatment (i.e., waiting for care, blended digital plus face-to-face support, beyond face-to-face support) and the diagnostic spectrum (i.e., mild, moderate, and complex mental health conditions). Young people using MOST are assessed at baseline, 6, 12, 18 and 24 weeks on several key transdiagnostic outcomes including: psychological distress, depression, anxiety, social anxiety, stress, loneliness, social support, and psychological wellbeing. Moreover, the experiences of young people using MOST, and perceived helpfulness are being evaluated using mixed methodologies.

Results: Over 2000 young people have accessed MOST in the first year of implementation. Engagement data shows that 60% of young people are still using MOST after 6 weeks, 40% after 12 weeks, and 20% after 22 weeks. 57% of young people engage in the social network, 46% post comments, and 28% post multiple posts/comments. 71% of young people engage in therapy content, with young people completing an average of 12 therapeutic activities. In terms of satisfaction and perceived helpfulness (N=400), 93% of young people would recommend MOST to others, 95% reported a positive experience, 97% felt safe, 89% found it helpful and 80% felt better using MOST. Finally, pre-post outcomes showed statistically significant improvements (all p values at 12 weeks were <0.0001) at 6- and 12-weeks follow-up in psychosocial distress, depression, anxiety, social anxiety, stress and psychological wellbeing.

Conclusion: MOST is a world-first digital platform designed to fully integrate with YMH services. Our current data indicates that MOST is safe, engaging, appealing, helpful, and potentially effective in real world clinical services. Updated data will be presented, and future directions of digitally enhanced models of care will be discussed.

Assessing the Accuracy of Mental Health Information on TikTok

Saturday, 1st October - 13:30: Concurrent 4.3 Oral - Technology, youth and society: From mental health info on Tik Tok to large-scale deployment of virtual services (Øksnehallen Breakout Room 3) - Oral - Abstract ID: 486

Mr. Marco Zenone (University of British Columbia), Dr. Nikki Ow (University of British Columbia), Dr. Steve Mathias (Foundry), Dr. Skye Barbic (Foundry)

Introduction: TikTok is a short video social media platform amassing over 1 billion users since its launch in 2016. The user base of TikTok is primarily young people, with approximately 50% of the user base under 30 years of age who average 75 minutes per day on the platform. Despite its large user base, there exists minimal public health research into TikTok. Little is known about the accuracy of health information across the platform.

Objective: To investigate the sentiment and accuracy of mental health information on TikTok.

Methods: We retrieved the top 1000 TikTok videos under the #mentalhealth hashtag collecting total views, likes, comments, shares, description, date posted, audio, and unique video identification number. We then conducted a content analysis. We coded for the content type of videos (story, information, emotion, and supporting others), emotions conveyed (anger, confusion, disgust, fear, happiness, sadness, shame, or surprise), if advice was offered, if a product was for sale, references to death, specific conditions or illnesses mentioned, and demographics featured in the videos. For all videos offering advice or information, a clinical team evaluated the accuracy of the statements (useful, somewhat useful, somewhat helpful, and helpful).

Practice/Policy Implications: Our analysis is soon to be completed. Our results will provide valuable insights into the state of mental health information on TikTok, and the types of content young people view. At present, we know young people are utilizing TikTok to create content, share personal mental health stories, offer community to help others, and learn about mental health. The quality of learned information from social media sources may influence perceptions and help-seeking behaviours.

Conclusions: TikTok is growing in popularity and young people are driving growth. To ensure safety among its users, research is needed to assess the health information environment. Our research is part of broader movements to deter social media misinformation and maximize public health utility.

Interpretations of Innovation: The intersection of technological advancement and psychosis.

Saturday, 1st October - 13:30: Concurrent 4.3 Oral - Technology, youth and society: From mental health info on Tik Tok to large-scale deployment of virtual services (Øksnehallen Breakout Room 3) - Oral - Abstract ID: 471

Mr. Oliver Higgins (School of Nursing and Midwifery, University of Newcastle, Australia), Prof. Stephan Chalup (School of Information and Physical Sciences, University of Newcastle, Australia), Dr. Brooke Short (School of Medicine and Public Health (Medicine), University of Newcastle, Australia), Prof. Rhonda Wilson (School of Nursing and Midwifery, University of Newcastle, Australia)

Introduction

The rapid nature of technology has resulted in many young people becoming immersed in the digital world that now surrounds us. However, for some young people, these innovations or their related plausible advancements can be associated with perceptual misinterpretation and/or incorporation into delusional concepts. While COVID has served to accelerate digital health platforms and opportunities, it has also contributed to a fourfold increase in psychological distress in Australian 18-34 year olds (Botha, Butterworth, & Wilkins, 2022). Clinicians' view of the world and understanding of technology will contribute to how care is delivered and requires ongoing management of the risk that falling behind the technological curve represents. Clinicians, facilities, and services must continue to realign with technological advancements and understand their contribution to the content of delusions and psychosis.

Objectives

This paper aims to explore the intersection of technological advancement and experiencing psychosis. We present a discussion about the explanation seeking that incorporates the concept, that for some people, of technological innovation becoming intertwined with delusional symptoms over the past 100 years.

Methods

A longitudinal review of the literature was conducted to synthesise and draw these concepts together, mapping them to a timeline that aligns computing science and healthcare expertise and presents the significant technological changes of the modern era charted against mental health milestones and reports of technology-related delusions.

Results or Practice/Policy Implications

It is possible for technology to be incorporated into the content of delusions with evidence supporting a link between the rate of technological change, the content of delusions and the use of technology as a way of seeking an explanation. Moreover, analysis suggests a need to better understand how innovations may impact the mental health of people at risk of psychosis and other mental health conditions. Thus, there is the potential for harm/s to arise when using AI (e.g., Robodebt) and this is a factor for consideration when developing technological innovations for people who have pre-existing or emerging mental illness and/or suicidality (Braithwaite, 2020). The release of the Human Rights and Technology Final Report in Australia this year, has highlighted that future innovations should consider potential iatrogenic harms to ensure the safety of at-risk populations (Farthing et al., 2021).

Conclusion

Early in the development cycle, clinical experts and lived experience experts need to be informed about and collaborate with future research and development of technology, specifically artificial intelligence and machine learning. This concurs with other artificial intelligence research recommendations that call for design attention to the development and implementation of technological innovation in a mental health context.

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Substance use, suicidality, self-harm & image-based sexual abuse in a whole population sample of adolescents in North Dublin, Cavan & Monaghan – intersections with technology

Saturday, 1st October - 13:30: Concurrent 4.3 Oral - Technology, youth and society: From mental health info on Tik Tok to large-scale deployment of virtual services (Øksnehallen Breakout Room 3) - Oral - Abstract ID: 859

Dr. Emmet Power (Royal College of Surgeons in Ireland), Ms. Brid Walsh (North Dublin Regional Drug and Alcohol Taskforce Board), Ms. Maureen McIntyre (Cavan/ Monaghan Education and Training Board), Mr. Andy Ogle (North East Regional Drug and Alcohol Taskforce Board), Mr. David Creed (North Dublin Regional Drug and Alcohol Taskforce Board), Prof. david cotter (Royal College of Surgeons in Ireland), Prof. Mary Cannon (Royal College of Surgeons in Ireland)

The intersections of technology use and risk behaviours in adolescence are not well understood. The overall aims of this research is to establish an in depth understanding of established and novel risk & protective factors for substance use and adolescent well being at a population level in North Dublin, Cavan & Monaghan.

We invited all school going adolescents in North Dublin (3rd, 4th & 5th year), Cavan & Monaghan (4th & 5th year) to complete a 60 minutes questionnaire on their health and wellbeing in the 4th quarter of 2021. We used standardized open source instruments to measure substance use, wellbeing, psychopathology, community engagement and participation, self-harm and suicidality. In addition we measured attitudes around perceived harm of selected substances, and victimization by image based sexual abuse. Response rates varied between the three study sites but were between 75% and 86%, indicating an excellent overall response rate. 4404 young people responded to the survey in total. Prior to conducting the survey we carried out extensive consultations with schools, community based organisations, and parents. Young people were consulted and assisted in survey recruitment.

Lifetime rates of self-reported suicide attempts were 200-350% higher than previous recent representative population based surveys. Rates of substance use were largely in line with a previous representative population based survey in 2019. Perceptions of cannabis harm show a linear relationship with age. Current cannabis use was strongly related to perceptions of cannabis use within a young person's immediate social network, specifically for peer use (Odds Ratio=29). Current cannabis use partially mediates the relationship between perceptions of cannabis harm and current past week suicidal ideation. Current cannabis use & suicide attempts exhibited a dose response relationship with self-reported social media use. Young people reported that social media was a common method of sourcing illicit substances (up to 9% of total study population).

Loneliness, parent and peer attachments, and adolescent mental health during the COVID-19 pandemic

Saturday, 1st October - 13:30: Concurrent 4.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 899

Dr. Caroline Heary (National University of Ireland, Galway), Dr. Elizabeth Nixon (Trinity College Dublin), Dr. Lorraine Swords (School of Psychology, Trinity College Dublin)

Introduction or rationale:

In March 2020 governments across the world mandated a 'lockdown' that required their citizens to stay at home in order to stall the transmission of COVID-19 and curb the global pandemic. The impact of these restrictions, was likely to be particularly pronounced among children and adolescents, who missed the routine, educational experiences and day-to-day in-person social interactions with peers.

Loneliness has been found to be associated with the mental health difficulties both cross-sectionally and longitudinally. Research in the UK found that loneliness did not predict increased mental health difficulties one month later. However, the follow-up period may have been too short to identify the impact of loneliness over time.

Objectives (of project and/or research):

The current research aims to explore the relationship between adolescents' self-reports of loneliness, parent and peer attachments and symptoms of depression and anxiety, both cross-sectionally and longitudinally.

Methods or approach: 878 adolescents aged 12-18 years completed an online survey over a 7 month period from early-mid 2021, a period which has characterised as having a high level of restrictions. Parental consent was a prerequisite to participating in the survey. Participants were recruited through schools, community groups, sports clubs and social media. Adolescents completed the Inventory of Parent & Peer Attachment, and the UCLA measure of loneliness. Mental health symptoms were assessed with the DASS, Depression, Anxiety, Stress Scale which provides a subscale score for stress, anxiety and depression.

Results or practice/policy implications: Cross-sectional findings suggest the UCLA Loneliness score is significantly positively correlated with each subscale on the DASS, including symptoms of depression, anxiety and stress. As expected maternal attachment was negatively associated with stress, anxiety and depression.

The next stage of the analysis will focus on the predictive effects of baseline levels of loneliness, parent and peer attachment on mental health difficulties at Time 2 (Dec 2021-Jan 2022), taking into account baseline levels of depression, anxiety and stress-related symptoms.

Conclusion: This research provides important insight into the influence of loneliness on the mental health status of young people, during a challenging period in the lives of our young people. This was a time in which public health requirements enforced social isolation on many and disrupted in-person social interactions and social connections.

Understanding the evidence for climate concerns, negative emotions and climate-related mental ill-health in young people: a scoping review

Saturday, 1st October - 13:30: Concurrent 4.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 238

*Dr. Reem Ramadan (Orygen), Ms. Alicia Randell (Orygen), Dr. Suzie Lavoie (Orygen), Dr. Caroline Gao (Orygen), Ms. Paula Cruz Manrique (Orygen), Dr. Rebekah Anderson (Orygen and University of Melbourne, School of Psychological Sciences),
Dr. Isabel Zbukvic (Orygen; Centre for Youth Mental Health, The University of Melbourne)*

Introduction: Human-induced climate change represents a serious threat to human health, including mental health, due to both the traumatising effects of extreme climate events and the psychological effect of worry about climate change.

Objectives: To better understand the current landscape of the literature on mental health and climate related concerns, negative emotions and mental ill-health in young people, to identify the gaps in the literature, and to provide recommendations for future youth mental health research and practice.

Method: A systematic search and narrative synthesis of the literature investigating negative emotions associated with climate change in young people was undertaken. Studies were included if they looked at mental ill-health (e.g., symptoms of depression or anxiety) or negative emotions (e.g., distress, worry, concern) associated with the threat of climate change.

Results: Of the 3329 peer-reviewed articles screened, 12 met the inclusion criteria. These studies show that young people are worried about climate change. Studies also explored the coping strategies young people use to manage their distress caused by climate change.

Conclusions: The limited literature in this area indicates a key gap in youth mental health research. Available evidence suggests that young people are concerned about climate change, which may increase risk of mental ill-health. Thus, clinicians should assess for and address climate anxiety in young people. Mental health leaders are urged to advocate for urgent climate action to mitigate the effects of climate anxiety in young people.

Youth Participation in Suicide Prevention Research: How Can Organisations Be Better?

Saturday, 1st October - 13:30: Concurrent 4.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 901

Mr. Alexander Dalton (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Jo Robinson (o), Dr. Laura Hemming (Or)

Introduction

‘Youth participation’ is a buzzword across the youth mental health sector. Evidence suggests that youth participation in research is beneficial for researchers, young people and the mental health sector if implemented correctly. That is, youth partnering with researchers on developing, conducting and/or delivering of suicide prevention research. However, there is currently limited guidance around how researchers can engage young people in research. There is a particular lack of guidance on how to engage, more diverse young people and how to engage young people in particular areas of research such as suicide prevention.

Study Objectives

This project has two main objectives:

1. to investigate how researchers conceptualise youth participation and how it can be better implemented in research projects
2. to generate suggestions as to how to better engage more diverse young people in suicide prevention research specifically

The project was born out of a 12-week internship I have been completing at Orygen, which hasn’t run previously. Youth participation, as it is defined in this project, doesn’t happen very often – or very well – in suicide prevention research, and the aim was to use my own experiences as a young person working in the space, as well as the formal processes the project has undertaken, to inform the outcomes of the project. This project is still underway and will be completed in the next few weeks at the end of my internship.

Methods and materials

The project consists of two components; a literature review and a set of semi-structured, qualitative interviews. The literature review was conducted in March, 2022 using key search terms related to “young people”, “participation”, “mental health”, “suicide prevention” and “research”. Interviews were conducted with a range of employees with experience in youth mental health. Qualitative themes of the interviews were summarised.

Results

The literature highlighted that youth participation has no steadfast definition, and that youth partnering with researchers is valued as a concept but not widely practiced. There were also gaps in the literature surrounding youth participation in suicide prevention research. The interviews spotlighted youth participation in practice and explored how youth participation in suicide prevention research can be implemented effectively and be more diverse.

Conclusion

This presentation will include the findings from the project, some recommendations focussing on how to engage young people in research on a partnership level, as well as my own reflections as a young person working in a novel role like this. I hope that the presentation will contribute to a better understanding of youth participation and what that can look like in suicide prevention research, including how organisations could do a better job of engaging a more diverse spread of young people. Ultimately the aim of this presentation is to have young people being more frequently involved and the generation of more meaningful youth participation opportunities.

Equipping primary school children with the tools to manage their own minds

Saturday, 1st October - 13:30: Concurrent 4.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 777

Ms. Leda Connaughton (A Lust For Life)

A Lust For Life is an award winning Irish movement that uses content, campaigns and events to facilitate young people to be effective guardians of their own minds.

Ireland has the highest suicide rates for female children in the EU¹, with Irish children having one of the lowest rates of life satisfaction in the OECD/EU², it's no surprise that during Covid-19, emergency department nurses reported children as young as 8-9 years old presenting with severe anxiety and panic attacks.³ Ireland has one of the most educated adult populations in the world⁴ yet, our primary schools are struggling to manage the levels of wellbeing issues in classrooms, with 3 in 4 principals feeling insufficiently trained to deal with mental health issues⁵

In September 2020 we launched a brand new wellbeing and resilience programme The A Lust For Life Schools Programme, in response to an overwhelming need from teachers, parents and principals. This evidence informed programme is written by Clinical Psychologists, Education Specialists as well as pupils and parents. Governed by a robust committee, the programme has reached 32,000 pupils in 800 schools nationwide.

The A Lust For Life Schools Programme aims to enhance the emotional literacy, emotional wellbeing and emotional resilience of primary school children in 3rd-6th class, equipping them with the essential tools to manage the ups and downs of life.

In September 2020, independent researchers from the School of Psychology in University College Dublin conducted an RCT involving 500+ pupils assessing the impact of the programme, along with a qualitative study embedded in the RCT with 20 pupils with low levels of well-being. Two additional studies are underway; an RCT assessing the impact of the programme on anxiety, depression, coping strategies and self-efficacy, and a qualitative study involving parents, investigating perceptions of their children who have participated in the programme. Furthermore mixed-methods explanatory research was conducted in 2021 by the Dublin City University School of Education, assessing the effectiveness of the programme among teachers, investigating the programme's merits from an educational stance, using a series of questionnaires and in-depth follow-up interviews.

The 2020 RCT showed that a subgroup of children with low levels of positive mental health reported an increase in mindfulness compared with the control group, while the qualitative study showed improved emotional literacy and coping skills in pupils after engaging in the programme. Furthermore, the mixed-methods teacher research showed that the programme is a welcome addition for teaching wellbeing education, linking to all three strands of the SPHE curriculum, providing numerous opportunities for active learning. The two studies in progress are focusing on anxiety and depression with findings due in August 2022.

In conclusion the A Lust For Life Schools Programme is our response to an overwhelming need for wellbeing supports for young people, meeting them in their learning environment with an early intervention, solution focused approach that is innovative, engaging and informative is how we hope to empower young people to manage their own minds as they navigate the tricky world ahead of them.

Toolbox Digital mental health promotion intervention: representations and experiences of Brazilian adolescents and young people

Saturday, 1st October - 13:30: Concurrent 4.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 279

Mrs. Juliana Fleury (Children's emotional health association (ASEC)), Dr. Nara Andrade (Juiz de For a Federal University (UFJF)), Mrs. Joana Amaral Fontoura (United Nations Children's Fund (UNICEF)), Mr. Thiago Manguera (Bahiana school of medicine and public health), Ms. Victória Santana Santos Praseres (Bahia Federal University (UFBA))

The coronavirus pandemic has changed life dynamics adding potential stressors and enhancing the role of digital technologies around the world. Epidemiological data before and during pandemic indicate a worrying scenario regarding youth and adolescents' mental health. Furthermore, points out to inequities and intersectionalities as determinants of health. Evidence on digital mental health interventions is still limited, especially in low-and-middle-income countries (LMIC). This study, fostered by UNICEF, aimed to explore adolescents and young people representations, meaning and experiences of ASEC Mental Health Toolbox (ATb). ATb is a short-term intervention based on structured circle talk, social and emotional literacy, coping techniques and mindfulness. The intervention was delivered via a digital platform to groups of 15 to 20 people for 120 min per week during four to eight weeks. A total of 1095 adolescents and youth participated in the intervention. A mixed sequential cross-sectional study was conducted, allowing deepening the themes emerging in the quantitative analyses through qualitative methodologies. The two-stage process consisted of an online questionnaire followed by focus groups (FG). The study included people between 12 and 24 years old who lived in four different Brazilian states. Online questionnaire was answered by 232 participants (Age: M=17.5; SD =2.2) and 25 attended to FG (Age: M=17.7; SD =2.9). The sample was composed of people who self-declare: 69.3% as black and brown; 65.1% as cisgender women, 32.8% as cisgender men and 2.1% as transgender or non-binary gender. The degree of satisfaction with the ATb program was high: 95% of the participants said they liked or liked a lot the program; 76% demonstrated interest in participating again in similar interventions; 95% would recommend ATb to others. Adolescents and young people declared that the changes perceived were significant: 93.4% of the participants said the program activities had an impact on their lives; 85% reported intention to practice the strategies learned at ATb in their daily lives; 90% considered that ATb impacted on people around them. Moreover, participants declared intention to promote social and emotional education actions among peers (54,7%). FG results suggest improvement on social and emotional abilities (SEA), with emphasis on emotional understanding and regulation, besides coping skills. The participants also highlighted the use of youth peer-to-peer perspective to foster resilience and empowerment to lead social and emotional literacy initiatives. Our results provided first set of evidence for the ATb program. This study may serve as a basis for future research, using Implementation research or Randomized controlled trials methods, to evaluate ATb for enhancing well-being and SEA, besides preventing mental health disorders symptoms. In addition, our results call attention to the importance of investing in evidence-based digital mental health and well-being interventions that are culturally sensitive and focused on socially vulnerable contexts. Our study highlights the role of digital technology in bridging gaps in mental health care for adolescents and youth, insofar as it allows reaching a larger number of people. Likewise, it points out to the importance of formulating, implementing, and evaluating public policies for youth mental health promotion and prevention in LMIC countries.

Mental health in the metaverse: young people's attitudes to mental health service delivery via 3D virtual worlds

Saturday, 1st October - 13:30: Concurrent 4.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 287

Ms. Melissa Keller-Tuberg (Swinburne University of Technology and Orygen), Dr. Neil Thomas (Swinburne University of Technology), Dr. Imogen Bell (Orygen and Centre for Youth Mental Health, The University of Melbourne), Prof. Andrew Thompson (Orygen, Centre for Youth Mental Health, University of Melbourne, Melbourne, Australia, Division of Mental Health and Wellbeing, University of Warwick, UK), Ms. Carli Ellinghaus (Orygen)

Introduction. Digital technology is often proposed as a means of overcoming some of the access challenges to youth mental health services, such as geographical location, physical accessibility requirements, stigma, and financial cost. The widespread implementation of digital communication modalities in healthcare during the COVID-19 pandemic has created an opportunity to explore the use of more novel technologies. With origins in video gaming, 3D virtual worlds are digital environments in which people can engage with content and interact synchronously in the form of avatars. As a growth area of technology development for social and business communication, they may have future use in accessible and engaging youth mental health delivery. Pilot research has yielded promising results regarding the therapeutic benefits of delivering therapy via VWs, for example, to young people experiencing first-episode psychosis. To inform this future area of development, there is a need to understand young people's attitudes to receiving mental health services via these new environments.

Objectives. To examine young mental health service users' attitudes and beliefs about the use of virtual worlds to deliver mental health care, and explore the acceptability of this delivery modality.

Methods. A combination of focus groups and qualitative interviews were conducted with a group of young people with lived experience of accessing youth mental health services. Examples from a codesigned prototype of Orygen Virtual World were shown to participants in order to ground a discussion in potential usage. Questions were based on the Technology Acceptance Model, used to elicit themes relevant to perceived usefulness, ease of use (including barriers and enablers), and expected intentions towards use if available. Focus groups and interviews were transcribed and analysed using reflexive thematic analysis.

Results. Key themes developed from reflexive thematic analysis will be presented, and implications for the use of virtual worlds in youth mental health service delivery will be discussed.

Conclusion. This study is the first we are aware of to consider in detail the attitudes of young people towards mental health service delivery via virtual worlds, exploring an opportunity to reimagine the delivery and reach of mental health care.

Identifying high risk and early stage eating disorders in young people: development and validation of a co-designed digital screening tool

Saturday, 1st October - 13:30: Concurrent 4.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 941

Assistant Prof. Sarah Maguire (InsideOut Institute University of Sydney), Ms. Emma Bryant (InsideOut Institute University of Sydney), Prof. Stephen Touyz (InsideOut Institute University of Sydney), Ms. EYZA Koreshe (InsideOut Institute University of Sydney), Dr. Jane Miskovic-Wheatley (InsideOut Institute University of Sydney), Prof. Ross Crosby (Sanford Center for Biobehavioral Research, Sanford Research, Fargo, ND)

Introduction: Eating disorders are among the deadliest of the mental disorders and have their peak onset in adolescence. However, detection rates remain extremely low rendering early intervention the exception rather than rule. Given up to 81% of young people access healthcare information online, and integrated digital pathways in the health system are essential to deliver timely, flexible and resource sensitive care, adaptive online assessments designed to maximise the user experience and uptake are needed.

Objectives: The present study aimed to develop and independently validate a novel co-designed digital screening tool, the InsideOut Institute-Screener (IOI-S), to identify ultra-high risk, early stage and full syndrome eating disorders in young people. It is the first validated digital screener for this purpose.

Methods: We utilised a co-production process with lived experience and a mixed cross-sectional, repeated measures longitudinal survey research design to assess symptom severity and common parameters of statistical validity. Participants completed a survey battery consisting of the IOI-S, the Eating Disorder Examination-Questionnaire, the SCOFF questionnaire and either the Marlowe-Crowne Social Desirability Scale (MC-SDS) or the Children's Social Desirability Scale short (CSD-S).

Results: 1346 participants aged 14–74 (73.8% female, 22.6% male) completed the survey battery. Strong positive correlations between the IOI-S and both the EDE-Q global ($r_s = .88$) and SCOFF ($r_s = .75$) total scores were found, providing support for the concurrent validity of the scale. The IOI-S demonstrated high internal consistency ($\alpha = .908$) and excellent two-week test-retest reliability (.968, 95% CI 0.959-0.975; $p < 0.1$). It accurately distinguished likely eating disorders (sensitivity = 82.8%, specificity = 89.7% [AUC = .944]) and two stepped levels of risk.

Conclusion: The screener demonstrated excellent psychometric properties and is highly sensitive to eating disorder risk and symptomatology. The language is user centred and engaging. Consistent with digital care pathways, it is both suitable for self-administration and easily scalable across primary care settings to drive early intervention and reduce mortality. Implementation of the screener in mainstream youth headspace and head-to-health pathways in Australia has commenced.

Impacts of a Co-produced a Multi-stakeholder Festival to Identify What Support Young People Need to Thrive Post-Pandemic'

Saturday, 1st October - 13:30: Concurrent 4.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 857

Mr. Jonas Kitisu (King's College London, Institute of Psychiatry), Ms. Esther Putzgruber (King's College London, Institute of Psychiatry), Ms. Thai-sha Richards (King's College London, Institute of Psychiatry), Dr. Jade Morris (King's College London), Dr. Gemma Knowles (King's College London), Dr. Charlotte Gayer-Anderson (King's College London), Prof. Craig Morgan (King's College London), Ms. Adna Hashi (King's College London), Ms. Karima Shayan Clement-Gbede (King's College London), Mr. Niiokani Tettey (King's College London)

Introduction

The Covid-19 pandemic and measures to control its spread have exacerbated inequalities and disproportionately impacted young people (YP), especially those in disadvantaged, marginalised, and vulnerable groups (Knowles, et al., 2022). While awareness of mental health (MH) has increased in recent years, the messages are often that MH problems are common (1 in 4 adults; 1 in 10 children and adolescents (World Health Organisation, 2003; Kesslet et al., 2005)) and that everyone is at risk. However, this is thought to mask and divert attention from the fact that MH problems do disproportionately affect the most disadvantaged, marginalised, and vulnerable in society. The major social determinants of MH problems are linked to low income, poor housing, racism, and experiences of violence and trauma (Knowles, et al., 2022).

Objectives

In conjunction with findings from our ongoing, accelerated cohort study, we held a Festival for YP in October 2022. The Festival aims were to (1) understand the experiences that significantly impacted the MH of YP during the pandemic and (2) find the best ways to enable YP to thrive beyond the pandemic.

Approach

The Risk Resilience, Ethnicity, and AdolesCent Mental Health (REACH) Study has been following over >4,000 YP in south London across 3 pre-pandemic and 3 mid-pandemic time-points to (1) examine the socio-developmental origins of MH problems in diverse ethnic groups (2) understand the best ways to promote positive MH amongst YP. Further co-production and engagement methods, such as our Festival for Young People, have been used to gain a deeper insight into the different aspects impacting YP's MH. The Festival for YP welcomed many guests such as Black Thrive and the Breaking Mad Team, to conduct workshops with YP in the aim to amplify their voices and opinions to help shape MH, education, and government policies. REACH-led workshops were conducted to answer the aforementioned research aims followed by post-consultation meetings with YP to connect our research findings with YP's perspective. Collectively, we formulated six priorities to mitigate the impacts of the pandemic in the most affected groups.

Implications

With a specific focus on providing support for those most affected and most in need, the six priorities co-produced with YP are: (1) to change the MH narrative to ensure appropriate responses are grounded in recognition of the fundamental social determinants of MH; (2) to improve support and security for families on low incomes; (3) to end the digital divide, where this divide was starkly exposed for YP in low-income households during the pandemic; (4) to increase and ring-fence funding for schools with a high proportion of pupils in low-income families; (5) to provide more inclusive, safe and free spaces for YP; and (6) to improve community relationships and YP's trust in authority, especially the police.

Conclusion

When actioned, these six priorities can work towards promoting positive MH for YP from disadvantaged,

marginalised and vulnerable groups in society. We strongly advise policymakers and practitioners are open to conversations – with researchers and young people – around how to action the 6 priorities.

Post-Primary School-based Suicide Prevention and the Role of Intervention and Contextual Factors: A Meta-analysis and Meta-regression

Saturday, 1st October - 13:30: Concurrent 4.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 829

Ms. Eibhlin Walsh (University of Limerick), Dr. Jennifer McMahon (University of Limerick), Dr. Matthew Herring (University of Limerick)

Introduction and objectives

Suicide is the fourth highest cause of death in adolescents. Although post-primary school-based suicide prevention (PSSP) has the potential to be a key suicide prevention approach for adolescents, there is need to comprehensively synthesise the effectiveness of PSSP interventions which target suicide as both primary intervention outcomes and with other health and well-being related targets.

Objectives

The objectives of this review were to: (1) estimate the effectiveness of PSSP interventions on suicidal thoughts and behaviours in adolescents using meta-analysis, using crude and study-level adjusted estimates, and (2) investigate the variability of PSSP effectiveness based on intervention and contextual factors using meta-regression.

Methods

The protocol is registered on PROSPERO (ID=CRD42020168883). PsycINFO, Medline, Education Source, ERIC, Web of Science, and the Cochrane Central Register of Controlled Trials were searched to identify studies employing cluster randomised trial designs, which evaluate the effectiveness of PSSP interventions on adolescent suicidal thoughts and behaviours, which target suicide as both primary intervention outcome and with other health and well-being related targets. Study quality was assessed using the Cochrane Risk of Bias tool. Back-transformed odds ratios (ORs) were calculated via multilevel random-effects models, which accounted for the dependencies of effects from the same studies. Univariate meta-regression investigated variability of effects based on intervention and contextual moderators.

Results

Studies contained 33,155 adolescents attending 329 schools. PSSP interventions comprised of universal, selective, and indicated interventions, which targeted SA and SI as both primary intervention outcomes and with other well-being outcomes. Composite effects for suicide ideation (SI) and suicide attempts (SA) contained 19 and 12 trial effects, respectively. PSSP Interventions were associated with lower SI and SA, respectively: 13% (OR = 0.87, 95%CI: 0.78, 0.96) and 34% (OR = 0.66, 95%CI: 0.47, 0.91). Adjusted SI and SA effects were similar in magnitude. Moderator analyses did not vary SA effects ($p > .05$) and were not conducted for SI effects as heterogeneity=0%.

Conclusions

Findings support PSSP interventions which target suicidal thoughts and behaviours primarily and alongside other health and well-being outcomes as an effective strategy to reduce SA and SI in adolescents. Number needed to treat estimates suggest that one less adolescent would attempt suicide and experience SI when PSSP is implemented in two classrooms. Nonsignificant moderator analyses suggest that PSSP interventions of ≤ 1 week in length, involving multiple stakeholders such as school personnel, and measuring postintervention SA at 12-months were particularly effective for addressing SA in adolescents. Findings are relevant to those with an interest in PSSP research and practice, including young people, researchers, clinicians, educators, and policymakers.

Self-Harm In Eating Disorders (SHINE): Preliminary results from a mixed-methods feasibility study with young people

Saturday, 1st October - 13:30: Concurrent 4.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 645

Ms. Rosina Pendrous (University of Birmingham), Mx. Kalen Reid (University of Birmingham), Dr. Maria Michail (University of Birmingham), Dr. Sheryllin McNeil (Birmingham Women's and Children's NHS Foundation Trust), Dr. Helen Bould (University of Bristol; Gloucestershire Health and Care NHS Foundation Trust), Dr. Anthony Winston (Coventry and Warwickshire Partnership Trust), Ms. Christina Easter (University of Birmingham), Dr. Anna Lavis (University of Birmingham)

Introduction:

Eating disorder (ED) diagnoses often peak during adolescence and have important long-term clinical implications, including a high risk of dying by suicide. Self-harm, one of the strongest predictors of future suicide attempts, is very common in young people with an ED. However, research understanding the experiences and support needs of young people with an ED who also self-harm is limited.

Objectives of research:

The Self-Harm In Eating Disorders Study ("The SHINE Study") is a mixed-methods study which aims to explore why self-harm and EDs may co-occur. We are also investigating the feasibility of conducting this research across three outpatient services in England (UK). The study was co-designed with members of a Young Persons' Advisory Group (YAG). Describing the study as "really needed" and "ethical," YAG members were involved in the study from the outset; the research question and objectives were informed by their priorities and members' involvement will be continued and invaluable.

Methods:

We will recruit 70-100 young people aged 16-25 with an ED diagnosis and a history of or current self-harm thoughts and/or behaviours from three ED outpatient services. Phase One involves a 14-day (6x prompts per day) ecological momentary assessment period exploring participants' feelings, thoughts, motivations, behaviours, and experiences of self-harm in real-time. In Phase Two, 20-30 participants who took part in Phase One will be re-approached to take part in an in-depth qualitative interview on the psychological, emotional, and social factors that underlie their self-harm and EDs, as well as identify their support needs.

Results:

Data collection is currently ongoing and will conclude in November 2022, so we will present preliminary findings. From Phase One, we will present descriptive data on the frequency, intensity, duration, co-occurrence, antecedents, and consequences of SH thoughts and/or behaviours. From Phase Two, we will present a qualitative thematic analysis of participants' perspectives on the genesis and functions of, and their treatment experiences and support needs for, both their self-harm and ED. We will also present reflections on study feasibility.

Conclusion:

The SHINE Study will inform both theory and clinical practice. We will develop a transdisciplinary theoretical model of the factors that underlie self-harm in EDs in young people, as well as identify their clinical support needs. Given a current lack of specific clinical pathways within existing services, we aim that these data will also inform future early interventions for the treatment of self-harm in EDs, ensuring that these are shaped by the priorities and needs of young people themselves.

From micro-level social interactions to macro-level psychopathological development: Tracking Flemish adolescents before and during the COVID-19 pandemic

Saturday, 1st October - 13:30: Concurrent 4.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 439

Dr. Robin Achterhof (KU), Prof. Inez Myin-Germeys (KU Leuven), Ms. Eva Bamps (KU Leuven), Ms. Noëmi Hagemann (KU Leuven), Dr. Karlijn S. F. M. Hermans (Leiden University; Erasmus University Rotterdam), Ms. Anu P. Hiekkaranta (KU Leuven), Ms. Julie J. Janssens (KU Leuven), Ms. Aleksandra Lecei (KU Leuven), Dr. Ginette Lafit (KU Leuven), Dr. Olivia J. Kirtley (KU Leuven)

Introduction Adolescence is a critical period for social development. The COVID-19 pandemic has severely restricted the opportunity for adolescents to meet this developmental task, and to connect with each other. However, the impact of the pandemic on adolescents' mental health and social lives is obfuscated by a lack of studies with both pre-pandemic data and a focus on adolescents' daily lives.

Objectives In the SIGMA study, we aimed to assess changes in psychopathology levels and the quantity and quality of adolescents' daily face-to-face and online social interactions – and the relationship between these variables – in a longitudinal study of adolescent development. In addition, we aimed to identify which risk and protective factors (trauma, bullying, COVID-related events, social support, social skills, resilience, posttraumatic growth) predict (changes in) psychopathology levels.

Methods A sample of $n=1913$ Flemish adolescents (mean age = 13.8 at T0) were recruited for the first wave of the SIGMA study in 2018/2019, and were partially followed up in three waves throughout 2018-2021. General, depressive, anxiety, and psychotic psychopathology levels were assessed using the self-report Brief Symptom Inventory-53. The Experience Sampling Method (ESM) is an intensive longitudinal method that was used to prompt participants to answer questionnaires at random times in their day-to-day lives, ten times daily for six days per wave. ESM was used to assess both the quantity and quality of participants' day-to-day face-to-face and online social interactions. Using (multilevel) linear and logistic regression techniques, we tested changes in mean psychopathology levels and the quantity/quality of social interactions, (changes in) the associations between psychopathology and the quantity/quality of social interactions, and associations between risk/protective factors and (increases in) psychopathology.

Results Early-pandemic general psychopathology and anxiety levels were significantly lower than pre-pandemic. The quantity of face-to-face interactions had decreased pre- to early-pandemic, while the mean quality of face-to-face interactions had increased. The quantity of online interactions had also increased. The mean quality of face-to-face social interactions was significantly and negatively associated with mean psychopathology levels, and this association had strengthened during the pandemic. More COVID-19-related stressors were positively associated with concurrent psychopathology, while increased resilience was negatively associated with concurrent psychopathology levels.

Conclusion These findings uniquely highlight the general trajectories of Flemish adolescents' mental health and everyday social lives from before to during the COVID-19 pandemic. Unexpectedly, anxiety and general psychopathology levels were lower than expected in the beginning of the pandemic – potentially highlighting the limited disadvantages early in the pandemic and/or the anxiety-inducing nature of pre-pandemic school life. The change toward more qualitative daily face-to-face social interactions might represent a protective factor behind the observed resilience of these adolescents. These results should be viewed in light of the relatively high attrition rate that was likely largely driven by the COVID-19-related restrictions. Still, this study adds invaluable insight into the inherently social nature of adolescents' short- and long-term development in the midst of not

only a medical, but also a social crisis.

Implementing and Measuring the Impact of a Digital National Stepped Care Model for Youth in Canada

Saturday, 1st October - 13:30: Concurrent 4.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 868

Ms. Sarah M Mughal (Kids Help Phone & McGill University), Ms. Alisa Simon (Kids Help Phone), Ms. Teresa Mejia (Kids Help Phone)

Introduction

Now, more than ever, young people deserve a broad range of services that go beyond more traditional models of care. Kids Help Phone (KHP) has been serving young people in Canada for over 30 years, and in that time we have committed to continual innovation to improve youth access to mental health services. Recently, we broadened our service delivery along an adapted, stepped care model of digital mental health supports, based on Dr. Cornish's work in Stepped Care 2.0 and our service data about the needs of young people. This has allowed us to embrace innovation, technology, and data in a way that is often neglected by the mental health space, and allowed us to stay nimble during unprecedented moments such as the COVID-19 pandemic.

As a national leader in e-mental health and innovation, we will share our experience transforming our national organization in alignment with stepped care, building new national services, embracing new technologies, and adapting during COVID-19. We will also discuss our approach to measuring impact across our stepped care model, with one year's data from service users.

Objectives

To describe implementation of an adapted, digital stepped care model, and share early impact evaluation data from service users. This will add to discussions on implementing stepped care, potential measures of success for adaptations of the model, and organization-wide transformation efforts for bringing innovation to an established, national mental health provider.

Approach

We implemented an impact measurement framework, building out standard measures of our service impact and navigation across the services in our stepped care model. In the first year of implementation, we created and implemented methods (e.g. surveys) to assess our overall and domain specific service and navigation impacts on service users. These measures now allow us to measure independent service impact and the impact of our full model as a whole system of digital mental health supports.

Practice/policy implications

Through our impact measures, and additional service qualitative and quantitative measures, we are now able to leverage our data in ways that will help us continually improve service access and effectiveness, as well as measure the success of our full service model. We are also intensifying our work to share our data and learnings with others across the mental health sector so we can foster knowledge sharing and continued development of shared best practices in digital mental health services and stepped care approaches.

Conclusion

We need to continue innovating mental health support models to meet the needs of young people. Their lives are in flux, more so recently as we move through a global pandemic, and we need models of support that can be responsive to these changing needs. Stepped care models offer a powerful framework for meeting diverse service needs, but evidence on their implementation and efficacy is in its infancy. We'd be very excited to share how we applied stepped care principles to our digital service ecosystem, and findings from measuring outcomes of this full and functioning service model.

How and why do young people use social media to communicate about self-harm? A qualitative online interview study

Saturday, 1st October - 13:30: Concurrent 4.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 564

Dr. Louise La Sala (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Jo Robinson (Orygen), Ms. Pinar Thorn (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Sarah Hetrick (Department of Psychological Medicine, The University of Auckland), Dr. Simon Rice (Orygen), Ms. Michelle Lamblin (Orygen and Centre for Youth Mental Health, The University of Melbourne)

Introduction: Young people communicate online about self-harm, or come across self-harm related content, in a number of different ways. Although research on the positive effects of self-harm online communication is emerging, existing research suggests that exposure to, and expression of, self-harm online may be associated with potential harms. Little is currently known about the motivations and mechanisms involved in youth online communication about self-harm, and even less is known about the helpful aspects of this communication and how they can be further maximised to create safer online environments.

Objectives: The aims of this study were to expand our understanding of the motivations and mechanisms involved in youth online communication about self-harm, to explore how harms could be reduced, and how safety and benefits can be maximised in the online space.

Methods: This qualitative study conducted 20 semi-structured online interviews with young people aged 18 to 25 ($M = 20.55$ years, $SD = 2.01$). The study design was developed in consultation with young people and participants were recruited via Instagram and through the #chatsafe Youth Advisory Network. Participants were eligible to participate if they lived in Australia, and had lived experience of any method of self-harm (current or history), and had actively communicated about self-harm online as an original poster and/or responder in the past six months. Interviews were audio recorded and transcribed verbatim. Data were analysed using Thematic Analysis.

Findings: Data analysis is underway and findings relating to young people's motivations to communicate online about self-harm, perceived benefits and harms associated with these communications, differences between written and visual communication, differences between content creation and content consumption, and perspectives on social media reporting and removing policies will be presented.

Conclusion: This study has important implications for using social media to communicate about self-harm, including recommendations for how young people can safely use social media when communicating online about self-harm. The findings from this project will directly inform the development of the 2nd edition of the #chatsafe guidelines. This will ensure that young people have access to evidence informed information that will increase their, and their peers', safety when it comes to communicating online about self-harm. This work will also contribute to recommendations provided to social media platforms about how best to manage this sort of content posted and/or shared by young people.

Developing a Framework for Understanding Adolescent Behaviour on Social Media: A Sequential Exploratory Mixed Methods Study

Saturday, 1st October - 13:30: Concurrent 4.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 565

Dr. Louise La Sala (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Jason Skues (Swinburne University of Technology), Dr. Lisa Wise (Swinburne University of Technology)

Introduction: Social media provide an important and pervasive social context for young people. Despite the polarised perspectives towards the role of social media in a young person's life, particularly with regards to their mental health, it is largely uncontested that social media are a particularly attractive way for adolescents to interact with friends and engage in self-presentations. For this reason, social media presents an important context to explore identity development, and to question the impact digital technologies have on a young person's sense of self, both positively and negatively.

Objectives: The purpose of this research was to explore adolescent identity development and emotion regulation through social media behaviour.

Methods: Study 1 was a qualitative study, exploring how adolescents conceptualised their use of social network sites. Six focus groups were conducted with 40 Australian adolescents aged 13 to 17. Study 2 collected experience sampling data via a smartphone application from 50 adolescents aged 13 to 17 over a two-week period. Participants were asked to report three times per day to a series of prompts designed to track social media behaviour and associated emotional states.

Findings: Findings from Study 1 suggested that behaviours were a form of adolescent identity announcements, though it was also found that a young person's desire to be liked online, and how this made them feel, largely guided the behaviour that they engaged in. In Study 2, real time data collected over a period of two weeks allowed for comprehensive observations of social media behaviour, as well as the aggregation of trends in emotional state and social media behaviour by adolescents over time. Findings from Study 2 revealed that different emotional states were associated with different patterns of social media engagement and behaviour.

Conclusion: Together, the findings from these studies contributed towards a more nuanced understanding of adolescent behaviour online, driven largely by identity development and the social and emotional developmental processes typical of adolescence. Such findings highlight distinct differences in identity development and emotion regulation for today's adolescents, when compared to those from previous generations, where social media provide adolescents with a visible and durable context, and a large and quantifiable audience. A conceptual framework for understanding and describing adolescent social media behaviour will be presented and implications of this framework will be discussed.

Changes in Substance Use in Young People during an Extended COVID-19 Lockdown in Victoria, Australia

Saturday, 1st October - 13:30: Concurrent 4.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 916

Dr. Edward Mullen (Orygen, Parkville, VIC 3052, Australia), Dr. Emily Karanges (Orygen and Centre for Youth Mental Health, The University of Melbourne), Ms. Jessica O'Connell (Orygen, Parkville, VIC 3052, Australia), Prof. Andrew Chanen (Orygen and Centre for Youth Mental Health, The University of Melbourne), Prof. Gillinder Bedi (Orygen; Centre for Youth Mental Health, University of Melbourne)

Introduction

From July 2020, residents of Melbourne, Australia underwent 112 days of strict COVID-19 lockdown. At the time, this was the longest period of continuous lockdown globally. Young people might be at elevated risk for negative impacts on their mental health and social connections from such restrictions, including changes to their use of substances.

Objectives

(1) To characterise self-reported changes in substance use, psychiatric symptoms, and COVID-related experiences among young people who used substances during this extended lockdown in Victoria, Australia. (2) To examine factors associated with changed patterns of substance use during lockdown.

Methods

An online, anonymous self-report survey, conducted between September 1 and October 31, 2020. Participants were residents of Victoria aged 15 to 25 years who were currently under COVID-19 'Stay at Home' restrictions in Victoria, and who self-reported past-year use of alcohol, tobacco, and other substances. Participants reported on the impact of COVID restrictions on their substance use, their recent depression, anxiety, and stress-related symptoms and their COVID-19 related experiences.

Results or practice/policy implications

Usable responses were received from 66 young people, mean age 19.9 years (SD=0.5) mostly living within metropolitan Melbourne. Past year use was highest for alcohol (92.3%), cannabis (65.2%), and tobacco (46.4%). Over 60% of participants reported increasing their use of one or more substances during COVID-19 restrictions. More than 65% of those who increased substance use reported doing so to cope (i.e., with stress or anxiety) – a use motive associated with a range of negative outcomes.

Conclusion

This study reveals changes in young people's substance use during the period of COVID-19 stay at home restrictions in Victoria, Australia, with the majority of participants increasing their use of one or more substance during the extended lockdowns. It remains unknown whether these changes were sustained after lockdown ended, Clinicians should continue to enquire about these changes in substance use patterns among young people.

ENgage YOung people early (ENYOY): a digital transdiagnostic clinical – and peer- moderated treatment platform for youth with beginning mental health complaints in the Netherlands

Saturday, 1st October - 13:30: Concurrent 4.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 429

Ms. Marilon van Doorn (Amsterdam UMC, department of psychiatry; Amsterdam, the Netherlands),

Prof. Thérèse van Amelsvoort (Maastricht University, Department of Psychiatry and Neuropsychology Maastricht, the Netherlands)

The onset of mental disorders typically occurs between the ages of 12 and 25, and the burden of mental health problems is the most consequential for this group. Indicated prevention interventions to target individuals with subclinical symptoms to prevent the transition to clinical levels of disorders, even leading to suicide, have shown to be effective. However, the threshold to seek help appears to be high. Digital interventions could offer a solution, especially during the Covid-19 pandemic. In this talk, the presenters will take you on a journey through the background, effects and experience of the digital indicated prevention intervention ENgage YOung people Early (ENYOY).

ENYOY specifically addresses young people with emerging mental health complaints, and offers a new approach for treatment in the Netherlands. Considering the waiting lists in (child and adolescent)-psychiatry and the increase in suicides among youth, early low-threshold and non-stigmatizing help to support young people with emerging psychiatric symptoms is of crucial importance. Moreover, this project aims to bridge the gap between child and adolescent and adult psychiatry.

Youth Wellness Hubs Ontario: An Integrated, One-Stop Shop for Youth Services

Saturday, 1st October - 13:30: Concurrent 4.5 Lightning (Sankt Hans Torv Room (Room B)) - Lightning - Abstract ID: 446

Dr. Joanna Henderson (Centre for Addiction and Mental Health: Youth Wellness Hubs Ontario), Mx. Devon Walpole (Youth), Mx. Melody Recollet (Youth)

Introduction: The need for youth-friendly early intervention services to meet the mental health, substance use, primary care, and other social needs of adolescents and young adults is well-documented. Clinicians and researchers in child and youth mental health have been calling for better integration of child, youth, and family-facing systems (e.g., health, mental health, child welfare, youth justice, education), as well as increased attention to holistic services that reflect the developmental, cultural, social, and health realities of children, youth and families. Integrated youth services are designed to address the gaps in youth mental health by providing youth-friendly, comprehensive services for youth ages 12 to 25, in a one-stop shop model of service delivery.

Objectives (of project/research). The objectives of this project is to build a model of integrated youth services across the province of Ontario.

Methods or approach: This presentation will describe Youth Wellness Hubs Ontario, a province-wide initiative in Ontario, Canada to build and implement a one-stop-shop model of integrated youth services. The presentation will also describe the model's values, core components, and services.

Results or Practice/Policy Implications: The demonstration phase of Youth Wellness Hubs Ontario was initiated in 2017-2018. Youth Wellness Hubs Ontario is co-created with youth for youth aged 12 to 25 years old across diverse community contexts. Youth Wellness Hubs Ontario centres engagement and equity, and offers developmentally-appropriate services in an integrated, community-based walk-in format. As an initiative committed to continuous learning and quality improvement, Youth Wellness Hubs Ontario offers evidence-based and evidence-generating services, and measurement-based care. Youth Wellness Hubs Ontario is supported by backbone resources with expertise in implementation science, health equity, Indigenous practices, youth and family engagement, evaluation, and knowledge translation. In 2020 Youth Wellness Hubs Ontario secured sustainable funding for the first 10 locations and scale-up began in 2021, with 10 additional locations in development.

Conclusion: Youth Wellness Hubs Ontario demonstrates the feasibility of integrated mental health and substance use early intervention services, offered in the context of a broad range of health and social services.

TABLE 1 - IMPACT OF COVID: Navigating COVID-19: Examining engagement with Jigsaw Youth Mental Health Services over the Course of the Pandemic

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 659

Mr. Joe Rossouw (Jigsaw, The National Centre for Youth Mental Health), Ms. Elizabeth Doyle (Jigsaw, The National Centre for Youth Mental Health), Dr. Ailbhe Booth (University College Dublin and Jigsaw, The National Centre for Youth Mental Health), Dr. Gillian O'Brien (Jigsaw, The National Centre for Youth Mental Health), Mrs. Sarah Cullinan (Jigsaw, The National Centre for Youth Mental Health), Dr. Aileen O'Reilly (University College Dublin and Jigsaw, The National Centre for Youth Mental Health)

Introduction

The COVID-19 pandemic introduced substantial and wide-ranging disruption in the lives of young people and mental health services available to them. Many services had to adapt quickly in the face of the unprecedented challenges posed by COVID-19 and associated public health restrictions. There was also widespread concern that the pandemic would trigger an increase in mental health difficulties among young people and a surge in referrals to mental health services. However, few studies have documented the impact of the COVID-19 pandemic on the nature of young people's engagement with services over the course of the past two years.

Objective

Jigsaw: The National Centre for Youth Mental Health provides an early intervention mental health service to young people in Ireland aged 12-25 years. This study examines young people's engagement with Jigsaw's brief intervention service model over two years of the COVID-19 pandemic. It describes engagement patterns before and after the official declaration of the pandemic in March 2020.

Method

Data anonymously collected during three timeframes are examined; baseline (11th March 2019 – 10th March 2020), beginning of the pandemic (11th March 2020 – 10th March 2021) and later stages of the pandemic (11th March 2021 – 11th March 2022). Using descriptive and inferential statistics, the number of referrals, presenting issues, baseline distress, and satisfaction with the service are compared across the three time points. The modality of interventions (in person, video or phone) are also examined to determine demand for remote sessions.

Results

The results from this study will provide insights into the impact of the pandemic on engagement with youth mental health services. The findings will inform longer-term planning and development of new modes of service delivery, and differentiate between reactionary and long-lasting trends in engagement following the onset of the COVID-19 pandemic.

Conclusion

Understanding changing patterns of engagement with youth mental health services over the course of the COVID-19 pandemic is vital as we develop and refine services to meet the evolving needs, preferences and engagement patterns of young people into the future.

TABLE 1 - IMPACT OF COVID: Life in a Pandemic: Supporting Young People Through COVID-19

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 957

Ms. Madelyn Whyte (Foundry), Dr. Aileen O'Reilly (Jigsaw, The National Centre for Youth Mental Health), Dr. Skye Barbic (Foundry), Dr. Joanna Henderson (Centre for Addiction and Mental Health: Youth Wellness Hubs Ontario)

Introduction

The COVID-19 pandemic has had significant impacts on young people's health and wellbeing. The pandemic-related restrictions, including disruptions to school, jobs, access to healthcare services such as counselling, and familial financial security, are a few of the contributing factors among many that have left young people with heightened risk for poor health and wellbeing. In April 2020, we identified an imminent risk that research and public health policy would be designed and implemented without considering the needs of young people.

Objectives

The objectives of this study were to 1) Enhance our knowledge on the impacts of a pandemic on youth mental health and wellbeing; 2) Understand young people's experiences with community services during the pandemic to improve service access and delivery; 3) Improve the readiness of decision-makers for future pandemics and learn ways to engage and involve youth in public health crises responses.

Methods

Teams from Foundry (British Columbia), Youth Wellness Hubs Ontario (Ontario), and Jigsaw (Ireland) came together to co-design and lead a longitudinal qualitative study to understand the emerging needs of youth with mental health and substance use challenges during the pandemic period. After hiring and training a team of youth research assistants, we recruited 141 participants ages 15-25 (60 British Columbia, 60 Ontario, 21 Ireland) and completed three waves of data collection from the winter of 2020 to the fall of 2021 (follow-up response rate over 90%). We conducted a thematic analysis using an inductive approach to derive themes.

Results

We found that youth experienced exacerbated mental health difficulties including increased anxiety and depression and felt decreased motivation. We also found that many youths felt they missed out on important milestones and activities. On the other hand, many youths cited the pandemic as a positive experience, with themes such as more grateful and appreciative, resilience, improved relationships with others, and slower pace of life emerging. Other important themes revolved around dissatisfactions with and ways to improve service delivery during and after the pandemic, both in-person and virtually, as well as with the government response and information sharing. Many young people cited the vaccine as a source of hope for recovery, although with hesitations of how quickly the vaccine was developed, and the differences between the vaccines available. We will describe the shared findings and differences in results over time and across study centres. These results can be used to help international youth mental health communities prepare for the next phases of COVID-19 pandemic recovery and future pandemics.

Conclusion

This study provides important insights into the impacts of a global pandemic on young people to guide decision-makers and the international youth mental health community during the COVID-19 recovery phase and better prepare for future waves of COVID-19 and other pandemics.

TABLE 2 - DIGITAL 1: An Analysis of Young Texters to '50808' 24/7 Crisis Text Service in Ireland

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 671

Mrs. Fenella Ryan (National Suicide Research Foundation), Dr. Paul Corcoran (National Suicide Research Foundation), Mr. Niall McTernan (National Suicide Research Foundation), Mr. Ian Power (50808), Mr. Simon Jones (50808)

Introduction: The '50808' 24/7 Crisis Text Service provides a free, anonymous, 24/7 text messaging support service for anyone in Ireland and has been operational throughout the COVID-19 Pandemic. '50808' is based on Crisis Text Line, which has operated in the USA since 2013.

Aim: This study was a collaboration between the National Suicide Research Foundation and '50808'.

Research objectives included:

- Explore profile of texters in terms of time and date of text conversations and presenting issues.

Methods: The study analysed pre-existing and routinely collected aggregate data associated with over 46,600 individual conversations over a 15-month period: 01/06/2020 to 31/08/2021, including: service platform data (time/date), conversation issue tags (as recorded by helpline volunteers), and demographic classifiers (as self-reported by texters in the voluntary post-conversation survey). The study did not include pseudonymised conversation content data (either transcripts or keywords).

The post-conversation survey, which provided the demographic information, was completed by 15.7% of texters. 57% (n=4186) of these respondents were aged 25 years and younger.

Results: Contacts to 50808 from young texters were highest, almost 70% higher than average, in October 2020 and January 2021, two months associated with COVID-19 waves and lockdowns in Ireland.

Frequency of contact with '50808' varied over the 24 hours of a day, with more than half of contacts (n=2,203, 52.6%) from young texters made during the six-hour period 7pm-1am.

The top five presenting issues for young texters, based on conversation issue tags, were anxiety/stress, depression, relationships, isolation and suicide.

It was found that 31% (n=65) of conversations for those aged under 13 were related to suicide and 19% (n=40) conversations were related to self-harm.

Of the 674 conversations related to suicide, 599 (88.9%) expressed a desire to die by suicide, 254 (37.7%) expressed intent to die by suicide, 163 (24.2%) expressed capability to die by suicide, and 48 (7%) had chosen a timeframe to act on the plan.

Conclusion: The findings of this first analysis of aggregate texter data from 50808 may be used to shape future service delivery, to inform public policy and to facilitate a deeper understanding of crisis support need for young people in Ireland, particularly during the COVID-19 pandemic, and the role technology can play.

TABLE 2 - DIGITAL 1: MoreGoodDays – an e-mental health program designed to bridge the mental health treatment gap for Alberta young people.

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 839

Mx. Rachal Pattison (Kickstand), Dr. Vincent Agyapong (Dalhousie University)

Kickstand is an Alberta (Canada)-based, integrated youth services initiative that seeks to bring together a range of primary care, mental health, substance use and social services, as a one stop shop model of care. Kickstand hopes to transform access to care by aligning existing youth services in such a way that young people and their families only need walk through *one door* to be connected to all the services they need within Alberta's health system. We know it can be hard to cope with everything that "growing up" throws at you; we've all been there. Kickstand partnered with the Global Mental Health Research Group based at the Department's of Psychiatry at the University of Alberta and Dalhousie University, to create MoreGoodDays, a supportive text messaging program designed to alleviate stress and improve mental wellbeing. MoreGoodDays is a daily dose of inspiration and support delivered to users' phones via text message and was created through extensive engagement with young people in Alberta. Evidence from two previous Canadian supportive text messaging programs, Text4Mood and Text4Hope, showed participants reported increased mental well-being, feelings of hopefulness and increased perception of being in-charge of depression and anxiety symptoms. Subscribers to Text4Hope who had received daily messages demonstrated lower prevalence rates for moderate/high stress, anxiety and depression symptoms, compared to people who had not receive daily messages. MoreGoodDays is designed to examine the impacts of mobile health technology, a population-level approach, on the mental health and well-being of young people in Alberta, Canada. The program runs over the course of 12 months with self-report surveys administered at baseline, 6 weeks, 6 months, and final mark. Quantitative outcomes will include changes in scores on standardized measures for depression, anxiety, stress, resiliency and wellbeing.

Youth engagement was at the core of the MoreGoodDays program from its inception. Phase 1 consisted of engaging young people in the refinement of existing text messages. These messages were pulled from its predecessor program, Text4Hope, which was launched in 2020 to support individuals through the first wave of the COVID-19 lockdown. Twenty-six young Albertans provided feedback and edited the existing messages to ensure youth-friendly, age-appropriate language and that message content resonated with their peers. In Phase 2 of MoreGoodDays, we gave young Albertans the opportunity to write their own messages on topic areas that ranged from mental health and substance use to body image and healthy relationships. This final phase saw 40 young people from across Alberta participate, ranging in age from 12 – 26 years old and collectively, they created 365 messages! All messages were reviewed first by the Kickstand team and then by Global Mental Health Research Group's clinical team. Our presentation will cover the approach we took to embed youth engagement into every phase of this project, tell you more about the project itself, as well as describe the evidence for supportive text messaging programs like it. MoreGoodDays is a small but important first step to help young people in Alberta to have more good days.

TABLE 2 - DIGITAL 1: Innovative digital clinical practice and service delivery informed by research

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 927

Ms. Gretel O'Loughlin (Orygen, Parkville, VIC, Australia; Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC, Australia), Dr. Felicity Cockshott (Orygen), Mr. Rafi Armanto (Orygen)

Background: Orygen Digital Moderated Online Social Therapy (MOST) aims to combine persuasive, social humane technology with evidence based novel psychological models and computational models to provide new and effective interventions to address key gaps and outcomes in youth mental health and integrate with youth mental health services. MOST is the first digital mental health platform to offer continuous, integrated face to face and digital care to young people. MOST offers users guided therapeutic journeys, a personalised therapy toolkit, a therapeutic social network, professional online support (clinicians, peer workers and vocational workers) and content that is always available. Iterations of MOST have been in development since 2010 and 2 RCTs and 11 pilot studies have demonstrated promising findings related to engagement, safety, improvements in educational and vocational outcomes, reduced hospital admissions and emergency department presentations, reducing depression, anxiety, social anxiety, psychological distress and suicidal ideation.

Research suggests there is a 17 year research translation delay with 85% of research findings never making it to clinical practice. The MOST clinical and moderation team and Orygen Digital research team have worked collaboratively on the roll out of MOST in an effort to bridge the research/clinical gap and improve outcomes for users of MOST.

Methods: MOST (Moderated Online Social Therapy) is a CBT-based digital intervention that offers continuous, integrated face-to-face and digital care to young people.

Objective: To explore the challenges and the benefits of creating a digital mental health service for young people that is continuously informed and improved by data and is therefore responsive to the user experience.

Practice implications: The presentation will cover key components in the development of a data driven Digital Youth Mental Health Service, including setting up clear communication pathways and workflow processes between clinical and research teams. Aligning research activities so change can be implemented to improve engagement, effectiveness and efficiency for both young people and clinicians. We will explore how leadership can influence team culture to support data driven clinical practice and manage the change fatigue with a clinical environment that is continuously adaptive to research.

Conclusion: it is important to have an agile, open to change workforce that supports data driven practice, and have feedback from multiple sources, including young people, MOST clinicians, service clinicians, service leaders and web analytics. It is also necessary in leadership to focus on creating a healthy team culture with clear communication pathways and collaboration between the clinical and research teams for the roll out of a new and innovative Digital Youth Mental Health Service, where clinical practice is continuously informed by data.

TABLE 3 - INTERVENTIONS/SERVICES: Leading The Revolution In Mind: Establishing Integrated Service Hubs

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 939

*Mr. Nick Prendergast (Orygen, Parkville, VIC 3052, Australia), Ms. Alison McRoberts (Orygen, Parkville, VIC 3052, Australia),
Mr. Benjamin Torrens-Witherow (Orygen, Parkville, VIC 3052, Australia)*

For over 30 years Orygen has been at the forefront of developments in youth mental health research, policy, treatment and health system design, shifting the paradigm nationally and globally towards creating evidence-based, appropriate, acceptable and effective services for young people aged 12-25 years.

Identified as a priority in our strategic plan, Orygen is co-designing and implementing a seamless and integrated service models to best meet the mental health needs of young people and their families, from early intervention and primary care through to more complex and specialist care in the North Western corridor of Melbourne, Australia.

The objective of this presentation will outline the reasons why we needed a new integrated model, the components of the model, progress to date and challenges in bringing life to this new model of services delivery, including during a global pandemic.

This new service development process, referred to as the 'Integrated Care Model' (ICM), is providing the roadmap for how Orygen is unifying and transforming our current services to deliver a comprehensive, seamless, holistic and system for young people aged 12-25 years and their families through the establishment of six new Orygen 'Integrated Service Hubs' (ISH).

The new ICM will see all of our current primary care and tertiary services unified under the Orygen brand. It will provide a greater emphasis on 'systems of care' rather than 'individual services'. This will make our services more accessible to young people and their families. The ISH will deliver across:

- a range of mental health conditions;
- severity of presentation from mild to moderate to severe; and
- degree of complexity, including comorbidities with physical health conditions and substance use.

The ISH will operate under a 'no wrong door' approach, with the underpinning principle that the location of the young person will not make them ineligible for care. Young people and their families will be able to access any of our six Integrated Service Hubs, and they will no-longer be declined services based on a 'catchment area'.

The development of these new integrated care models will create innovative ways of approaching the way we, as communities, consider how we meet the needs of those seeking care and assistance, and inform policy implications that are transferable to local, state and national settings.

The presentation will be give insight in to the change management process needed to undertake the realignment of service structures and provided practical solutions to the learnings gathered along that change pathway.

TABLE 3 - INTERVENTIONS/SERVICES: Depression literacy in parents of Irish adolescents

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 843

Dr. Sadhbh Byrne (Maynooth University), Dr. Elizabeth Nixon (School of Psychology, Trinity College Dublin), Dr. Lorraine Swords (School of Psychology, Trinity College Dublin)

Introduction:

Adolescent depression is linked to significant impairment, recurrence in adulthood, heightened risk of suicide, and increased all-cause mortality. Early identification and treatment of depression can mitigate this impact. Parents may play an important role in helping to achieve early intervention – indeed, parents have been identified by both young people and those who work with young people as a priority group for youth mental health research and interventions. Parents are well-placed to monitor risk, encourage alternative coping strategies, provide emotional support, and facilitate engagement with mental health services. However, little is known about how parents understand and respond to the early signs of adolescent depression, or whether their understanding and responses are influenced by factors such as empathy.

Objectives:

The objectives of this study are to (a) explore parents' depression literacy through their responses to a vignette depicting an adolescent showing signs of depression, and (b) explore whether parents' responses differ based on the following factors: parent's gender, gender of their adolescent child, age of their child, parent's empathy.

Methods:

Participants ($n = 321$, M age = 46.2 years) were adults who self-identified as primary caregivers of adolescents aged 12-18 years ($M = 15.4$ years) and resided in the Republic of Ireland. Three-quarters (73.8%) were mothers or female caregivers. Approximately half (54.2%) stated that their adolescent child identified as female.

This questionnaire-based study presented a vignette depicting an adolescent showing signs of depression. The same vignette was shown to all parents but the character's gender was matched to the gender of the participant's child, and participants were told the character was the same age as their child. Participants' trait empathy (i.e., stable across situations) was measured using the Basic Empathy Scale (BES). Participants' empathic emotions (i.e., situation-specific empathic responses) was measured using the sympathy and anger subscales of the Indicator Questions for Perceived Controllability scale. Participants also completed an adapted version of the Friend in Need questionnaire which encompasses assessment of severity of symptoms, identification of disorder, recognition of symptoms, and assessment of prognosis.

Results:

Two-thirds (66.7%) of parents attributed the vignette character's symptoms to depression, while 20.1% attributed the symptoms to bullying. Attribution of symptoms did not differ by parent gender, child gender, or child age, but a logistic regression model revealed that parent empathy significantly predicted labelling the symptoms as 'depression', $\chi^2(1) = 9.835$, $p = .002$. Female parents responded to the vignette with significantly more sympathy and significantly less anger than male parents, and perceived a significantly longer recovery time would be required. The majority (64.7%) of parents were "extremely worried" about the vignette character and thought it would take longer than a few months for the character to feel better. Further multivariate analyses will be reported.

Conclusion:

Parents may play an important role in recognising early signs of depression in adolescents. By identifying some factors that are associated with different responses, the study hopefully will enable the academic and clinical fields in the development of targeted interventions to improve parents' understanding of adolescent depression.

TABLE 3 - INTERVENTIONS/SERVICES: Treatment of young adolescents with psychotic disorders in a network organization

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 838

Mrs. Charlotte van der Wall (KieN), Mr. Elbert-Jaap Schipper (KieN)

The prevalence of psychotic disorders in young people is estimated at 0.5%. Psychotic experiences in young people are common and usually benign and transient. In combination with environmental risk factors for psychosis, psychotic experiences in young people with a genetic vulnerability to psychosis can persist over time and increase the risk of developing a psychotic disorder. We consider the case conceptualization, the role of trauma in psychosis and give directions for the treatment of the young people and their families. An explanation is given about the importance of early psychosis care and the way in which this can be designed in co-creation with clients and relatives. Specific attention is paid to the way in which a holistic view of the development of a psychosis can lead to a good diagnosis and treatment policy and to possibilities in collaboration (apart from funding systems and organisations).

Our organization is member of the Dutch Network of Early psychoses. It is part of Phrenos, a Dutch center specialized in developing, sharing and dissemination of knowledge about recovery, care and participation of people with severe mental illness.

Kline et al (2016) Trauma and psychosis symptoms in a sample of help-seeking youth. *Schizophr Res.* 175 (1-3):174-9

TABLE 4 - YOUTH ENGAGEMENT: Voices for Change: Creating a provincial BIPOC Youth Forum to support organizational change

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 735

Ms. Seren Friskie (Foundry), Ms. Sukhdeep Jassar (Foundry), Ms. Toni Carlton (Foundry), Mx. Gurvaan Mann (Foundry), Mx. Joshua Rasalan (Foundry), Dr. Karen Tee (Foundry)

Voices for Change: Creating a provincial BIPOC Youth Forum to support organizational change

Type of Submission: Oral Presentation

Presenters: Seren Friskie (lead authour), Gurvaan Mann, Josh Rasalan, Toni Carlton, Sukhdeep Jasser, Karen Tee

Affiliations: The University of British Columbia, Foundry Central Office (Providence Healthcare),

Objectives:

Co-designing an inclusive, safe and equitable space for IBPOC youth to advocate for systems transformation in current health structures. To lead the change for an organization to prioritize youth voice and lived experience in the areas of anti-racism, equity, justice, and inclusion.

Introduction:

In Canada, there is longstanding evidence of health inequities for racialized groups. Structural racism exists in the policies and practices in the Canadian public health system and other sectors, and is a significant contributor to the health disparities for Indigenous and Black youth,.. Youth rallied for anti-racism change within Foundry, during the re-emergence of the Black Lives Matter movement in 2020. To address their calls for action, Foundry undertook an anti-racism organizational assessment which included creating a dedicated space for youth, the Anti-Racism Organizational Change Youth Forum (AROC-YF). Youth gathered to discuss race anti-racism, advocate for equity within the health system, collectively prioritize areas for change in Foundry. Their insights are guiding changes within Foundry.

Methods:

IBPOC (Indigenous, Black, People of Colour) youth co-created the use and design of the provincial AROC-YF . As a part of the organizational assessment, AROC-YF members engaged in anonymous surveys, focus groups, and dialogues. An external consultant facilitated the discussions and analyzed the data. Racial caucusing was used to increase participant safety.

Policy implications:

AROC-YF expertise is guiding Foundry's anti-racism priorities in training, safety, services, evaluation, communications, as well as future projects. There is value in peer-to-peer learning when critically exploring topics such as decolonization, health justice, and the social determinants of health. To strive for safety within the group and during meetings, members felt racial caucusing had a positive impact. Spaces dedicated for youth outside of internal organizational meetings are a needed means to encourage open dialogue, criticism, and community building. Creating avenues to merge youth and employee work in anti-racism is an area that will be explored further in the coming year.

Conclusion:

a new approach was needed to embrace a mosaic of voices to impact the current health system. System transformation and organizational change requires input, leadership, and opportunity given to IBPOC youth. As leaders in youth health, we need to be listening, learning, taking guidance from youth, while giving decision-making ability directly to youth. The AROC-YF provides an opportunity to understand meaningful engagement with IBPOC youth on their experiences of services, safety, representation, and care.

TABLE 4 - YOUTH ENGAGEMENT: Challenges faced by Peer Support Workers - Reflections from a Peer Supervisor

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 436

Mx. Nic Juniper (Orygen)

Introduction:

Peer Work is a rapidly growing and highly valuable workforce. Within Australia, The Royal Commission into Victoria's Mental Health system identified Peer Work as a key component of reform, and the Australian Government has committed to expanding the workforce and enhancing support for practice. However, within the workplace, significant barriers exist when people outwardly identify as having experiences of mental health difficulties, trauma, or psychological distress, and insufficient organisational structures and understanding of lived experience work, alongside poor support for Peer Workers can lead to high levels of burnout and low staff retention rates.

Objective:

This presentation aims to provide insight into the barriers and challenges of working from a lived experience perspective in mental health settings, and what can be done to minimise these barriers, from the voice of someone who has both been a Peer Worker and Peer Supervisor.

Methods:

Nic Juniper is a mental health advocate with lived/living experience from Naarm (Melbourne), Australia, who is a trained Consumer Perspective Supervisor. Themes were identified through supervision, co-reflection, and informal discussions with other lived experience workers, along with their own personal experiences and observations.

Results:

Key barriers of power, stigma, discrimination, and enablers of awareness, support, and workplace culture were identified. No stories are included without consent.

Conclusion:

With the expansion of the lived experience workforce, measures need to be put in place to ensure that Peer Support Workers are adequately supported, and the barriers to effective service delivery are minimised.

TABLE 4 - YOUTH ENGAGEMENT: Engaging youth in SCY-Well's pilot proof-of-concept study: Exploring the essential 'messiness' of youth engagement in clinical mental health research

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 830

Mx. Mahalia Dixon (Centre for Addiction and Mental Health), Mx. Isabella C (Centre for Addiction and Mental Health), Dr. Nicole Kozloff (Centre for Addiction and Mental Health)

Introduction:

“Specialty Care for Youth Wellness” (SCY-Well) is a model of youth mental health care consisting of individual therapy, individualized medication management, family education and support (family is self-defined by client), and supported employment and education being piloted for young people aged 14-24. Led by a team of researchers, clinicians, youth, and caregivers, it exemplifies extraordinary youth engagement in a true co-design approach.

SCY-Well is adapted from NAVIGATE, an evidence-based program for first-episode psychosis that is widely implemented within the Centre for Addiction and Mental Health (CAMH) in Toronto, Canada and globally. NAVIGATE's core treatment services have been adapted for SCY-Well to support a transdiagnostic population of youth experiencing complex mental health and substance use challenges, who have not gained benefit from previously accessed mental health services. Both NAVIGATE and the SCY-Well adaptation focus on supporting youth to achieve autonomous, self-defined, mental wellness.

Objectives:

This pilot study is a proof-of-concept study that will evaluate whether SCY-Well has a clinically significant impact on youth and their self-defined family structure. We will assess the feasibility of a definitive randomized-controlled trial including recruitment and retention rates, eligibility criteria, and data collection tools.

Methods:

A sample of 10 youth plus, 10 family members, and 5-10 clinicians will be recruited from the outpatient Child, Youth, and Family Services at CAMH to take part in this study. Youth participating in this study will receive the SCY-Well intervention for up to 2 years, which includes access to above outlined services. Participants will complete a set of outcome measures in 6-month intervals throughout their 2 years in the intervention to measure 6 outcome domains chosen in consultation with a group of 10 youth with lived expertise.

Results:

Co-design approaches are the antidote to ineffectual health services. The Principal Investigator for SCY-Well recognizes the importance of engaging people with lived expertise in the creation of supportive and effective mental health services. Throughout the project's development, two youth with lived expertise have been full members of the project team with equitable standing at every table discussion and decision.

In this review of our engagement methods, our team recognizes and embraces the non-linear “mess” that can sometimes be made when youth engagement is done right, including when engagement goes off course, and explores unexpected but essential areas.

The principles of shared decision-making, client-set/centred goals, and responsive evaluation are central to the SCY-Well intervention and are prominently featured in our approaches to youth engagement. Moreover, just as youth with lived expertise have informed each aspect of the project, clients in the SCY-Well pathway will be meaningfully engaged in their treatment.

Conclusion:

While the study is ongoing, the duality of engagement described above has served well in our continued co-

design, as we expect it will do the same as we move forward into the research and evaluation arms of the project. The success of SCY-Well's engagement speaks volumes to its wide-reaching implications as an innovative model that we want to see implemented across all youth-focused clinical trials.

TABLE 5 - SERVICE DEVELOPMENT: Youth Arena in Norway - inspired by headspace

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 108

Mr. Tor Helge Tjelta (Inland Norway University of Applied Sciences/City of Oslo/EUCOMS)

Introduction: The transitions from adolescent to adulthood for youth and their families is difficult both in the primary and specialized healthcare and welfare system. We looked for a collaborative service model for youth and in 2011 we were suggested to look to Australia and headspace. We also went and looked at Jigsaw in Ireland and headspace in Denmark. Together with the youth and user organizations we have established a new service model for people between 12-25 years old inspired by headspace: Youth Arena (Ung Arena).

Methods/Approach: Demand driven innovation and knowledge based implementation with high degree of user involvement and user innovation.

Results/Practice Implication: We have established a new service model with eight principles: User participation, Low-threshold/open door policy, Opportunities for anonymity/Chat, Youth-to-youth methodology/Peer supporters, Volunteers are part of the workforce, The services come to the youth and is adapted to their needs (cooperation with other services), Contact person who follows them as long as they need (CM), even after treatment and Seamless transition to secondary care. www.ungarenaoslo.no

Conclusion: The innovation is a success and there are several new centers in Norway. The Government also think this is a good service model and support new projects with funding. There are also lessons learned about collaboration with user organizations and the power of peers supporters.

Here is a short (lightning) presentation of Youth Arena in Norway: <https://vimeo.com/603850422>

TABLE 5 - SERVICE DEVELOPMENT: A Simple Recipe for a Complex Challenge – Key Ingredients to successfully establishing over 150 services across a nation.

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 725

Mrs. Raina Washington (headspace National), Mrs. Alyssa Blamey (headspace National)

Introduction:

The headspace network now delivers evidence-based, effective primary youth mental health care in over 150 local headspace services across the whole of Australia and is still expanding. Establishing these services provides a range of complex and diverse challenges encompassing Australian political, health funding, geographic and cultural landscapes. Addressing these challenges and managing the complex and diverse stakeholder relationships is critical in ensuring safety, quality and integrity to the headspace model and improving outcomes for young people and their families and friends.

Objective:

This presentation aims to provide a rare narrative in describing the challenges that occur in scaling up a vast national network of primary youth mental health services as well as providing an insight into the various strategies used to address those challenges.

Approach:

The headspace National Centre Services Team created a reflective forum to identify firstly, the key challenges that had occurred over the period of scaling up of over 150 services and secondly, the various strategies used to overcome the many challenges from relationship, process, resource and cultural perspectives. Key challenges and strategies were explored in detail to form a guide for Centre Service Advisors establishing headspace services.

Practice Implications:

Numerous challenges were faced in establishing and scaling up a national network of headspace services that involved political, funding, geographic and cultural issues. With experience, and with the development of guiding documentation, evolving processes and resources, ways to overcome these challenges have been devised. The presentation will present details of the challenges and successful strategies to address these.

Conclusion:

It is possible to successfully scale up a vast national network of evidence-based, effective primary youth mental health care services despite the complex and diverse challenges that arise. Being aware of the challenges and ways of managing these is key to any prospective funders or organisation embarking on establishing youth mental health services. Getting this right is of critical importance to young people and their families and friends who are in need of these services in the local community.

TABLE 5 - SERVICE DEVELOPMENT: Identifying Common Principles for a Network of Integrated Youth Services (IYS) Providers: A Modified Delphi Process

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 635

Dr. Steve Mathias (Foundry), Dr. Joanna Henderson (Centre for Addiction and Mental Health: Youth Wellness Hubs Ontario), Mr. Warren Helfrich (Foundry BC), Ms. Kelly Veillette (Foundry), Ms. Marlow dePaul (Foundry BC), Dr. Skye Barbic (Foundry)

Introduction. As networks and collaborations expand across initiatives delivering Integrated Youth Services (IYS) globally, achieving consensus on principles to guide the development and implementation of IYS has emerged as a way to achieve greater consistency and ground collaborative work. While numerous lists of principles have been developed by specific initiatives, interested stakeholders and through research, no consensus on principles for IYS exists.

Objectives. Our objective is to identify a set of consensus-based common principles from IYS Initiatives across Canada using a modified Delphi methodology.

Methods. We chose a modified Delphi approach, which is appropriate when consensus is lacking, input from all of the key stakeholders involved in a shared initiative is required, and open and transparent process is critical to buy-in. Representatives from nine IYS initiatives across Canada were recruited to participate. Existing sets of principles from all participating IYS initiatives were collected, reviewed, and catalogued. Principles identified through research (Settipiani, et. al.) and by other key IYS stakeholders were also reviewed and catalogued. A comprehensive list of 26 principles was generated through analysis of all of the available lists of principles. For Round 1, a survey was developed and administered to representatives from all nine initiatives across Canada. The survey asked respondents to rate their level of agreement with each principle on a 7-point scale. A cut off of 70% consensus (rating of 6 or 7) was set a priori for inclusion of any principle in Round 2. In Round 2, respondents discussed the results of Round 1 during a facilitated meeting. This was followed by a second survey during the facilitated meeting to support consensus development on a merged list of principles. In Round 3, participants will again review and vote on a final set of consensus principles. Only Round 3 responses will be used to assess final consensus and disagreement.

Results. All 26 principles identified and brought forward for voting in Round 1 met the 70% threshold for inclusion in Round 2. The level of agreement with all of the principles affirmed the importance of these principles to those delivering IYS in Canada. As a result, and consistent with comments offered on the Round 1 survey, the team leading the Delphi met and reviewed the principles to identify opportunities for creating a smaller, merged list. The merged list was brought forward to Round 2 of the Delphi and voted on during the facilitated meeting involving all initiatives. The merged list of principles received unanimous support during voting as a common working set of principles for IYS initiatives in Canada, with direction from those participating to make some small modifications and bring them back for further voting in Round 3. Round 3 responses will be used to establish final consensus.

Conclusion. The principles identified for IYS initiatives across Canada through this modified Delphi process will act as a cornerstone for further collaborative efforts to build out these much needed services across the country. This includes efforts currently underway to establish common standards across IYS initiatives in Canada.

TABLE 6 - EMPLOYMENT + SCHOOL SUPPORT: Prioritising occupational determinants using the Delphi method to inform an new activity focused intervention

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 320

Dr. Jackie Parsonage (Oxford Brookes University), Prof. Helen Dawes (Oxford Brookes University and Exeter University), Prof. Mona Eklund (Lund University, Sweden)

Introduction:

Emergent mental illness during adolescence often impacts daily functioning, causing disruption or changes to daily activities, routines, and patterns (McGorry and Mei, 2018; Parsonage, 2016). We know that multiple inter-related personal, social and environmental determinants influence the onset, nature, and subsequent course of those difficulties (Mei et al., 2020; Patel et al., 2018; McGorry et al., 2014; Viner et al., 2012). The activities in which adolescents engage are also likely to influence and affect their mental health for example sedentary behaviours, or social media use. Knowledge of which activity-related determinants have the greatest influence on mental health outcomes and which are realistic to attempt to change is important. The knowledge can inform a broader range of specialist interventions, such as occupational therapy, to address the determinants that affect mental health, early, when problems are emerging.

Aim: To establish an expert consensus view of which activity-related determinants should be prioritized within the development of an occupation therapy-based intervention for adolescents with emerging mental health difficulties.

Methodology: Informed by the Intervention Mapping framework, potential activity-related determinants that may influence emerging mental health were identified through three earlier studies and relevant additional literature. An adapted two-round Delphi survey method was conducted with occupational therapists and researchers to ascertain a consensus opinion on the prioritisation of specific determinants that influence 16-to 17-year-olds time-use choices, and consequently their mental health.

Results: The Delphi identified and prioritised eighty-nine determinants leading to the prioritisation of fourteen personal activity-related determinants including the ‘types of activity in which young people engage, the ‘balance of activities in which they engage, their ‘over and under consumptions of activities’, and their ‘underdeveloped occupation-based coping skills’. It also highlighted their ‘personal self-confidence’, ‘values’ and ‘perception of confidence’ in relation to the activities they do. The identified determinants inform the aims, objectives, and the construction of the eight-week ‘Activity-Time Use’ (ATUS) intervention manual, which encourages adolescents to explore and develop their occupational repertoire, to balance their occupations, volitional aspects, situational context, occupational choice, and their occupational self.

Conclusion: Activity-related determinants that affect mental health in adolescents were identified and prioritised by experts providing new knowledge which when used in conjunction with occupational therapy and behaviour change theories, informed a manualised intervention, co-developed with young people and experts, which, following initial acceptability testing with young people, shows potential for further development and feasibility testing.

TABLE 6 - EMPLOYMENT + SCHOOL SUPPORT: Co-Designing with Young Adults with Mental Health Conditions: The Creation of HYPE, a career development service model

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 891

Dr. Michelle Mullen (University of Massa)

This presentation will describe the process of developing a career development service model, Helping Youth on the Path to Employment (HYPE), specifically designed for young adults with mental health conditions (MHC). HYPE was developed through a multi-phased, community-based participatory research (CBPR) approach. HYPE was created with young adults, for young adults. This presentation will describe the process that was used to integrate stakeholder voice, which included researchers, providers, and young adults with MHC to modernize employment services in order to better meet the needs of young adults.

The presentation will describe the process of integrating findings from a systematic review of literature, interviews YA with MHC, and a survey of 31 programs that provide innovative career services to YA. A Delphi method was then applied to a 133-item checklist rated by YA with MHC and expert advisors to assist with the identification of crucial career service elements for YA. This process resulted in the refinement of a service that prioritizes long-term career development, the attainment of higher education early on to increase return of investment in wages and benefits over the lifespan, fluidity in service provision to support both work and school, and skill development, all of which aim to reduce dependence on long-term financial entitlements.

The integration of young adults with MHC on the development team and advisory boards provided assurance that HYPE is developmentally relevant to young adults in order to maximize engagement and meet their current needs while providing assistance to develop meaningful, long-term careers and not just the “right now” job.

TABLE 6 - EMPLOYMENT + SCHOOL SUPPORT: Facilitators and barriers in bringing health services research to clinical practice for a novel supported employment intervention for young people

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 866

Ms. Cassia Warren (Foundry), Ms. Anna-Joy Ong (Foundry BC), Ms. Amanda Kwan (University of British Columbia), Mx. Rae Zimmerman (Foundry BC), Mr. Matthew Wenger (Foundry BC), Ms. Diana Al-Qutub (Foundry BC), Dr. Steve Mathias (Foundry), Dr. Skye Barbic (Foundry)

Introduction:

It takes on average 17 years to go from research to clinical practice (Morris 2011). While this average may not consider the complexities of integrating research into youth mental health practice, it highlights the lengthy process to bring research into daily practice. In youth mental health, barriers are often amplified in service delivery for a youth population, since “youth” are limited by a defined period from both a service provider and policy perspective. Novel approaches to efficiently move youth mental health research into practice are needed.

Objectives:

This presentation will summarize key learnings from a 5-year supported employment research project at Foundry, an integrated youth service in British Columbia, Canada. The project objective was to co-design, launch, and scale a novel supported employment and education program for young people over a 5-year period. This aim of this IAYMH presentation is to share lessons about implementation of real-time evidence into youth mental health practice and policy.

Methods:

This study was a mixed methods study comprised of the following phases: (1) co-design, (2) cohort pilot, (3) longitudinal pilot at one centre, and (4) evaluation of provincial scale. At all phases, we conducted centralized interviews with key stakeholders to understand the facilitators and barriers to implementing emerging evidence into practice and scaling results across the Foundry network. This IAYMH presentation focus is primarily of stakeholder perceptions from phase 4, sharing global lessons about implementation of evidence into youth mental health practice.

Results:

Phase 1 (year 1), youth community partners and service providers participated in the co-design of the pilot program. In phase 2 (years 2-3), 168 youth clustered in 18 cohorts participated in the research pilot to help test proof of concept of the intervention at one Foundry centre (mean age 21, SD=2.2). In phase 3 (years 3-4), 155 youth participated in the intervention (mean age 21, SD=2.2). Employment/education progressed in 71% of participants and recovery and mental health outcomes improved in 90% of participants, measured through longitudinal surveys. Results informed a pan-provincial strategy, and phase 4 (year 5-current) implemented the intervention across 12 communities and one province-wide virtual service in British Columbia, Canada. This expanded program has the capacity to support 600 young people per year. Facilitators and barriers to moving research into clinical practice across the network included: community buy-in into the program need, integrated measurement and data collection plans, centralized operations and training, and integration into existing service planning and delivery structures.

Conclusion:

This five-year research project quickly mobilized evidence into practice and policy. Consistent youth and service provider engagement and a forward-thinking knowledge mobilization plan ensured that data were available to support scaling and community-level planning for running the program. Learning from this project supports

how to integrate research into a youth mental health system, and the potential for research to guide a learning health system that includes ongoing quality improvement efforts, collaboration, and sharing of innovative practices.

TABLE 7 - POST-COVID DIGITAL: Diverse young voices sharing lived experience via podcasting

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 327

Ms. Megan Campbell (Orygen), Ms. Teresa Scicluna (Orygen), Ms. Cassandra Jankovic (Orygen), Ms. Jessica Panev (Orygen)

During the 2020/2021 COVID 19 pandemic lockdowns, Craigieburn was one of the most locked-down areas of Melbourne, a hotspot for the 2020 and 2021 waves. With limited ability for face-to-face contact, the headspace Craigieburn Youth Advocacy Group (YAG) began to re-imagine how they could use their voice remotely, to provide connection, stories of hope, and a way for the Group to bond in a pandemic landscape.

Through the pandemic, Edison Research demonstrated podcast listenership grew, particularly in the 12-54 year old age group (which includes our target of 12-25 year olds). More people were listening casually, for example, while doing household chores. It is reported that among the reasons for increased listenership was a need for connection outside of those living with us, and a way to engage in thoughtful content (Nielsen data).

The Youth Advocacy Group is in a position to provide high quality content on this platform – as young people, they are technology natives, and have the resources of Peer Workers and headspace staff available to support their conversations. They were given brief training in hopeful and safe storytelling techniques by Youth Peer Workers, and were given the freedom to begin to record their experiences, share their knowledge, and provide validating content to their listeners.

The goals of the project were varied – for the YAG, it was an opportunity to connect with one another in the absence of in person interactions, work to reduce stigma around mental illness and as a meaningful project they could have agency over. Aims for the listener include, validation of their experience as young adults, and sharing the experience of enduring a pandemic, as well as ideas to improve wellbeing, connection to the presenters, an opportunity to learn how to share their own experiences with other, and all using youth friendly concepts and language.

As a team, concepts were brainstormed and discussed in terms of relevance, interest levels, and whether they were appropriate for an unknown audience. Zoom was used for recording, and 5 episodes of the first season of Headstrong were released in October-December 2021. Each episode was 20-28 minutes long, to encourage casual listeners. Season 2 began in March 2022.

Initial listener data has been gathered from host sites (Buzzsprout and Anchor). With a total of 179 listens (as of 17 March 2022), the podcast has had a slow beginning. However, the demographics data have been positive: 72% of listeners are aged under 27, a sign that we are reaching our target demographic. Engagement was highest on the introductory episode, and episode 3, about Self Care. Demonstrating the accessibility of this platform, 17% of our listeners are from overseas (USA, UK, Switzerland, South Africa, Sweden).

We consider this a sustainable project, that can be added to and revised by each YAG group year to year with fairly easy access to adequate technology. In the future, we would seek to better resource the program, including presenter training and better promotion for the program to reach a wider audience.

TABLE 7 - POST-COVID DIGITAL: The Great Pivot: Reimagining Community Healing for Virtual Delivery

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 944

Mr. Asante Haughton (Stella's Place), Mr. Simon Ibrahim (Stella's Place), Mr. Brandon Hay (City of Toronto)

The COVID-19 pandemic forced many community programs to pause indefinitely or shut down completely. Those who relied on these services were often left unsupported, abandoned, and without access to vital resources.

When lockdowns began, Stella's Place and the City of Toronto's Community Healing Project (CHP) immediately moved every program online, demonstrating alternative ways to continue service delivery without sacrificing service quality and impact. As the pandemic's end approaches, CHP is reimagining youth community service programming.

The Community Healing Project (CHP) is a City of Toronto initiative designed to interrupt cycles of violence by supporting youth mental health. The American Psychological Association recognizes that trauma from exposure to community is a risk factor for engaging in violence. CHP aims to address this trauma before its impacts can manifest. CHP's goals are to:

- Provide professional development opportunities to underserved youth
- Increase individual and community capacity to cope with trauma associated with community violence
- Reduce youth involvement in gangs and violence
- Provide a generalizable and scalable framework for reducing community violence
- Improve mental health literacy and decrease stigma in underserved communities
- Address barriers to mental health supports

CHP's main activities are:

- Across two cohorts per year, train 50 youth 'Healers' in self-management, facilitation and peer support skills.
- Two cohorts of a 12-week peer-to-peer community mental health workshop series, delivered by Healers in 10 communities across Toronto.

CHP adapted these activities for online delivery. To keep CHP Healers and youth workshop participants engaged and well, CHP introduced the following additional supports:

- Food security supports such as grocery cards
- Honoraria to Healers for participating training and workshop delivery
- Online engagement activities such as open mics, paint nights, yoga, mindfulness, etc.
- Case management support
- Online counselling with culturally relevant counsellors
- For Healers, online workshop delivery training and practice
- Device and Wi-Fi support for staff, Healers and workshop participants to reduce barriers to access

Implementing these changes, comparing pre-pandemic metrics to pandemic service delivery, CHP experienced the following:

- Zero change to Healer recruitment and retention
-

- No significant change to service delivery outcomes. During our first pandemic year:
 - 87% of youth respondents reported an increase in their knowledge and awareness of mental health and wellness supports in their community.
- 83% of youth respondents report an increased awareness in topics about mental health & wellness.
- 84% of youth respondents feel more confident about navigating their own mental health challenges after participating in the community workshops.
- These numbers compare favourably to our pre-pandemic service outcomes
- Reduction to youth workshop participation, with approximately 340 youth engaged in 2019 and 180 youth engaged in 2020

Though, the pandemic has introduced new challenges to life and community program delivery, CHP successfully pivoted to online service delivery, maintaining pre-pandemic service outcomes. In the future, CHP will add online and hybrid service deliveries to existing in-person activities. Reimagining service delivery in this way will offer more ways to access programming, while providing an example for other community service agencies.

TABLE 7 - POST-COVID DIGITAL: Rolling out a digital mental health service for young people in the midst of a shadow pandemic

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 924

Dr. Felicity Cockshott (Orygen), Ms. Gretel O'Loughlin (Orygen, Parkville, VIC, Australia; Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC, Australia), Mr. Rafi Armanto (Oryge)

Background: Orygen Digital Moderated Online Social Therapy (MOST) aims to combine persuasive, social humane technology with evidence based novel psychological models and computational models to provide new and effective interventions to address key gaps and outcomes in youth mental health and integrate with youth mental health services. MOST is the first digital mental health platform to offer continuous, integrated face to face and digital care to young people. MOST offers users guided therapeutic journeys, a personalised therapy toolkit, a therapeutic social network, professional online support (clinicians, peer workers and vocational workers) and content that is always available. Iterations of MOST have been in development since 2010 and 2 RCTs and 11 pilot studies have demonstrated promising findings related to engagement, safety, improvements in educational and vocational outcomes, reduced hospital admissions and emergency department presentations, reducing depression, anxiety, social anxiety, psychological distress and suicidal ideation.

The COVID19 Pandemic exposed some of the aforementioned shortcomings of the mental health system at a time when support was most needed by young people. Funding from the Victorian Department of Health and the Telstra foundation supported a swift roll out of MOST to young people accessing primary and specialist mental health care across Victoria.

Objectives: To report on the development of a world-first large-scale implementation of a digital mental health intervention in youth mental health services.

Methods: MOST (Moderated Online Social Therapy) is a CBT-based digital intervention that offers continuous, integrated face-to-face and digital care to young people.

Practice implications: The stages involved in the roll out will be outlined including: establishment of a skilled workforce, creation of a workplace culture that values novelty and change and holds the young person at the centre of care, development of policies and protocols to support clinical governance, management of change fatigue, development of communication pathways to improve the user experience and clinical interface through integrating clinician feedback as well as being responsive to research and feedback from young people.

Conclusions: there are key differences that need to be identified and addressed when rolling out a Youth Digital Mental Health Service in a clinical setting compared with a research environment. Implications of lockdowns and a remote workforce also required consideration in the roll out process. Development of clear communication pathways within the team and with other departments across Orygen Digital were key to a successful roll out. Youth consultation as well as a focus on integrating the peer, vocational and clinical workforce worked to create a workplace culture that values novelty and change and holds the young person at the centre of care.

TABLE 8 - DIGITAL 2: Spaces Chats: How anonymous online peer-moderated mental health communities can connect and support young people across the mental health spectrum.

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 539

Ms. Grace Miller (headspace National Mental Health Foundation), Ms. Jasmine Elliott (headspace National Mental Health Foundation)

Introduction:

A sense of meaningful connection to others and opportunities to exchange advice, stories, and reflections are an established aspect of mental wellbeing and essential for the recovery of people with poor mental health. It is well documented that young people greatly rely on the support of their peers for their emotional health and wellbeing needs, however that they commonly fear that expressing their thoughts and feelings with people close to them will jeopardise their social relationships. As such, providing anonymous online peer support gives young people an opportunity to express themselves without fear of retribution and access support in a way that is genuine and acceptable to them.

Objectives:

headspace, The National Youth Mental Health Foundation has been funded by the Commonwealth Department of Health to provide free and easily accessible online mental health resources and supports for young people across Australia. Spaces Chats are easily accessible on the headspace website and offer anonymous and safe opportunities for young people to connect with one another, to share their stories, and to seek and offer mutual advice and support. All Spaces Chats are led by trained peer moderators, drawing on a peer support model of care that aims to harness peer workers' lived experience to provide connection, sharing, learning, and support to other young people. Spaces Chats are 'real time' and run nightly during the week on five recurrent topics (Navigating relationships; General coping; Qheadspace (for LGBTQIA+ young people); Yarnspace (for Aboriginal and Torres Strait Islander young people); Supporting others (for adults supporting young people)).

Methods:

Since inception in 2018, a mixed method evaluation approach has been employed to gather insights into the experiences of peer moderators and young people in Spaces Chats and derive an understanding of the potential benefits (and limitations) of the service model. Key themes and findings of this evaluation will be summarised as part of this presentation.

Practice Implications & Conclusions:

Our evaluation to date supports that a peer-to-peer anonymous online community offers a highly engaging and acceptable, safe, scalable and sustainable support option for young people that can significantly expand access to mental health care. Most importantly perhaps, our findings indicate that being part of an online community of peers provides an environment that fosters a sense of belonging and allows young people to explore their experiences whilst learning new skills that are useful in their lives.

TABLE 8 - DIGITAL 2: The #chatsafe social media intervention: What do young people think?

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebro Runddel Room (Room A)) - Table Top - Abstract ID: 554

Dr. Louise La Sala (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Jo Robinson (Orygen and Centre for Youth Mental Health, The University of Melbourne), Mr. Charlie Cooper (Orygen and Centre for Youth Mental Health, The University of Melbourne), Ms. Gowri Rajaram (Orygen, Centre for Youth Mental Health, The University of Melbourne), Prof. Jane Pirkis (Melbourne School of Population and Global Health, The University of Melbourne), Ms. Michelle Lamblin (Orygen and Centre for Youth Mental Health, The University of Melbourne), Ms. Pinar Thorn (Orygen and Centre for Youth Mental Health, The University of Melbourne), Dr. Nicole Hill (Telethon Kids Institute), Dr. Simon Rice (Orygen)

Introduction: Young people actively use social media to talk about suicide and suicide-related behaviour. As such, social media presents a unique opportunity to reach young people with effective and youth-friendly approaches to suicide prevention. However, little is known about the efficacy of population-wide suicide prevention campaigns, particularly among young people and in the context of social media. To address this, the #chatsafe guidelines were used to inform the worlds first youth co-designed social media campaign that was rolled out and evaluated across Australia.

Objectives: Both studies reported here explored the impact of the #chatsafe social media campaign on young people's willingness to intervene against suicide and their perceived internet self-efficacy, confidence and safety when communicating online about suicide. The first study conducted this investigation with a universal sample of young Australians, and the second study focused exclusively on young people who had been bereaved by suicide in the past 2 years.

Methods: Both studies recruited young people aged 16 – 25 years via social media. Study 1 consisted of 189 participants and Study 2 consisted of 209 participants. The intervention took the form of a social media campaign that was delivered to participants via direct message on Facebook, Instagram and Snapchat. All participants completed three questionnaires across the study period (pre-intervention, immediately post-intervention, and at 4-week follow up). Participants were asked to evaluate the campaign content each week to measure acceptability and iatrogenic effects.

Findings: Participants in both studies reported finding the intervention acceptable and reported improvements in their willingness to intervene against suicide, and their perceived self-efficacy, confidence and safety when communicating on social media about suicide. Overall, participants responded positively to the #chatsafe content, with preferences for information that contained practical 'how to' steps to communicate directly about suicide.

Conclusion: Findings from these studies present a promising picture for the acceptability and potential impact of both universal and selective suicide prevention campaigns delivered through social media and suggest that it can be safe to utilize social media for the purpose of suicide prevention. This presentation will also include how these findings are currently being used to inform real-time responses to youth suicides in Australia and New Zealand.

TABLE 8 - DIGITAL 2: Partnering to support data-informed strategies for youth well-being in schools

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 337

Ms. Michelle Cianfrone (BC Children's Hospital), Dr. Hasina Samji (Simon Fraser University and BC Centre for Disease Control)

Introduction

Schools are an important setting for youth mental health promotion. To support school-based strategies and approaches in British Columbia (BC), student well-being data is collected from a variety of sources. However, many school districts report feeling overwhelmed by the amount of data available, and they are often not well-equipped to interpret or use the data. A collaboration between BC Children's Hospital (BCCH), the Capturing Health and Resilience Trajectories Lab (CHART), and the Human Early Learning Partnership at the University of British Columbia (HELP) aims to support school communities to effectively use youth well-being data to inform decision-making, policy and practice.

Objectives

The goal of the collaboration is to enable BC school communities to effectively utilize their district's data from the Youth Development Instrument (YDI) to inform school-based strategies and approaches that will improve student mental health and well-being. The YDI is a self-report electronic survey administered annually to Grade 11 students to assess youth well-being in BC. The YDI study is conducted by the Capturing Health and Resilience Trajectories (CHART) Lab research team, led by Principal Investigator, Dr. Hasina Samji, in collaboration with HELP.

To help school districts make data-informed decisions, BCCH, CHART and HELP will develop a publicly-available, searchable and web-based toolkit of evidence-based youth well-being interventions and strategies. This toolkit, informed by YDI findings and complemented by a data literacy guide, will equip schools with resources to improve school environments and foster positive youth development and well-being.

Methods

The web-based toolkit will link youth well-being needs, identified through analyses of YDI data, to evidence-based, school-level interventions and supports. The CHART team will analyze current YDI data to select modifiable school and community factors of greatest importance and conduct literature reviews on evidence-based strategies to address priority areas identified by the YDI. Afterwards, the team will work with partners, stakeholders and youth to assess and curate the evidence-based strategies based on appropriateness and feasibility in the BC school setting. The team will review analysis findings with participants and collaboratively develop priorities and structure for the resource toolkit.

To support the development, dissemination and implementation of the toolkit, the BCCH team will leverage their experience with mental health resource curation and knowledge translation, as well as their established communication channels, learning platforms and new peer coaching program.

Practice/Policy Implications

This partnership will provide a provincial-level understanding of youth well-being, while also identifying risk and resilience factors to inform policy action on improving resources available to youth. The toolkit and comple-

mentary supports will enable school communities to identify and understand risk and resiliency factors among their students and implement strategies based on those factors to support the specific needs of their students. Curation of the existing material will reduce the time required by schools to find and research potential programming and allow schools to choose interventions best suited for their context.

Conclusion

Partnerships between researchers and public health practitioners to collect and mobilize data are essential to catalyze evidence-based youth well-being initiatives in schools.

TABLE 9 - CO-CREATION/YOUTH ENGAGEMENT: The Jack.org Framework on Effective Youth Engagement in Mental Health

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 136

Ms. Taylor Montgomery (Jack.org), Ms. Lindsay Currie (Jack.org), Ms. Abeer Ansari (Jack.org)

Jack.org is a national charity that works with young people to identify and dismantle barriers to positive mental health and youth help-seeking across Canada. One of the key principles of our work involves youth engagement: bringing youth voices and expertise to the table to ensure that they have meaningful input into the programs we deliver. Drawing on several years of learnings from working directly with youth, we have developed a youth engagement framework to ensure ongoing accountability to the youth that we serve. In this presentation, Jack.org staff and youth Network Representatives will present this framework and will reflect on past limitations, challenges, and key learnings on our youth engagement journey.

We developed Jack.org's youth engagement framework to guide organizational decisions and activities and assist our youth-serving staff in engaging youth appropriately. To this end, we developed a list of questions for staff to consider when bringing youth voice into their work. We will be expanding on these five overarching questions:

1. Are we engaging with a purpose?
2. Is this experience mutually beneficial?
3. Are we meeting youth where they are at?
4. Are we causing harm by engaging?
5. Have we closed the feedback loop?

These key questions ensure our work with youth is purposeful, meaningful, and genuine, rather than tokenizing youth or engaging youth for the sake of saying they were consulted.

Within the framework, our presenters will highlight youth engagement misconceptions and how they can be harmful to effective youth engagement, the importance of a concrete feedback loop and organization commitments to youth engagement. Throughout each section, staff will showcase case studies of these methods in practice within Jack.org's programs. We will also discuss times where we could have done a better job with our youth engagement and the lessons we learned from those experiences.

Through this approach, we intend to provide attendees with an understanding of how they can apply components of Jack.org's youth engagement framework to their own work. Attendees will be able to better understand the successes and challenges that they are likely to occur within youth engagement work or that they may already be experiencing. Finally, we will provide space for attendees to share their own lessons in youth engagement so that we may all learn from one another.

TABLE 9 - CO-CREATION/YOUTH ENGAGEMENT: Re-imagining Introductions as a Storytelling Tool to Deepen Engagement with Indigenous, Black, and Youth of Colour

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 734

Mx. Joshua Rasalan (Foundry), Mx. Gurvaan Mann (Foundry), Ms. Seren Friskie (Foundry), Ms. Toni Carlton (Foundry), Ms. Sukhdeep Jassar (Foundry), Dr. Karen Tee (Foundry)

Introduction

Storytelling, or narratives, has existed globally for thousands of years. Stories that are shared orally, visually, through written content, and now digitally connect us to our ancestors spanning generations. These narratives allow us to position ourselves into the current context as we carry both our ancestral knowledge and lived experiences as expertise. Storytelling is a powerful practice in healing and wellness. It can also be used as a tool in youth engagement. Even something as simple as an introduction can be a story as it gives young people the opportunity to connect with and understand each other as individuals with deep relations and experiences.

Objectives

To re-imagine introductions as a tool for youth engagement workers, particularly Indigenous, Black, and People of Colour (IBPOC) youth, allows us to strengthen our connections and understand each other as individuals with in-depth lived experiences as expertise regardless of age. The table top will give delegates the space to share their own introductions as short storytelling pieces. In turn, delegates will be able to take back this knowledge to their own communities, shape it within their cultural contexts, and deepen their engagement with youth.

Approach

Within many IBPOC spaces, it is common practice to have introductions that are in-depth and give each individual the opportunity to share aspects of their identities and their journeys in getting to the space. It allows all those within a circle to position themselves to the present moment and build relationships and rapport. Common sharings include the Indigenous lands you live on, your ethnicities and the ancestral lands you come from, what generation immigrant you are, parts of your identity, your experiences within the topic area, and your journey that allowed you to be present today.

Results or practice/policy implications

Youth engagement workers collaborating with IBPOC youth can now move beyond simple introductions and check-ins that keep relationships at face level. There is opportunity for reflection on how to incorporate storytelling pieces with youth to view them not as just participants, but as individuals who carry ancestral knowledge and lived experiences. This is particularly important when working in mental health organizations as it connects each young person to the generations before them, provides context on their environments that impact their health, and shares knowledge on culture-based practices in wellness. By holding space for storytelling, mental health practitioners and advocates alongside young people will be able to co-create a framework of engagement rooted in lived experiences as expertise. It is important to recognize each young person's own culture of storytelling. Some practices are kept exclusive and must not be appropriated, while other practices can be connected and exist across cultures.

Conclusion

Co-creating communities through relationship building is a core component of engagement with equity-denied racialized youth. By holding space to share one's stories, it deepens relations, balances dynamics, and gives opportunities to share ancestral knowledge. Storytelling exists day-to-day in different avenues. It can be complex like a written book, stunning like an animation film, or as simple as an introduction.

TABLE 9 - CO-CREATION/YOUTH ENGAGEMENT: Framework for Citizen Engagement in Rural Integrated Youth Service Networks

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 889

Ms. Shannon McGavin (The Well Community Collective), Ms. Youth Ambassador (The Well Community Collective)

With the increase in integrated youth services and the development of integrated care organizations across Canada and around the globe, engaging citizens authentically in the creation and leadership of services is crucial to ensure the provision of evidence-based care models.

After an extensive research review of evidence-based engagement practices and frameworks in youth services, integrated care networks and rural organizations, it became clear that organizations were struggling to engage and develop a framework of authentic engagement that reduced tokenistic practices and supported the integration of citizen engagement throughout organizations.

Utilizing the characteristics of authentic youth engagement while ensuring psychological safety, The Well, a grassroots, rural community collective, co-created and co-designed a four-step framework for citizen engagement. With support and leadership from youth, family and community members from rural communities, this framework promotes, supports and engages organizations to authentically value the voices of experience in the development of integrated care pathways.

The framework is grounded in the research around citizen engagement and psychologically safe settings and aligned with core components of integrated youth service networks, and youth-friendly service requirements. To further support the framework, The Well is finalizing supporting documents to include a modifiable needs assessment survey and an evaluation matrix to support implementation across local service organizations, mental health and substance use services and integrated care networks. To ensure effectiveness, The Well co-development team has initiated an iterative evaluation process to assess the framework and evaluation tools as organizations begin implementation.

With the development of this comprehensive framework and evaluation tool, The Well hopes to support integrated care in our communities, decrease tokenism, increase organizational awareness and increase the leadership and guidance of our lived experience experts in rural communities.

This interactive presentation will be relevant for researchers, policymakers, youth and family advisors, community service providers and anyone interested in the co-development and evaluation of authentic youth and community engagement practices and will provide tangible processes of authentic engagement, offer examples of replication and provide lessons learned through both co-design and implementation cycles.

TABLE 10 - DIGITAL 3: Virtual Best-Practice & Policies in Youth Multidisciplinary Community Mental Health Teams

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 884

Dr. Deborah Cohen (The University of Texas at Austin, Dell Medical School, Dept. of Psychiatry & Behavioral & Behavioral Sciences), Dr. Vanessa Klodnick (The University of Texas at Austin & Thresholds Youth & Young Adult Services Research & Innovation), Dr. Marc Fagan (Thresholds Youth Young Adult Services)

Introduction. Virtual tools, including texting and video-conferencing, are promising for boosting outcomes among young people with serious mental health needs in team-based mental health services. The COVID-19 pandemic created an unprecedented shift in community mental health team practice—from *in-person* to a mix of in-person and *virtual* service delivery. Many U.S. states have recently and successfully implemented policy changes to continue Medicaid and commercial insurance coverage for virtually delivered team-based mental health services. Hybrid in-person and virtual support models allow for a new level of youth and family service engagement flexibility. However, there is much to be done in developing, testing and refining virtual policies and practices to support effective in-person and virtual service blending based on youth and family preferences, needs and goals.

Objectives. To examine what is needed among multidisciplinary community mental health teams (e.g., Coordinated Specialty Care) for sustained virtual and in-person service blending, and to share a virtual best-practice guide to facilitate safe, private and healthy virtual mental health service engagement.

Methods. Multidisciplinary community mental health team leaders from 23 youth and young adult sites in Texas were interviewed about their experiences in implementing early psychosis coordinated specialty care in summer 2020. Interviews explored service implementation barriers and facilitators, and virtual technology use as a result of COVID-19. Concurrently, an Illinois research team was recruiting participants from multidisciplinary teams, including specialized early psychosis care teams, to test a youth internship experience to boost employment outcomes. Faced with COVID-19 social distancing mandates, the Illinois research team engaged program staff and leaders in several discussions exploring evolving virtual technology needs and innovative emerging best-practices in 2020.

Results. Virtual tools largely sustained Texas multidisciplinary team outreach, service delivery, and engagement during COVID-19 – yet, teams faced virtual competency and accessibility issues, virtual technology-related exhaustion, and a lack of clear virtual technology policies and practice expectations (McCormick et al., 2022). The Illinois research team built a publicly available tool: The Virtual Best Practice Guide for Youth & Young Adult Community Mental Health Providers (Johnson et al., 2021) for community mental health agencies, teams, and individual practitioners.

Practice & Policy Implications. Research suggests how telehealth can improve mental health service access among particularly vulnerable populations, including marginalized and oppressed groups, and those with transportation barriers, low socioeconomic status and unstable living situations. In order to increase equitable engagement, community mental health providers must develop policies and practices to guide effective, and safe virtual tool use. This includes organizational policies, protocols and forms (e.g., consent forms), and team best-practices, such as guidelines for deciding when to leverage virtual tools – and when not to, and how to navigate maintaining privacy and confidentiality in online forums and communities.

Conclusions. Evaluation of agency and team virtual technology policies and practices are necessary in order both understand their impact, but also to refine, and tailor to specific contexts and target populations. Future research must pursue evaluating benefits and drawbacks of in-person and virtual hybrid service models for youth and families.

TABLE 10 - DIGITAL 3: Piloting an Integrated Face-to-Face and Virtual Clinic to Enhance Specialist Treatment for Complex Youth Mental Health Disorders: eOrygen.MOST

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 543

Ms. Shaunagh O'Sullivan (Orygen, Parkville, VIC, Australia; Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC, Australia), Dr. Carla McEnergy (Peter MacCallum Cancer Centre), Mx. Lee Valentine (Orygen, Parkville, VIC, Australia; Centre for Youth Mental Health, University of Melbourne, Melbourne, VIC, Australia), Dr. Jen Nicholas (Orygen), Prof. John Gleeson (Healthy Brain and Mind Research Centre and School of Behavioural and Health Sciences, Australian Catholic University), Prof. Mario Alvarez (Orygen and Centre for Youth Mental Health, The University of Melbourne)

Introduction: Specialist treatment services for complex youth mental health (YMH) disorders face challenges in maintaining engagement, providing timely support, achieving functional recovery and preventing future relapse. Integrating innovative digital mental health interventions within specialist services is a promising strategy to address the challenges with both face-to-face and online mental health services. However, despite young people's preferences and calls for integration of these services, current mental health services do not offer blended models of care and research is scant on clinician and service user perspectives of blended models of care in youth mental health.

Objectives: The current study, therefore, aimed to test an integrated face-to-face and virtual clinic (eOrygen.MOST) as a blended model of care for young people with complex mental health disorders. The pilot study aimed to evaluate the feasibility, acceptability, safety and preliminary effectiveness of this integrated virtual clinic. Furthermore, young people and clinicians' experiences of blended models of care in YMH services were explored.

Methods: Forty-one young people (16-25 years) accessing specialist care had access to eOrygen.MOST for three months. The feasibility, acceptability, safety and effectiveness of this virtual clinic, as an adjunctive to face-to-face treatment, was tested. Interviews with 10 young people (16-25 years) and 17 clinicians (4 focus groups) were also conducted. Results for the young people interviews were analysed using a team-based thematic analytic approach and results from the clinician interviews were analysed using the Consolidated Framework for Implementation Research.

Results: Significant improvements were observed for social and occupational functioning ($t(21) = -3.92, p = .001$), depression ($t(32) = 2.44, p = .02$), psychological distress ($t(31) = 2.09, p = .045$), social anxiety ($t(31) = 2.54, p = .016$), social isolation ($t(31) = 3.24, p = .003$), stress ($t(31) = 4.21, p < .001$), and flourishing ($t(31) = -2.17, p = .038$) at 3-months follow-up. Most young people reported using eOrygen.MOST in a blended way, describing using it both within sessions and between sessions, and that using it in this blended way supported in-session work. However, some people expressed feelings of uncertainty when eOrygen.MOST was introduced but not used within sessions, leading to independent, rather than integrated, use. Clinicians felt that eOrygen.MOST complemented their work and acted a facilitator of engagement and communication within sessions. However, familiarity with the platform was seen as necessary for successful integration, but this was time-consuming for clinicians.

Conclusion: Blended models of care have the potential to increase therapeutic intensity, continuity, engagement, and effectiveness. Young people and clinicians mainly had a positive experience of using this integrated virtual clinic, with the online element supporting in-session work. Barriers experienced by young people and clinicians included feelings of uncertainty about how to bring eOrygen.MOST up in session. For clinicians, time to become familiar with eOrygen.MOST and understand how it fit, both within sessions and their service was critical to the success of blended care. Future research will need to examine the effectiveness of blended models

of care as well as determine how to successfully implement such models of care into clinical services.

TABLE 10 - DIGITAL 3: Implementing Foundry: Regional and virtual expansion to improve youth access to integrated services

Saturday, 1st October - 13:30: Concurrent 4.6 Table Top (Nørrebros Runddel Room (Room A)) - Table Top - Abstract ID: 661

Dr. Steve Mathias (Foundry), Dr. Karen Tee (Foundry), Dr. Kirsten Marchand (University of British Columbia), Ms. Emilie Mallia (Foundry), Dr. Kelli Wuerth (Foundry), Dr. Nikki Ow (University of British Columbia), Mr. Godwin Chan (Foundry, 915-1045 Howe Street, Vancouver, BC, Canada, V6Z 2A9), Ms. Haley Turnbull (Foundry), Ms. Alayna Ewert (Foundry, 915-1045 Howe Street, Vancouver, BC, Canada, V6Z 2A9), Dr. Skye Barbic (Foundry)

Introduction or rationale: Youth in Canada have high rates of mental health and substance use concerns compared to youth in similar high-income countries. In British Columbia, Canada, an integrated youth services organization called Foundry provides services through a Primary Youth Health Care Model. After the pilot phase involving 6 centres, Foundry expanded to 11 physical centres and launched a virtual service.

Objectives: The study objectives were to evaluate 1) the demographics of Foundry clients, 2) the outcomes of service utilization, and 3) the impact of the COVID-19 pandemic, all during the Foundry Phase 2 expansion.

Methods or approach: Data were analyzed using R for all youth clients accessing both in-person (April 27th, 2018-March 31st, 2021) and virtual services (May 1st, 2020-March 31st, 2021). Cohorts containing all clients from before (April 27th, 2018-March 16th, 2020) and during (March 17th, 2020-March 31st, 2021) the COVID-19 pandemic were also examined.

Results or practice/policy implications: 23,749 unique youth received 110,145 services at Foundry during the three year period. For all services, the mean client age was 19.54 years (SD = 3.45) and clients most commonly identified as female (62%). Over 60% of youth scored “high” or “very high” for distress and 29% had a self-rated mental health of “poor,” with similar percentages seen for all services and virtual services. These ratings stayed consistent before and during the COVID-19 pandemic, although more data were missing during the COVID-19 pandemic due to changes in data collection processes.

Conclusion: Overall, Foundry has continued to reach the target age group of 12-24 years, with a 65% increase in number of clients during the study period compared to the pilot stage. The high levels of distress and self-rated mental health, and the lack of change during the COVID-19 pandemic, suggest there is a significant need for Foundry services in British Columbia and justifies continued expansion. Foundry is continuing to expand both physical centres and virtual services in British Columbia due to ongoing need. Foundry is also working to implement new anti-racist and outreach programs to better reach socially marginalized youth throughout the province.

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