



**Stanford**  
M E D I C I N E

# The Youth Mental Health Imperative: Early Access, Early Action, Early Intervention

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**Stanford**  
Children's Health

Lucile Packard  
Children's Hospital  
**Stanford**

# Disclosures

*In compliance with the ACCME Standards for Commercial Support of CME, as the speaker I do not have any relevant financial relationships to disclose in relation to this presentation.*

# Educational Objectives

As a result of participating in this activity, you should be able to:

1. Define three components of a public mental health early intervention model for youth
2. Recall the core components of the integrated youth mental health model
3. Name three components of the coordinated specialty care model for early psychosis intervention

# Stanford Center for Youth Mental Health and Wellbeing (CYMHW)



**Mission:** To build a culture of health and wellbeing, developed in partnership with young people, in which they can belong, heal and thrive.

**Core pillars:**

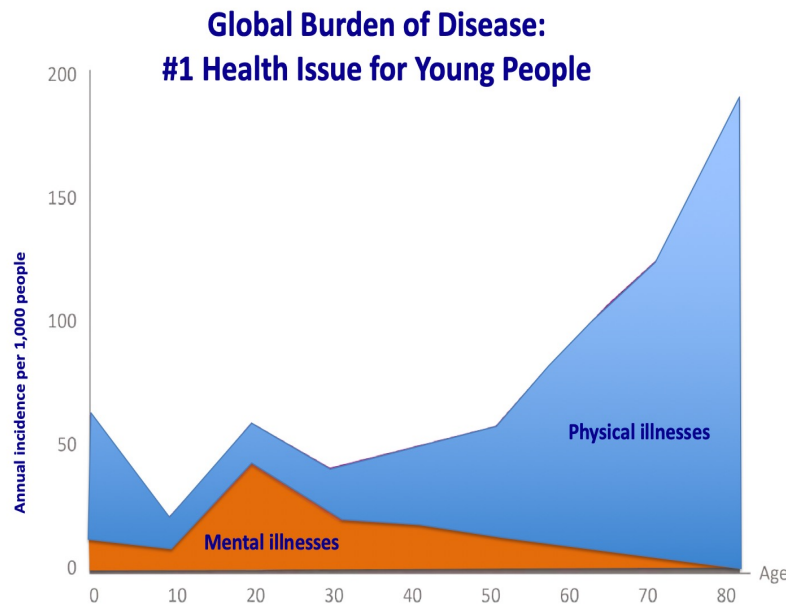
- Innovative, early intervention models (ages 12-25)
- Centering youth voice
- Increasing access
- Awareness & education

# Our initiatives

The Stanford Center for Youth Mental Health and Wellbeing is spearheading a new national vision for adolescent and young adult wellness and mental health support

- **allcove centers – Integrated Youth Health Services**
- **Suicide prevention and postvention efforts**
- **Indigenous youth suicide and mental health support**
- **Youth-led anti-stigma, awareness and social media efforts**
- **Early psychosis program (PEPPNET)**
- **School and community partnerships**
- **Conference, webinars, community events**

# Youth are facing growing mental health challenges



Graph: Victorian Burden of Disease Study, Mortality and Morbidity in 2001

**50%** of all lifetime cases of mental illness start by age 14, and 75% by age 24

Kessler et al, Arch Gen Psychiatry, 2005; Jun;62(6):593-602

**15%** of youth experienced an episode of major depression in the past year

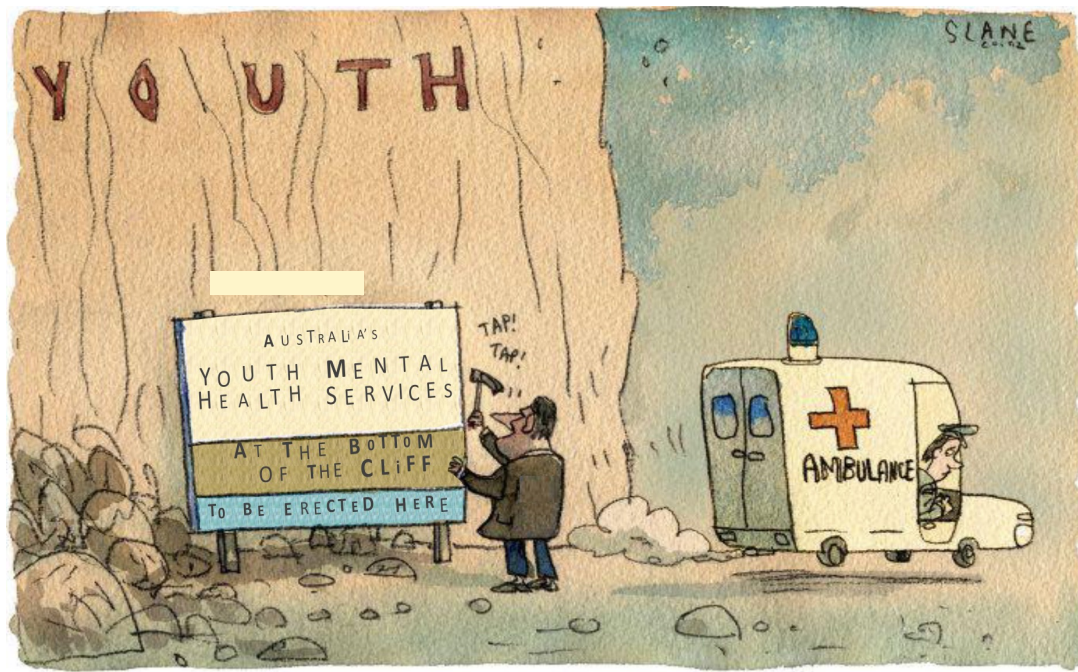
**11%** with a severe major depressive episode last year

**51%** of youth with major depression didn't receive any mental health treatment

**10%** of youth had serious thoughts of suicide

Mental Health America 2025 Report

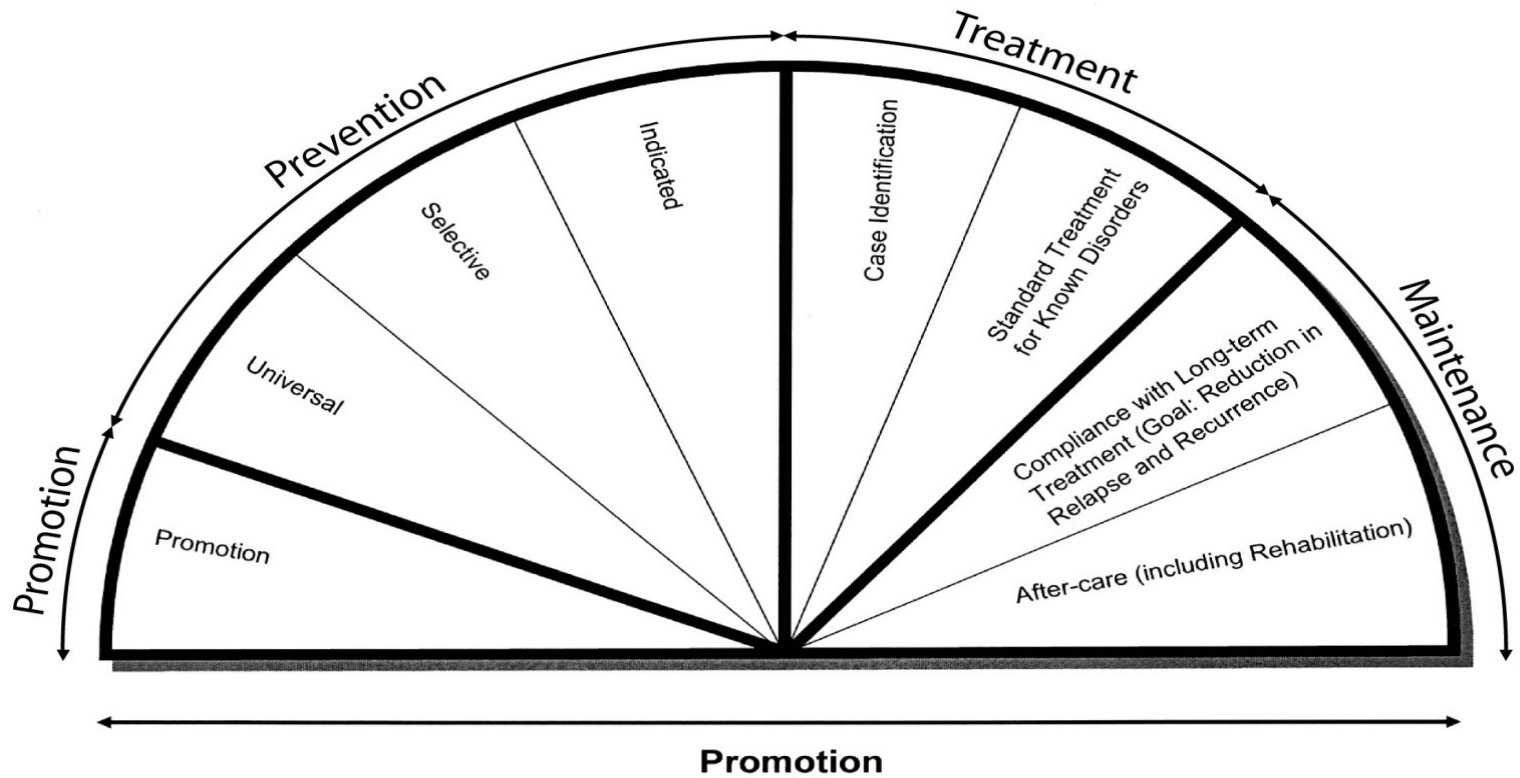
# Navigating care in a broken system



**Young people encounter many barriers to accessing care, including:**

- Mental health stigma
- Lack of access to age-appropriate, youth-friendly mental health services
- A lack of awareness and understanding of mental illness
- Concerns about confidentiality and trust
- Cost

# Prevention And Promotion (IOM)





# Youth Suicide Prevention/Postvention

Media Partnerships and Youth Initiatives



*The Atlantic*

China Builds the  
Next Hollywood  
p. 44

Donald Trump and the  
Myth of the Front-Runner  
p. 13

**The  
Silicon  
Valley  
Suicides**

Why are so many  
kids killing themselves  
in Palo Alto?

By **HANNA ROSIN**



+

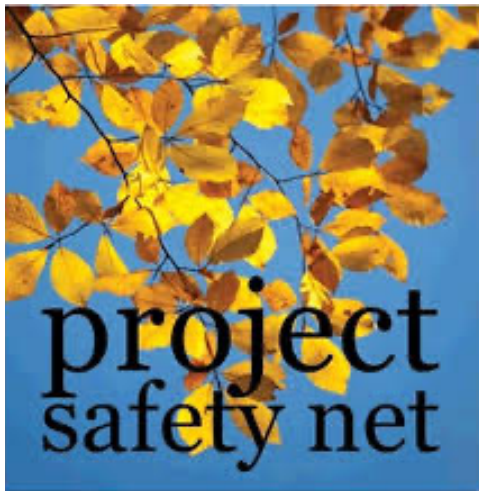
The Secret  
Life of John  
le Carré

The World's  
Greatest Actor

Why You  
Bought That  
Ugly Sweater

DECEMBER 2015  
THEATLANTIC.COM

## Palo Alto community support for mental wellbeing



Broad community coalition with a continuum of supportive interventions



<http://www.heardalliance.org/help-toolkit/>

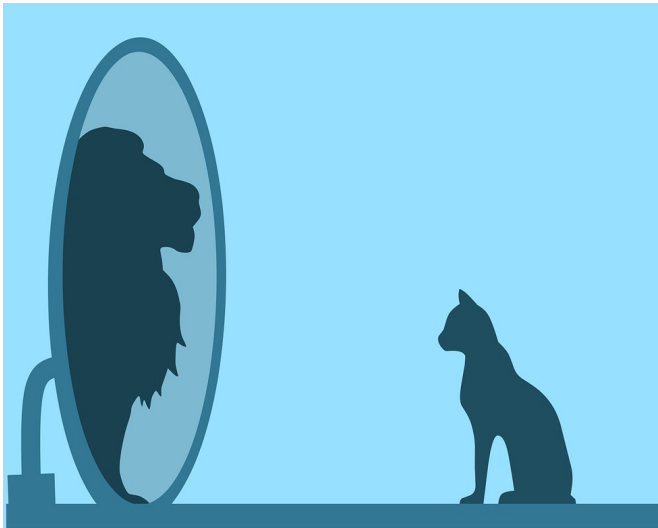
# Media & Mental Health

We believe all forms of media (news, entertainment, social) have the power to make a transformational impact on health and mental health, when used accurately, safely and in ethical, developmentally appropriate ways.

This initiative aims to understand and improve the impact of media on mental health through partnerships, collaboration, and projects aimed to enhance the prosocial, safe use of media in multiple forms.



## What's Behind the Contagion Effect?



Increased risk of suicide occurs when somebody experiencing suicidal ideation identifies with somebody who has died by suicide.

An at-risk individual may feel, “I am just like them” or “I want to be like them” because their suicide has accomplished some goal (praise, widespread attention, dedications, etc.)

Social norming of suicide death is facilitated when media reporting encourages an at-risk individual to believe that suicide is a common response to distress.

For somebody who is contemplating suicide, reading or viewing that type of media coverage can lower the barrier for taking a final, fatal step.

## Association with Suicide Clusters & News Reports

- Gould's 2014 comprehensive analysis of 48 suicide clusters in the United States found that newspaper coverage of suicide was significantly associated with the initiation of suicide clusters.
- Clustering 2-4 times more common among adolescents and young adults

The media stories reviewed in the Gould study shared four characteristics:

- Increased front page placement.
- Increased sensational headlines containing the word suicide and a description of the methods.
- Increased presence of pictures.
- Increased detailed descriptions of the suicidal individual and their act.

Gould MS, Kleinman MH, Lake AM, Forman J, Midle JB. Newspaper coverage of suicide and initiation of suicide clusters in teenagers in the USA, 1988-96: a retrospective, population-based, case-control study. *Lancet Psychiatry*. 2014 Jun;1(1):34-43. doi: 10.1016/S2215-0366(14)70225-1. Epub 2014 Jun 4. PMID: 26360401.

# Established Guidelines for Reporting on Suicide

## reporting on suicide Best Practices and Recommendations for Reporting on Suicide

- Developed by experts in suicide prevention, in collaboration with the Associated Press, media safety experts, and leading journalism schools
- Based on more than 50 international studies on suicide contagion
- Aimed at helping reporters minimize the risk of media-influenced harm
- Easily accessible at [reportingonsuicide.org](http://reportingonsuicide.org)

AVOID...	INSTEAD...
✗ Describing or depicting the method and location of the suicide.	✓ Report the death as a suicide; keep information about the location general.
✗ Sharing the content of a suicide note.	✓ Report that a note was found and is under review.
✗ Describing personal details about the person who died.	✓ Keep information about the person general.
✗ Presenting suicide as a common or acceptable response to hardship.	✓ Report that coping skills, support, and treatment work for most people who have thoughts about suicide.
✗ Oversimplifying or speculating on the reason for the suicide.	✓ Describe suicide warning signs and risk factors (e.g. mental illness, relationship problems) that give suicide context.
✗ Sensationalizing details in the headline or story.	✓ Report on the death using facts and language that are sensitive to a grieving family.
✗ Glamorizing or romanticizing suicide.	✓ Provide context and facts to counter perceptions that the suicide was tied to heroism, honor, or loyalty to an individual or group.
✗ Overstating the problem of suicide by using descriptors like "epidemic" or "skyrocketing."	✓ Research the best available data and use words like "increase" or "rise."
✗ Prominent placement of stories related to a suicide death in print or in a newscast.	✓ Place a print article inside the paper or magazine and later in a newscast.

SF  
Magazine  
June 2015



The  
Mercury  
News

## Teen suicides: Santa Clara County in line with...



A bunch of tulips are left at the base of a light pole near the Caltrain tracks at Churchill Avenue in Palo Alto, Calif., on Monday, March 9, 2015. A Palo Alto High School student killed himself on the tracks earlier that day. (Jim Gensheimer / Bay Area News Group)

By **SHARON NOGUCHI** | [snoguchi@bayareanewsgroup.com](mailto:snoguchi@bayareanewsgroup.com) | Bay Area News Group  
PUBLISHED: July 13, 2016 at 11:22 am | UPDATED: February 28, 2017 at 3:12 pm

**PALO ALTO** — Santa Clara County's 12-year youth suicide rate is on par with that of... a preliminary report by the Centers for...

# Beyond-the-crisis reporting

## Gunn High student dies by suicide

Principal to parents: 'Listen, talk and answer questions honestly'

by Elena Kadvanly / Palo Alto Weekly

**Editor's note:** Resources for any person who is feeling depressed, troubled or suicidal are listed at the bottom of this article.

Gunn High School Principal Kathie Laurence, in an email to school families Tuesday afternoon, is urging parents to talk openly with their children and to reach out for help needed following the death by suicide of a senior in his home on Tuesday.

Staff informed students who were still on campus for the last period of the day in pe Laurence said, and the school's crisis intervention team was available to students throughout the afternoon. The team, made up of mental health professionals, will "c to be available for our students, teachers, and parents in the coming days," Laureno wrote.

Grief counselors, mental health therapists and psychologists will also be available to support children and teachers at the schools that the student's siblings attend, Superintendent Max McGee wrote in a message to Palo Alto Unified parents and staff Tuesday afternoon.

It's "imperative," he wrote, "for all of us to be vigilant and keep a close eye on our children and that our older students look after one another."

Laurence, who is in her first semester as the school's principal, also encouraged parents to talk "honestly" with their children and to reach out to the school, including its wellness center, with any questions or concerns.

"As a parent, I encourage you to listen, talk and answer questions honestly as your child processes this event and its impact," Laurence wrote. "If you notice any concerning changes in your student's behavior or emotional state, please contact a counselor or trusted faculty member.



**S**ome people who are hospitalized for a mental health crisis are not in the best of health. They are often in a state of crisis, and their families are often in a state of crisis. The 5150 law, which requires that anyone who is a danger to themselves or others be hospitalized for 72 hours, has been criticized for being too restrictive and for not providing enough support for people in crisis. The article discusses the challenges of the 5150 law and offers suggestions for how to better support people in crisis.

**W**hen a teen is in a mental health crisis, what's working - and what isn't? This article explores the challenges of the 5150 law and offers suggestions for how to better support people in crisis. It discusses the importance of listening to the voices of people in crisis and their families, and offers suggestions for how to better support people in crisis.

**Community rallies with words of hope and caring**  
PAGE 22

- Headline
- No Photographs
- Focus on district response
- Terminology
- Emphasis on seeking help
- Resources

# Responsive youth co-design for suicide prevention



## TEMPOS

Tool for Evaluating Media Portrayals of Suicide



TEMPOS is the first tool that allows media professionals, public health officials, researchers, and suicide prevention experts to assess adherence to the [Recommendations for Reporting on Suicide](#) with a user-friendly, standardized rating scale.

News organizations are encouraged to incorporate TEMPOS in their organizations' stylebooks or alternative best-practices manuals, and to embed Recommendations in media culture through systematic compliance. Researchers can use the scale to monitor changes in reporting over time and how reporting varies across articles, authors, and publications.

### TEMPOS Criteria

1. How does the report frame the suicide?
2. Does the report include factual and non-speculative information about suicide?
3. Does the report use appropriate/non-stigmatizing language?
4. How does the report describe the suicide method and scene?
5. How does the report describe the suicide note?
6. What visual content does the report include?
7. How does the report describe risk factors and reasons for suicide?
8. Does the report use sensational language?
9. Does the report glamorize suicide?
10. Does the report include suicide prevention and mental health resources?

For each of the 10 criteria on the TEMPOS scale, the report can be scored as follows:

- |                         |   |
|-------------------------|---|
| <b>2</b><br><br>HELPFUL | <ul style="list-style-type: none"> <li>• Helpful messaging</li> <li>• Full adherence to the guideline</li> </ul>  |
| <b>1</b><br><br>MIXED   | <ul style="list-style-type: none"> <li>• Mixed messaging</li> <li>• Partial adherence to the guideline</li> </ul> |
| <b>0</b><br><br>HARMFUL | <ul style="list-style-type: none"> <li>• Harmful messaging</li> <li>• Non-adherence to the guideline</li> </ul>   |



<https://tempos.su.domains>



International Journal of  
*Environmental Research  
and Public Health*

Published March 4,  
2022

❖ Takes the existing guidelines and increases their ease of use and applicability

❖ TEMPOS is also now a resource on:

[www.reportingonsuicide.org](http://www.reportingonsuicide.org)

**allcove**

Open Access Article

## The Tool for Evaluating Media Portrayals of Suicide (TEMPOS): Development and Application of a Novel Rating Scale to Reduce Suicide Contagion

by Chloe Chang Sorensen <sup>1,\*</sup> Mego Lien <sup>2</sup> Vicki Harrison <sup>3,\*</sup> John J. Donoghue <sup>2</sup> Jeevanjot Singh Kapur <sup>3</sup> Song Hi Kim <sup>3</sup> Nhi Thi Tran <sup>4</sup> Shashank V. Joshi <sup>3</sup> and Sita G. Patel <sup>5</sup>

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Academic Editors: Jo Robinson and Nicole Hill

*Int. J. Environ. Res. Public Health* **2022**, *19*(5), 2994; <https://doi.org/10.3390/ijerph19052994>

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(This article belongs to the Special Issue **Novel Approaches to Suicide Prevention**)

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[Review Reports](#)

[Citation Export](#)

### Abstract

Research suggests that media adherence to suicide reporting recommendations in the aftermath of a highly publicized suicide event can help reduce the risk of imitative behavior, yet there exists no standardized tool for assessing adherence to these standards. The Tool for Evaluating Media Portrayals of Suicide (TEMPOS) allows media professionals, researchers, and suicide prevention experts to assess adherence to the recommendations with a user-friendly, standardized rating scale. An interdisciplinary team of raters constructed operational definitions for three levels of adherence to each of the reporting recommendations and piloted the scale on a sample of articles to assess reliability and clarify scale definitions. TEMPOS was then used to evaluate 220 news articles published during a high-risk period following the suicide deaths of two public figures. Post-hoc analyses of the results demonstrated how data produced by TEMPOS can be used to inform research and public health efforts, and inter-rater reliability analyses revealed substantial agreement across raters and criteria. A novel, wide-reaching, and practical approach to suicide prevention, TEMPOS allows researchers, suicide prevention professionals, and media professionals

# TEMPOS

Tool for Evaluating Media Portrayals of Suicide

TEMPOS is the first tool that allows media professionals, public health officials, researchers, and suicide prevention experts to assess adherence to the recommended reporting guidelines with a user-friendly, standardized rating scale. The scale can be used to monitor changes in reporting over time and how reporting varies across articles, authors, and publications.

## TEMPOS Criteria

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For each of the 10 criteria on the TEMPOS scale, the report can be scored as follows:



- Helpful messaging
- Full adherence to the guideline



- Mixed messaging
- Partial adherence to the guideline



- Harmful messaging
  - Non-adherence to the guideline
-

## TEMPOS in Action: Supporting the Stanford Community

The Stanford University community experienced the devastating loss of a prominent student athlete to suicide in March 2022.

Our MMH Initiative Team worked closely with the Stanford Daily, the university's student-run newspaper to encourage coverage that would:

- prevent the risk of suicide contagion
- highlight life-saving resources, including the development of the manual: Reporting Responsibly on Campus Suicide (RROCS)
- support students who may be struggling and need a clear and simple way to receive help

News • Campus Life

### As Stanford navigates tragedy, support is available now. Here is how to get it.



Vaden Health Center (Photo: L.A. CICERO/Stanford News Service)

By **Georgia Rosenberg**  
March 6, 2022, 5:15 p.m.

Listen To The Article

00:00 / 05:18 1X



More on [Ad Auris Play](#)

*Content warning: this article contains references to self-harm and suicide. If you or someone you know is in need of immediate support, you can text the 24/7 [Crisis Text Line](#) at 741741. You can also call the National Suicide Prevention Lifeline at 1-800-273-8255 or the National Hopeline Network at 1-800-784-2433.*

# APA Resource Document on Reference to Suicide in Communications and Media

From APA Councils on Communication and Children, Adolescents, and Families:

- What Physicians Can Do
- What Professional Organizations Can Do
- What Communities Can Do
- What Journalists and Media Companies Can Do
- <https://www.psychiatry.org/getattachment/9c5b890e-4b60-4bf8-ad3a-567da1ee73b5/Resource-Document-Suicide-in-Media.pdf>

# GoodForMedia

- #GoodforMedia is a peer mentoring program (for youth, by youth) to share their personal stories, insights and strategies with each other to support their healthy engagement with technology and social media.
- Our goal is to provide young people with advice and guidance from those with first-hand experience to help youth navigate social media in a way that benefits their mental health and improves the wellbeing of our community.



**What Youth NEED to Know:**  
**#GoodforMedia's Guide to Social Comparison**

#GoodforMedia is a peer mentoring campaign for older teens and young adults to share their personal stories, insights and strategies with younger teens and tweens to support their healthy engagement with technology and social media. We created this guide to help youth tackle social comparison, a common phenomenon which can make social media a draining experience.

**What is social comparison?**

Social comparison theory is the idea that individuals determine their own social and personal worth based on how they compare to others ("Social Comparison Theory," 2022).

**Upward social comparison:** the act of comparing yourself to someone who you believe is better than you in some way ("Social Comparison Theory," 2022).

**Downward social comparison:** the act of comparing yourself to someone who you believe you are better than you in some way ("Social Comparison Theory," 2022).

**Social comparison is extremely common on social media:**

In the offline world, social comparison usually involves yourself and a few others in your immediate community, like friends and relatives. However, social media provides us with many more opportunities to compare ourselves to others, from casual acquaintances to celebrity influencers. Research shows that the majority of social comparisons made on social media are upward comparisons (Vogel et al., 2014). Generally, the act of upward comparison lowers self-esteem and can also increase feelings of anxiety (Lee, 2021; Jang & Ngien, 2020).

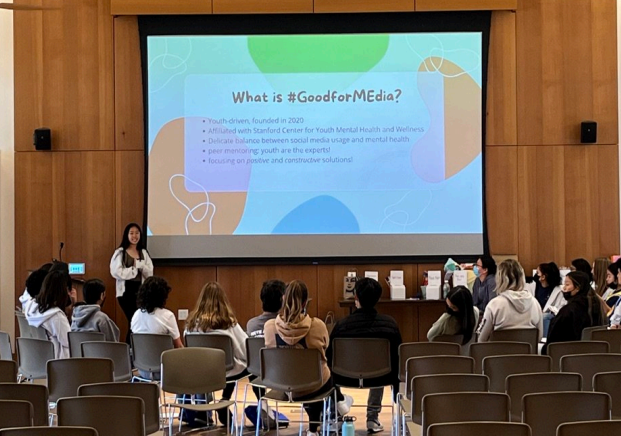
[www.goodformedia.org](http://www.goodformedia.org) @goodformedia

# #GoodforMEdia: Turning youth wisdom into peer support



Peer advice videos

## Peer to peer workshops



A peer-mentoring program for youth, by youth to support healthy engagement with technology and social media

## Youth-developed resources

**What Youth NEED to Know:**  
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www.goodformedia.org @goodformedia

What is one small, actionable step you can take to reevaluate your relationship with social media?

## Youth blog

**Documenting a 6 month Social Media Break: July Edition**  
 By Katy Zhen

"When my friends are online next to me, I often peek over their shoulders to get a glimpse of a friend's Instagram post or a funny TikTok video. Even in those brief minutes I can feel myself



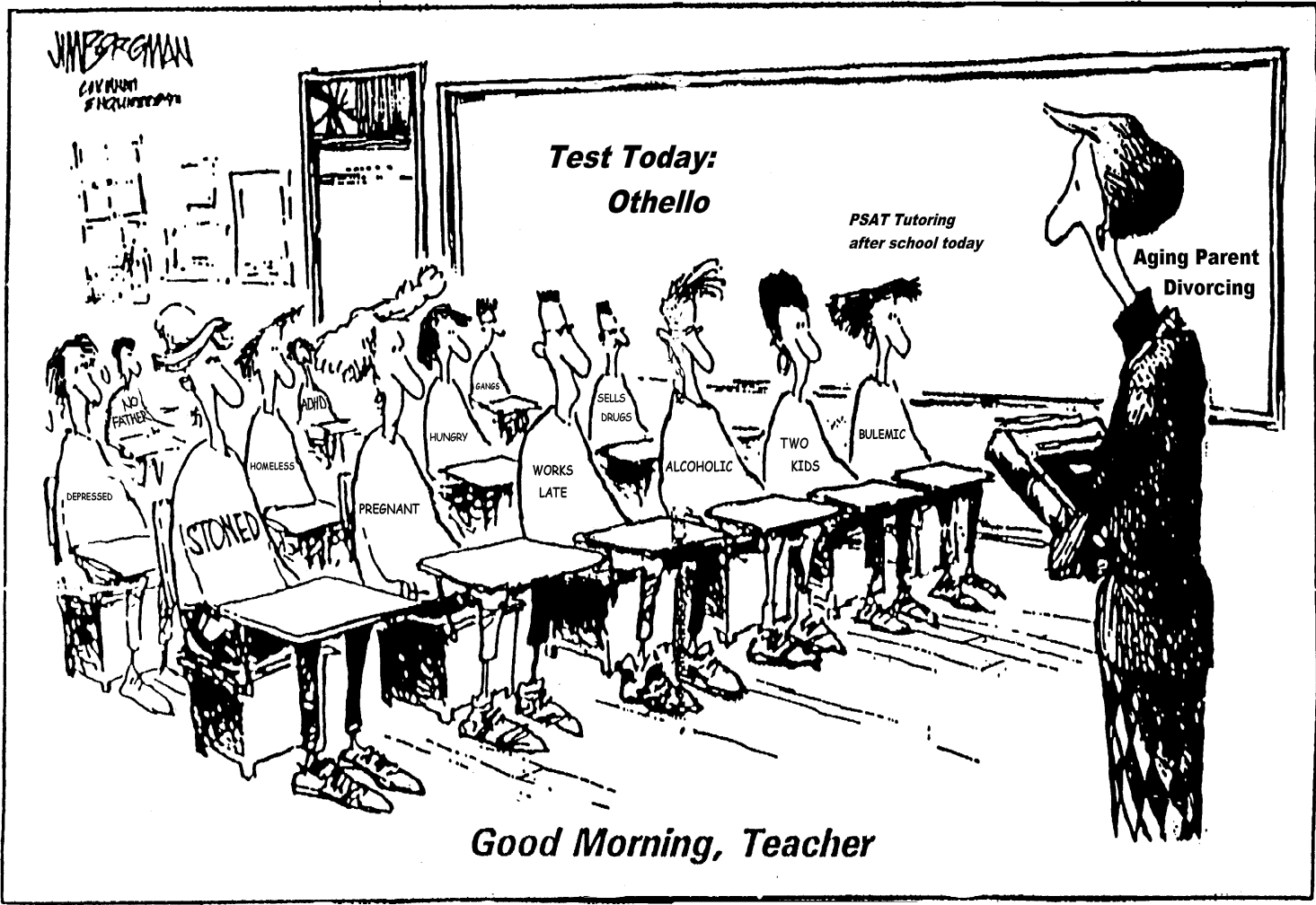
## Outreach & Advocacy





# School Mental Health Challenges





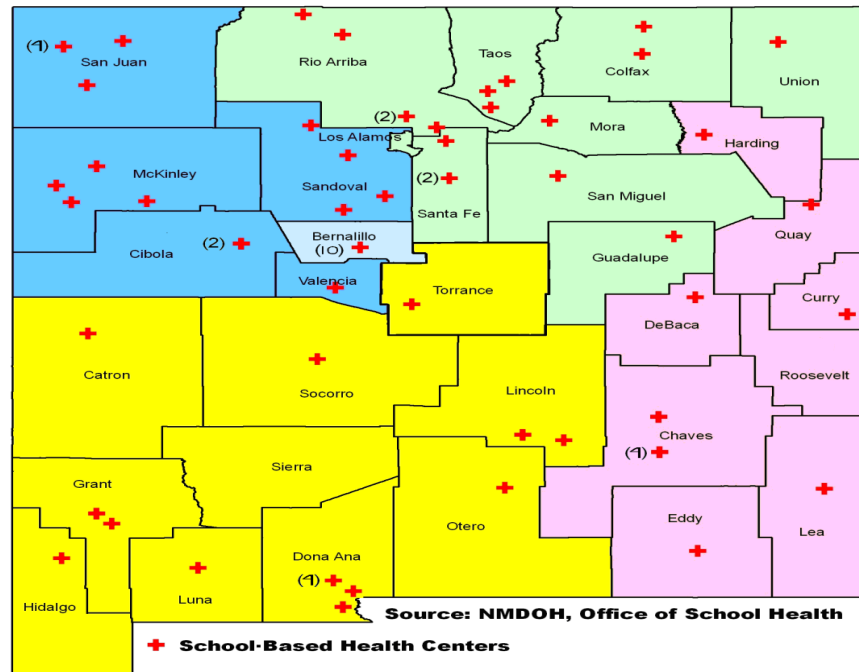
**Test Today:  
Othello**

*PSAT Tutoring  
after school today*

**Aging Parent  
Divorcing**

**Good Morning, Teacher**

**2001  
New Mexico  
School-Based Health Centers**



**Legend**

- NM Department of Health Regions
- 1
  - 2
  - 3
  - 4
  - 5

Map Prepared by  
Gabriel D. Chavez, Jr.  
New Mexico Department of Health  
Office of Primary Care and Rural Health  
September 2006



# School mental health system challenges

## **School Capacity:**

- Space
- Primary Responsibility
- Turnover
- Resources
- Vacations and Summer

## **Access:**

- HIPAA-FERPA
- School Staff Communication
- Informed Consent
- Confidentiality

# The International Declaration on Youth Mental Health

A shared vision, principles and action plan for mental health service provision for young people aged 12–25 years



## *Imagine a world where...*

- ➔ Every young person has a meaningful life and can fulfil their hopes and dreams
- ➔ All young people are respected, valued and supported by their families, friends and communities
- ➔ Young people feel empowered to exercise their right to participate in decisions that affect them
- ➔ Young people with mental ill-health get the support and care they need when and where they need it
- ➔ No young person with mental ill-health has to endure stigma, prejudice and discrimination
- ➔ The role of family and friends in supporting young people is valued and encouraged

## *10-year targets*

1. Suicide rates for young people aged 12–25 years will have reduced by a minimum of 50% over the next ten years. This minimum target means that we do not accept that the death of any young person by suicide is inevitable.
2. Every young person will be educated in ways to stay mentally healthy, will be able to recognise signs of mental health difficulties and will know how to access mental health support if they need it
3. Youth mental health training will be a standard curriculum component of all health, youth and social care training programmes
4. All primary care services will use youth mental health assessment and intervention protocols
5. All young people and their families or carers will be able to

## *Why an International Declaration on Youth Mental Health?*

"International declarations that articulate core values, goals and standards have played an important role in enhancing the quality of care in a number of areas of medicine"

(Bertolote & McGorry 2005)

The World Health Organization



# Developing Integrated Youth Health Services

**allcove**

find your moment. find your space. find your center.

# Insights from our U.S. market research

1

- A young person's life is a constant hum of things coming at them, and sometimes it's just too much.

2

- To ask for help is admitting you're still not enough of an adult to do it all.

3

- Seeking professional care requires a leap over a huge abyss.

4

- Youth struggle with mental hardship but rarely talk about it, making the topic feel like an isolating form of failure.

5

- Engaging with mental health services often means going against family and cultural influences.

6

- Everyone is trying to solve young peoples' problems, but no one is truly listening.

# What is allcove?

**allcove is a youth-centered space where young people ages 12 to 25 can access free clinical mental health and wellness support in their community.**

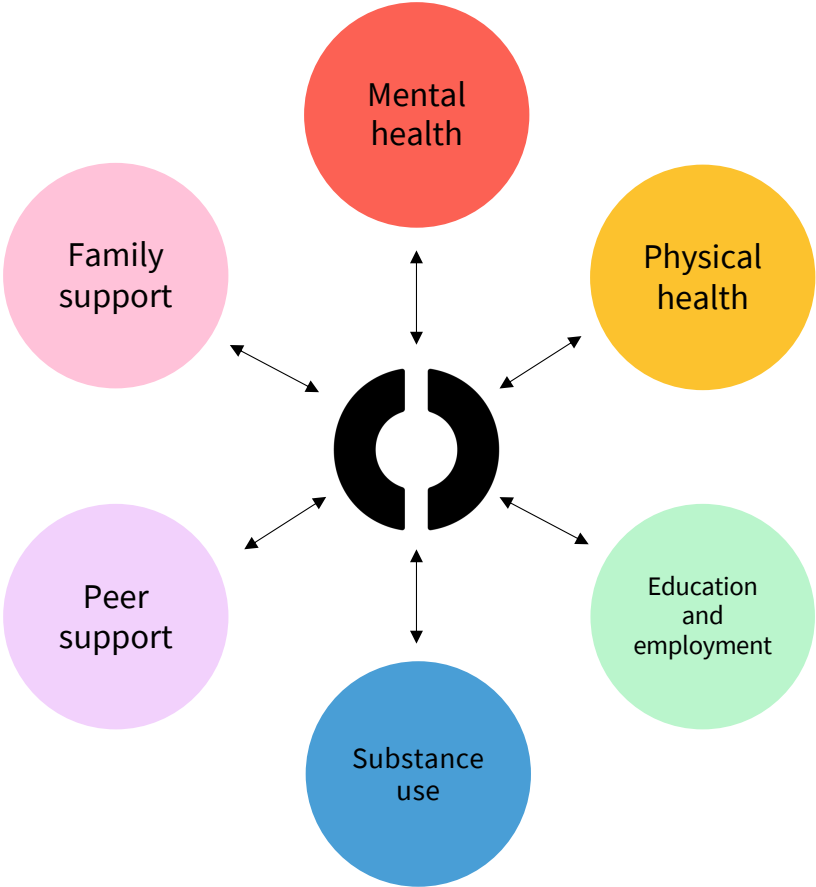
Our mission is to develop an innovative network of integrated youth mental health centers designed with, by and for youth that reduce stigma, embrace mental wellness, increase community connection and provide access to culturally responsive services.



# allcove at the center of a continuum of care

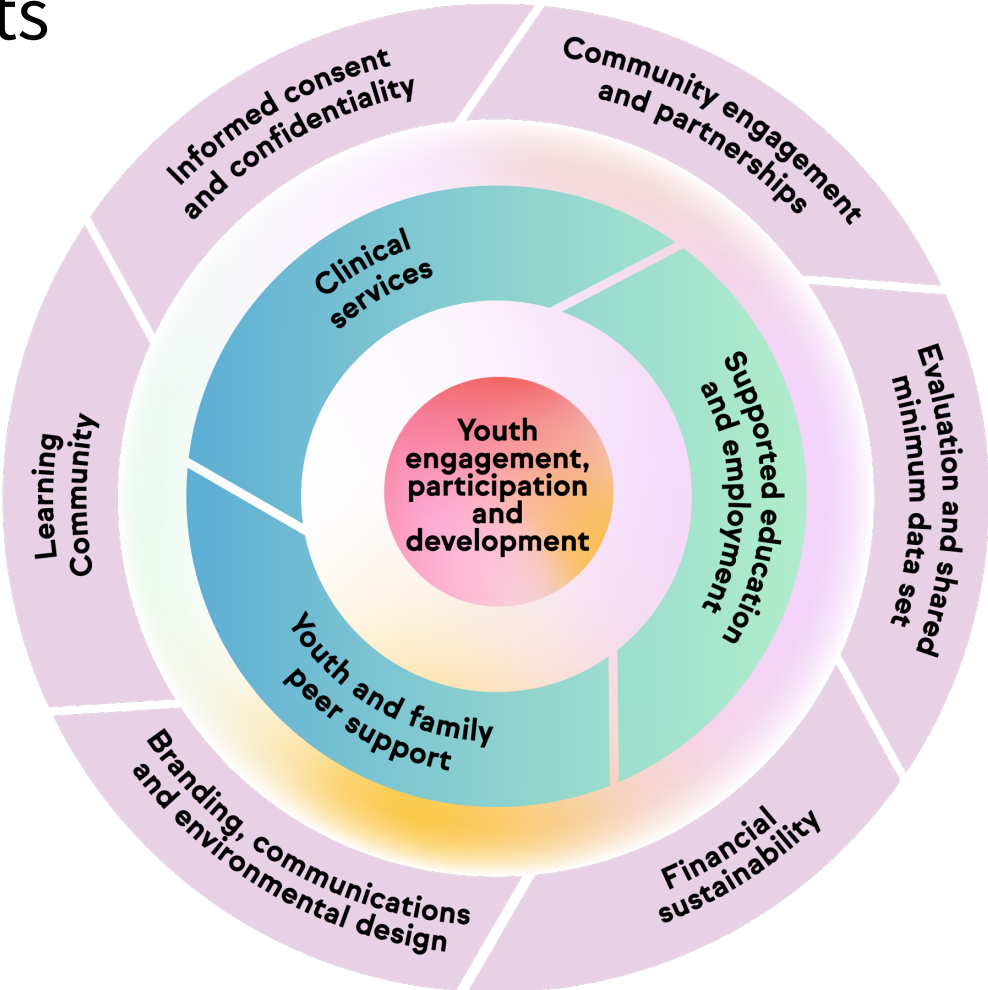


# Core support and services



# allcove model components

The **Central allcove Team (CaT)** serves as the backbone organization to drive model development, implementation, evaluation, and oversees the framework of service delivery



# allcove is a one-stop shop for youth



## **The only place for youth that includes:**

- Prevention, screening & early intervention services
- Wellness and connection
- Free and accessible services
- Youth-centered and informed care and design
- Little to no waiting time
- Stigma-free space
- Youth Advisory Groups (YAG)
- Community Consortium of youth-serving partners
- Trusted, codesigned brand

# The Central allcove Team (CaT)

The CaT operates out of the Stanford Center for Youth Mental Health and Wellbeing. As the **backbone organization**, the CaT drives:

- Development and implementation of the model
- Youth engagement to ensure each center meets local needs
- Community engagement and partnerships
- Brand consistency
- Data collection
- Knowledge sharing across centers
- Connection to international partners



# The growing allcove network

## 11 centers in the allcove network

- Communities range in size and diversity
- Supported by the Central allcove Team for training and technical assistance
- Based on international evidence-based integrated youth services models
- Together working to address challenges in the existing health care systems



# allcove is an evidence-based international model

**allcove is an active partner in a network of international integrated youth health services:**

- **Headspace** - Australia (186 centers)
- **Foundry** - British Columbia (18 centers)
- **YWHO** - Ontario (32 centers)
- **Jigsaw** - Ireland (15 centers)



# allcove is designed by, with, and for youth

Creating an intentional framework of inclusion, feedback and follow through in all youth engagement interactions.

Local **Youth Advisory Groups (YAG)** are comprised of young people that represent different communities with different needs and provide direction for allcove services and operations.



# Youth participation and training



Our allcove conference: 11 allcove center teams and 90 Youth Advisors

Youth gain experience and training through:

- Youth involvement
- Youth expertise
- Youth direction
- Learning
- Leadership
- Collaboration
- Decision Making

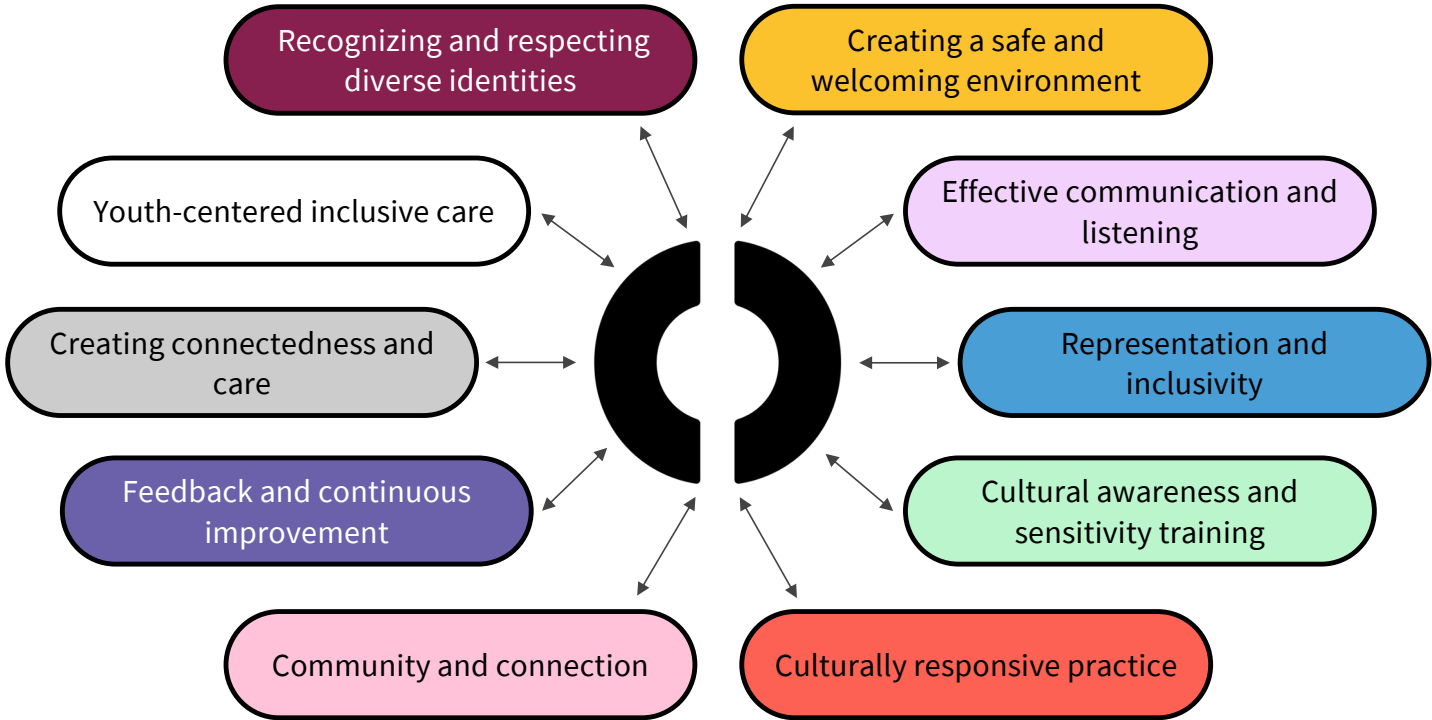
# allcove is powered by community

## The allcove model is:

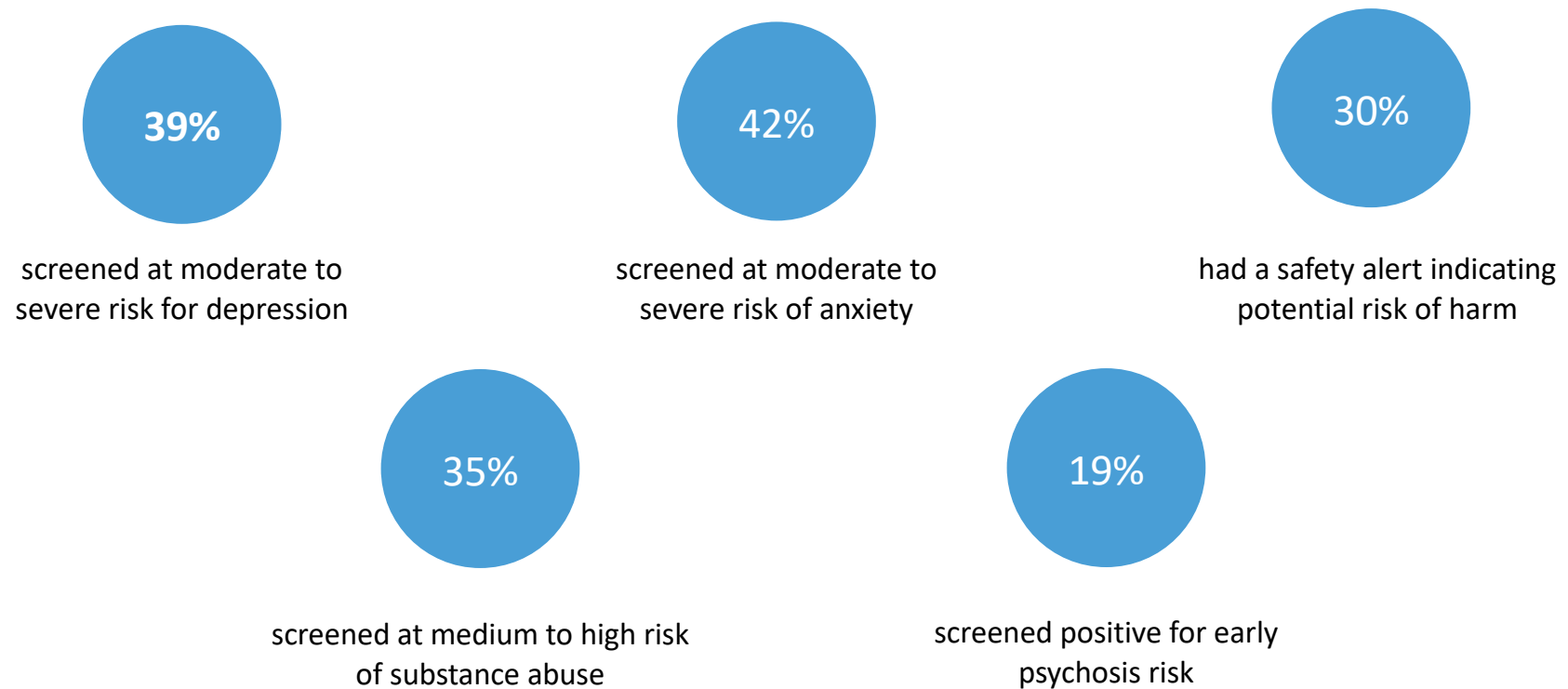
- Community-based and community-led, reflecting a community's culture
- Powered by a coalition of service providers and community-based agencies collaborating to bring an integrated approach to care
- Embedded in local youth-serving system



# Cultural safety principles at allcove

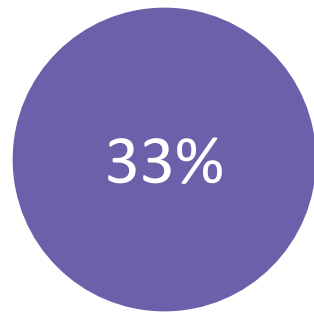


# Youth are experiencing increasing mental health needs

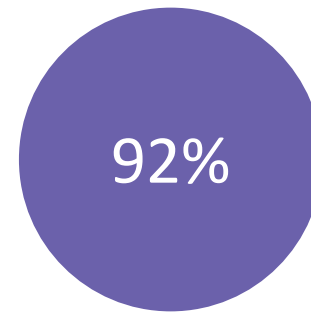


*Data from 2025 datacove network quality improvement report*

# Youth report strong impact from their visits



of youth said they did not know where to go or would not have sought help anywhere else if allcove had not been available



of youth reported their visit to allcove helped them

## What youth say...



“It seems like mental illness remains a taboo subject in our society. I think a place like allcove is important because it shows youth that putting their own mental wellbeing first and seeking for help is okay and perfectly fine. By having a space like allcove, youth will have a place in their community where they feel safe to seek help, helping increase the number of youth who start to prioritize their own mental wellbeing.”

- **Kelly Yu, she/her/hers**

“allcove is unique because it creates a safe space and numerous opportunities for youth to not only voice their visions for youth mental health, but also to put those visions *into action* (projects, committees, etc).”

- **Emily Wang, she/her/hers**

“I hope that allcove becomes a space where all youth truly feel welcome and safe. At the same time, I hope that allcove is disruptive to the status quo of our systems of care, which are over-clinical, unwelcoming, and rooted in racist structures.”

- **Samskruthi Madireddy, she/her/hers**

## Khoa's story

“Going to social services, mental health services, even my family doctor... At best they couldn't do anything. At worst, I had my trust broken and endured even more trauma. **I didn't know what a system meant to protect me would look like.**

A young person who wants to go to allcove doesn't need to think if they have insurance, if they can pay, or even if they have a diagnosis. **All they need to do is take the first step** - saying I need help - and know that allcove is there for them.

It's with pride and pain that I talk about allcove's accessibility. I feel pride because what we're doing is truly revolutionary. **I feel pain because what we're doing should be the norm.**”

- Khoa-Nathan Ngo, allcove Youth Advisor



## **allcove network financial sustainability**

The Central allcove Team facilitates the following meetings for the allcove network:

- Business development – opportunity for feedback from the 3 working groups and other network updates
- Legislative and advocacy working group
- Service billing and reimbursement working group
- Fundraising and philanthropy development working group

# Join us in reimagining youth mental health

## **Central allcove Team expansion**

- Grow the CaT with additional talent and experience
- Expand the allcove learning community
- Increase statewide outreach and marketing

## **Infrastructure development**

- Virtual service and app development
- Statewide data evaluation and analysis

## **Increased access to youth mental health**

- Scale up centers across California
- Increase mental health literacy
- Reduce mental health stigma
- Expand allcove centers nationwide





Center for Youth Mental  
Health and Wellbeing  
*Department of Psychiatry  
and Behavioral Sciences*

# Linkages to Clinical High Risk and First Episode Psychosis Programs

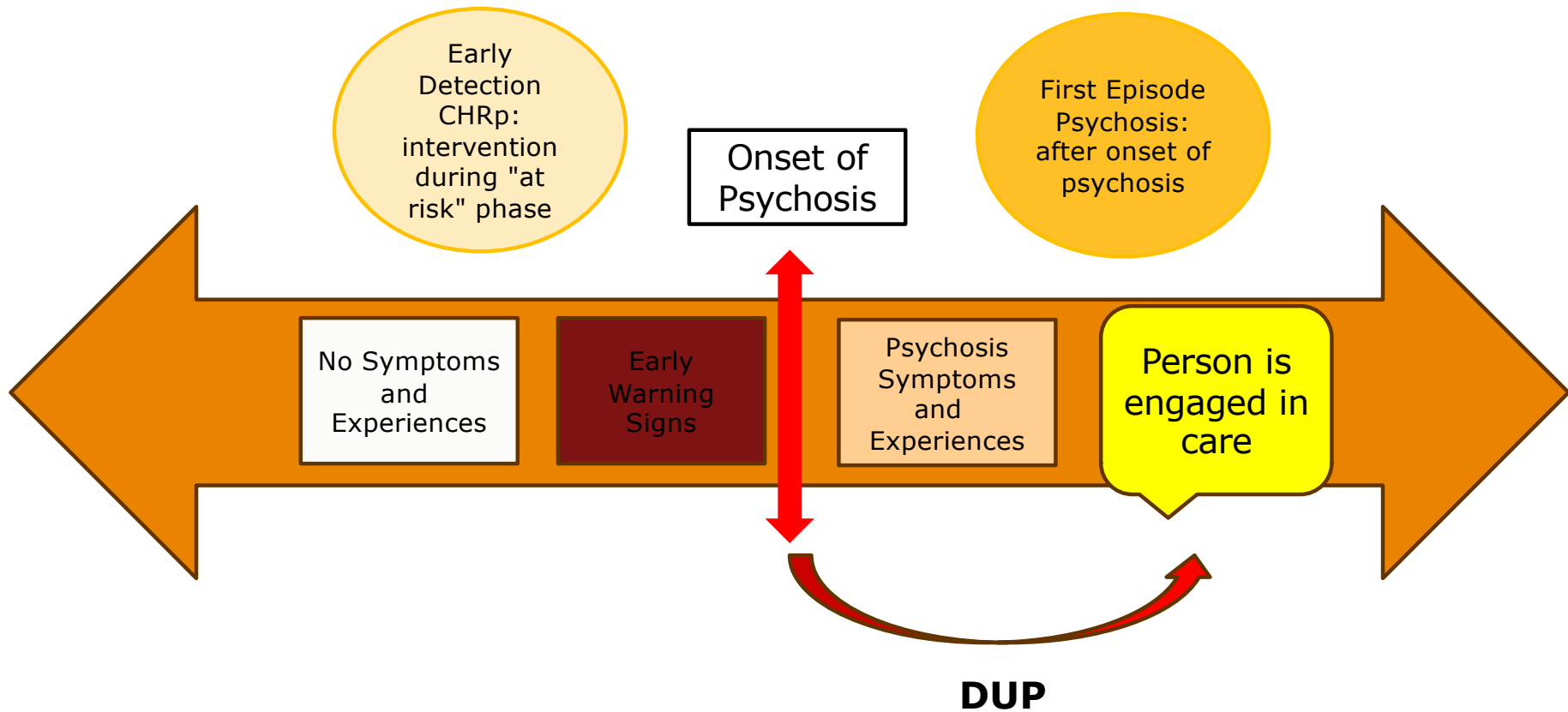


# hYEPP National Rollout – 19 sites (9 Hubs, 10 Spokes)



Cluster Locations and hYEPP Service Commencement	
<b>South East Melbourne (VIC) (July 2013)</b>	
•	Elsternwick/Bentleigh Hub – Sept 2014
•	Frankston Spoke – April 2015
•	Dandenong Spoke – April 2015
•	Narre Warren Spoke – April 2015
<b>Western Sydney (NSW)</b>	
•	Mt Druitt/Blacktown Hub – Sept 2014
•	Parramatta Spoke – Sept 2014
•	Penrith Spoke – Sept 2014
<b>South East Queensland (QLD)</b>	
	Southport Hub – Nov 2014
	Meadowbrook Spoke – Feb 2015
<b>North Perth (WA)</b>	
•	Joondalup Hub – Jan 2015
•	Osborne Park Spoke – Jan 2015
•	Midland Spoke – Jan 2015
<b>Darwin Hub (NT) – April 2015</b>	
<b>Adelaide (SA) -</b>	
•	Adelaide Hub – Nov 2015
•	Adelaide Spoke – TBC
<b>Canberra (ACT) - TBC</b>	
<b>Hobart Hub (TAS) - TBC</b>	
<b>Ninth Cluster - TBC</b>	
•	Ninth Hub
•	Ninth Spoke

# Timeline of Treatment Efforts



## Duration of Untreated Psychosis (DUP) and Outcome

Shorter DUP is associated with:

- Better response to anti-psychotics
- Greater decrease in both positive and negative symptom severity
- Decreased frequency of relapse
- More time at school or work
- Overall improved treatment response over time

Perkins et al, AJP 2005; 162:1785-1804



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# RA1SE

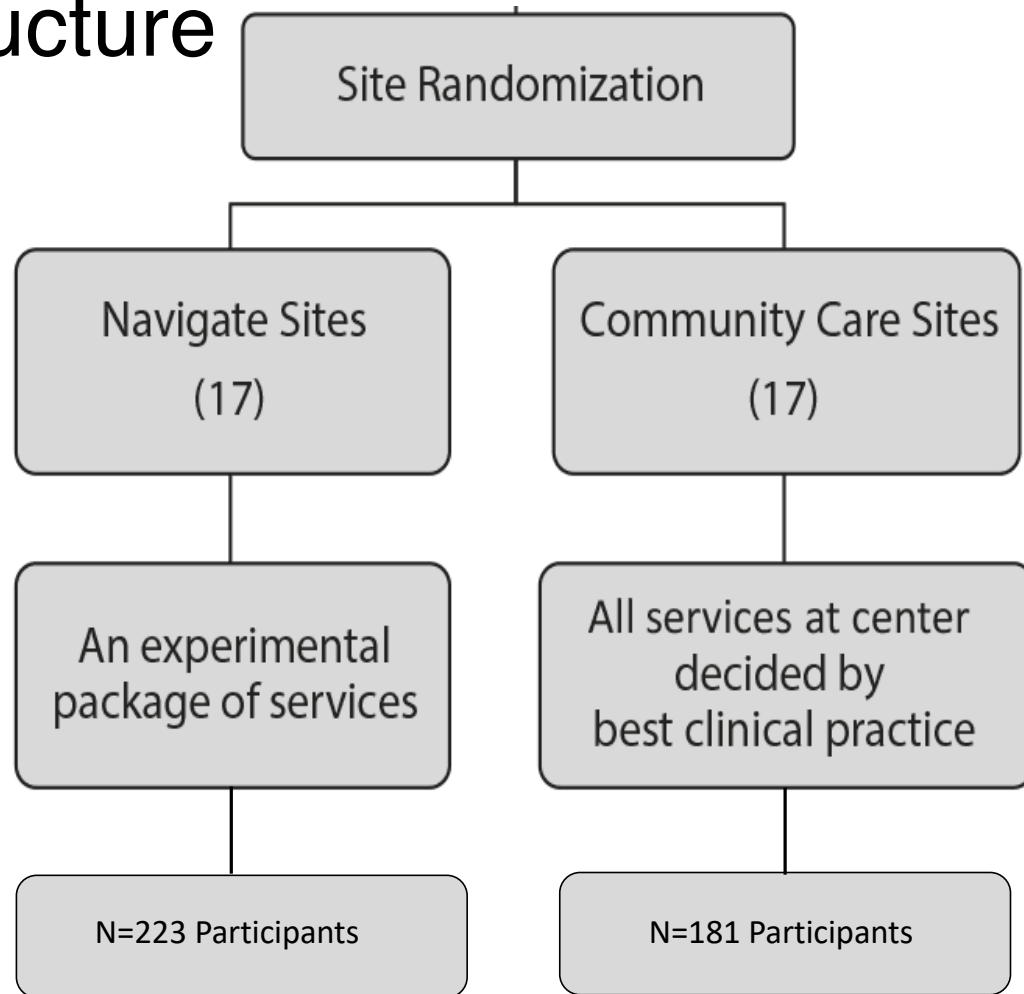
Recovery After an Initial  
Schizophrenia Episode

A Research Project of the NIMH

Home > Health & Education > Mental Health Information > Schizophrenia

*The “Recovery After an Initial Schizophrenia Episode” (RA1SE) initiative seeks to fundamentally alter the trajectory and prognosis of schizophrenia through coordinated and aggressive treatment in the earliest stages of illness.*

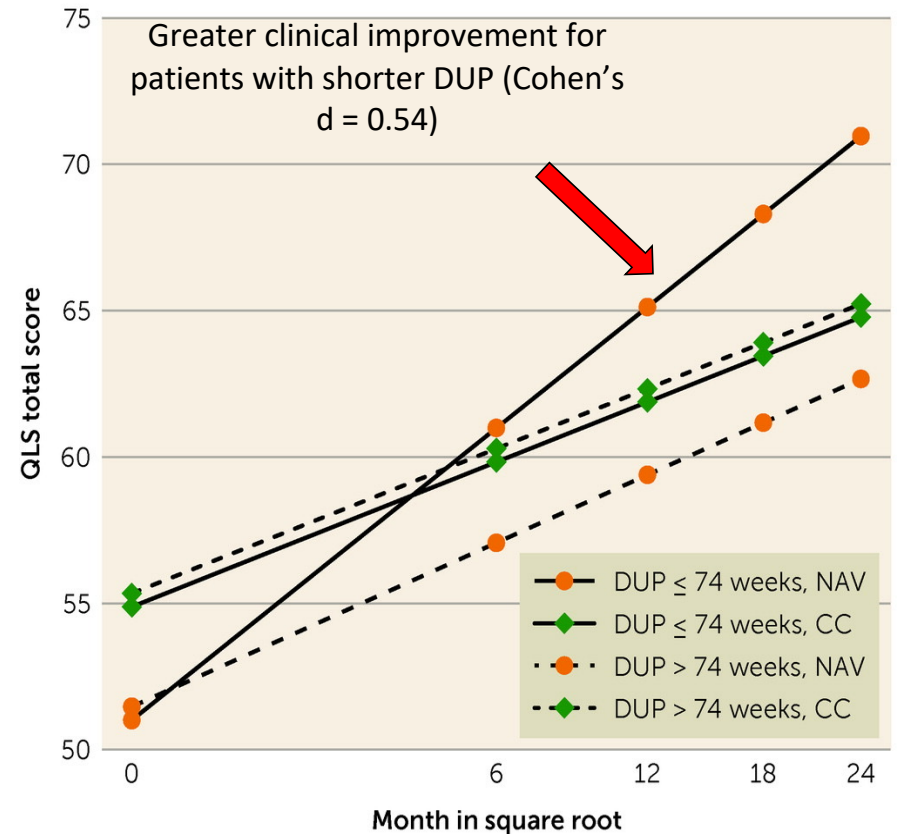
# RA1SE Study Structure



After 2 years, Coordinated Specialty Care (CSC) was superior to usual community care on:

- Engagement in treatment
- Quality of life
- Symptomatic improvement
- Involvement in work or school
- Cost-effectiveness

CSC worked better for patients with a shorter duration of untreated psychosis





Median duration of untreated psychosis is 74 weeks in community clinic settings

Addington et al., 2015, *Psychiatric Services*



Only 61% of FEP patients receive medications in line with Schizophrenia PORT recommendations

Robinson et al., 2014, *American Journal of Psychiatry*



<5% of FEP patients with cardio-metabolic risk factors receive appropriate medical care

Correll et al., 2014, *JAMA Psychiatry*



Persons with FEP are 3-8 times more likely to die in the year following initial diagnosis, often by suicide

Simon et al., 2018, *JAMA Psychiatry*

## UNM Navigate vs. RA1SE Overall

23 of 223 RAISE Navigate participants (1 of 17 Navigate sites)

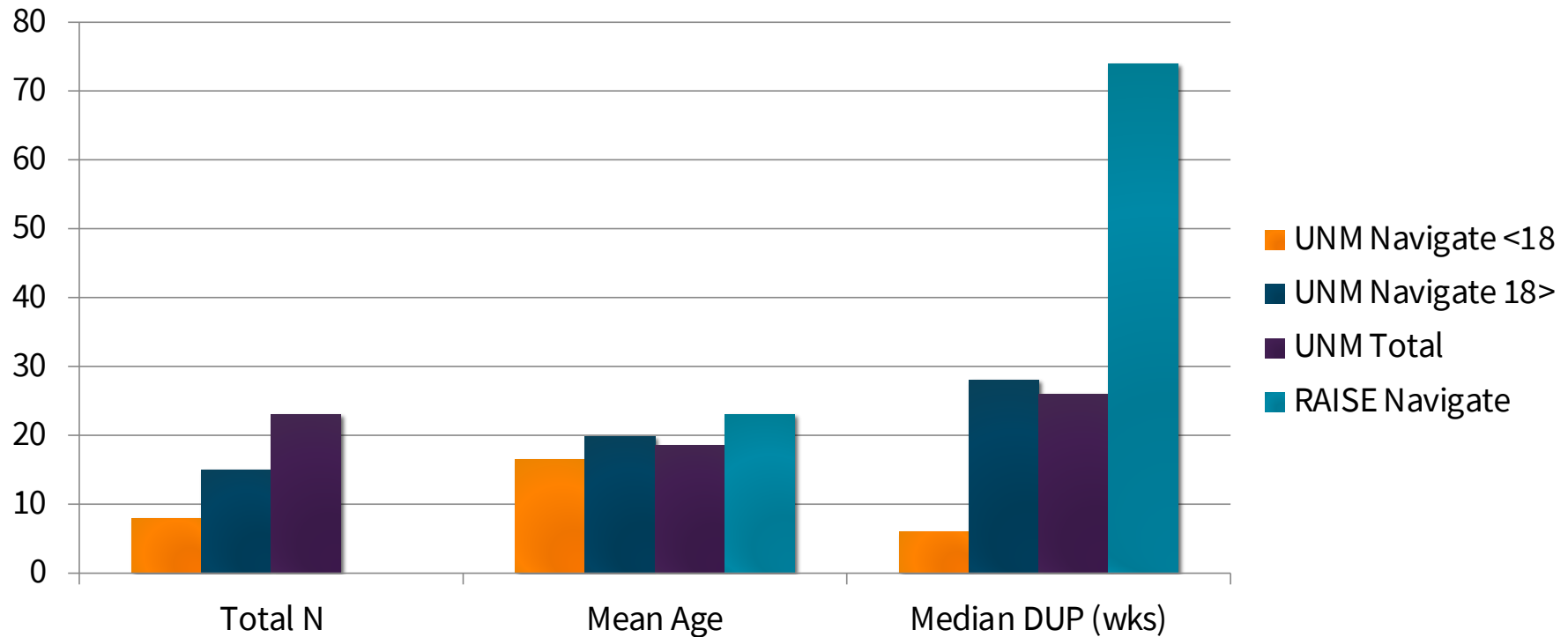
- 8 under age 18 yr., 12 under age 19

Mean UNM Navigate age 18.5 vs. 23 RAISE overall

Median DUP:

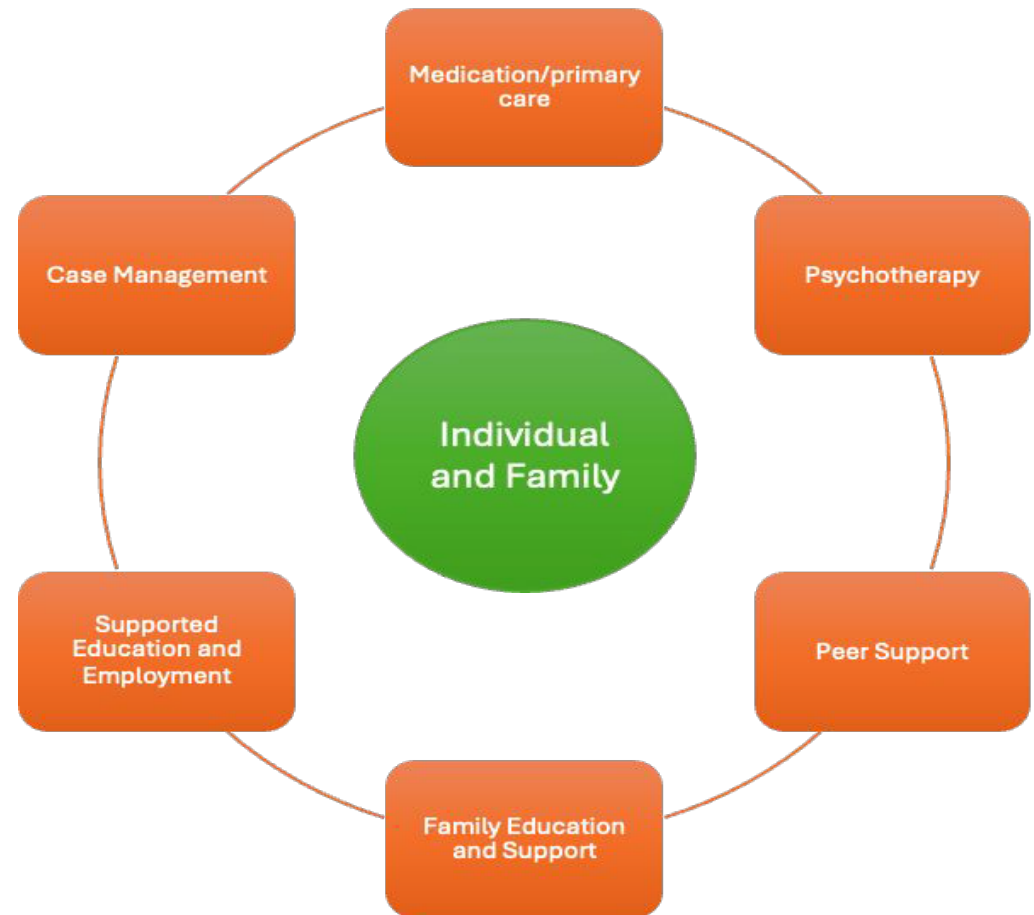
- 26 wks. for all UNM vs. 74 wks. for RA1SE
- 6 wks. for under 18; 16.5 weeks under 19
- 28 wks. for 18 or over

# UNM Navigate vs. RA1SE Overall



# For Someone Experiencing a First Episode of Psychosis, What Does Effective Evidence Based Treatment Look Like?

- Coordinated specialty care (CSC) is the gold standard treatment of early psychosis (first episode psychosis)
- CSC has been shown to improve outcomes and functioning
- Usually 2 years of high-level support services
- Many individuals experiencing a first episode of psychosis do not make it to a CSC program early on



# What is coordinated specialty care?

The gold standard model of care for early psychosis, offering evidence-based, comprehensive, personalized support, all in one place

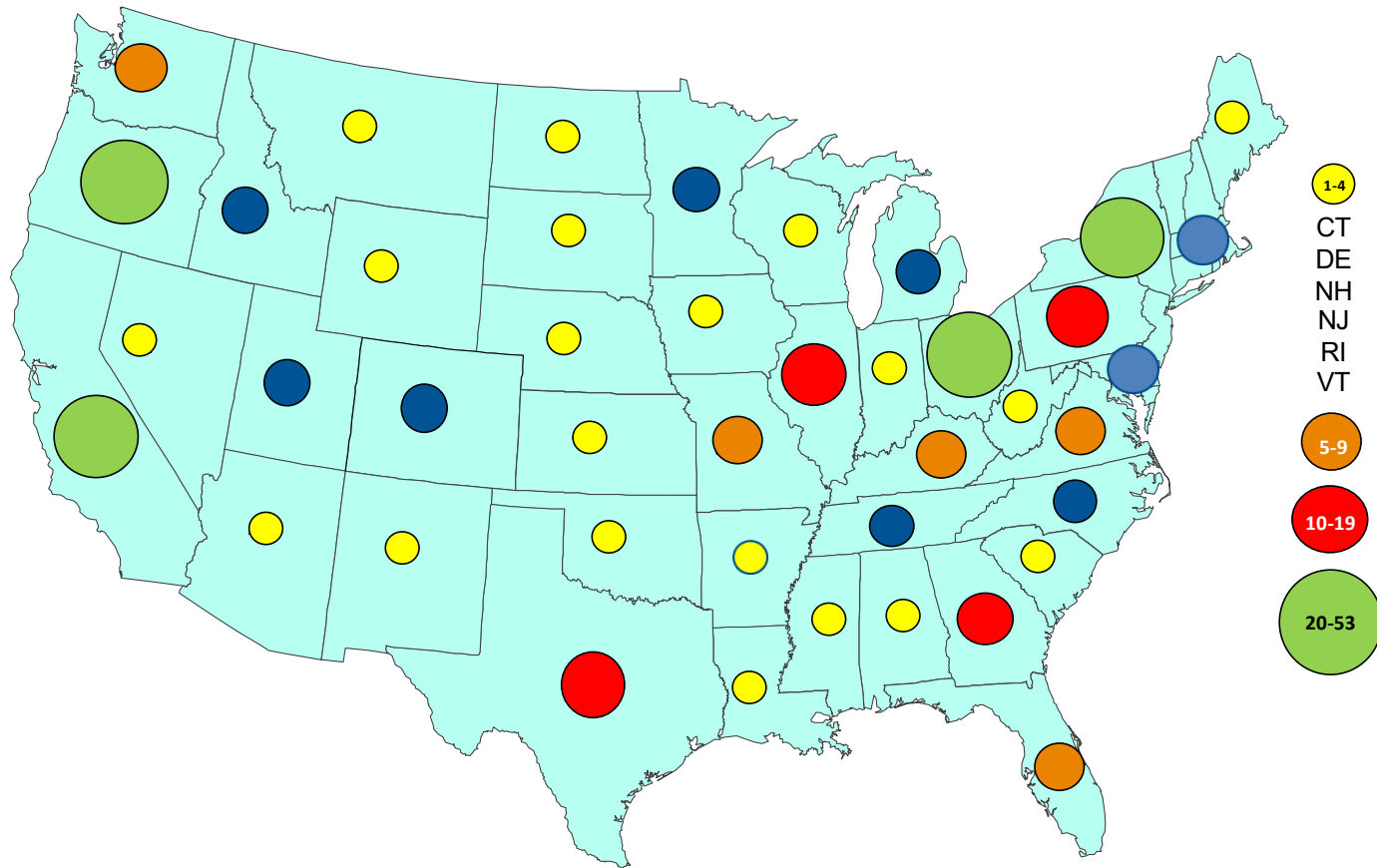
[ontrackny.org](http://ontrackny.org)



OnTrack  NY

# Early Psychosis Programs, 2020

340 Programs





*Advancing services, outcomes, and discovery through a national learning health care partnership*

*NAMHC Concept Clearance, February 2015*



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# Psychosis Risk and Early Psychosis Program Network (PEPPNET)

To support the national network of programs providing services to those at risk for or experiencing early psychosis by promoting communication, collaboration, and best Practices:

- **Training and TA Workgroup:** Coordinating CSC and CHR training efforts nationally
- **Adolescent and Psychosis Workgroup:** Expanding early detection and intervention for adolescents at clinical high risk or with a first episode in secondary school or other early intervention settings.
- **Finance Workgroup:** Developing national models of reimbursement for CSC services across public and private systems



More information: <http://med.stanford.edu/peppnet>

Join the PEPPNET Listserve: <http://med.stanford.edu/peppnet/contact>



## Adolescent Psychiatry Needs to Come to the Table

**“Adult psychiatrists don’t treat adolescents; child psychiatrists don’t treat psychosis.”**

It is time for a developmental approach to this effort.....

CAP expertise is needed to make this effort effective for adolescents!

# Shared Decision-Making Process and Adolescent Considerations

*Though parents/legal guardians of adolescents may provide legal consent for treatment, most of the time, the ultimate choice of whether the individual participates in treatment lies with the young person taking the medication/treatment.*

***It is important to honor personal choice for both loved ones and minors.***

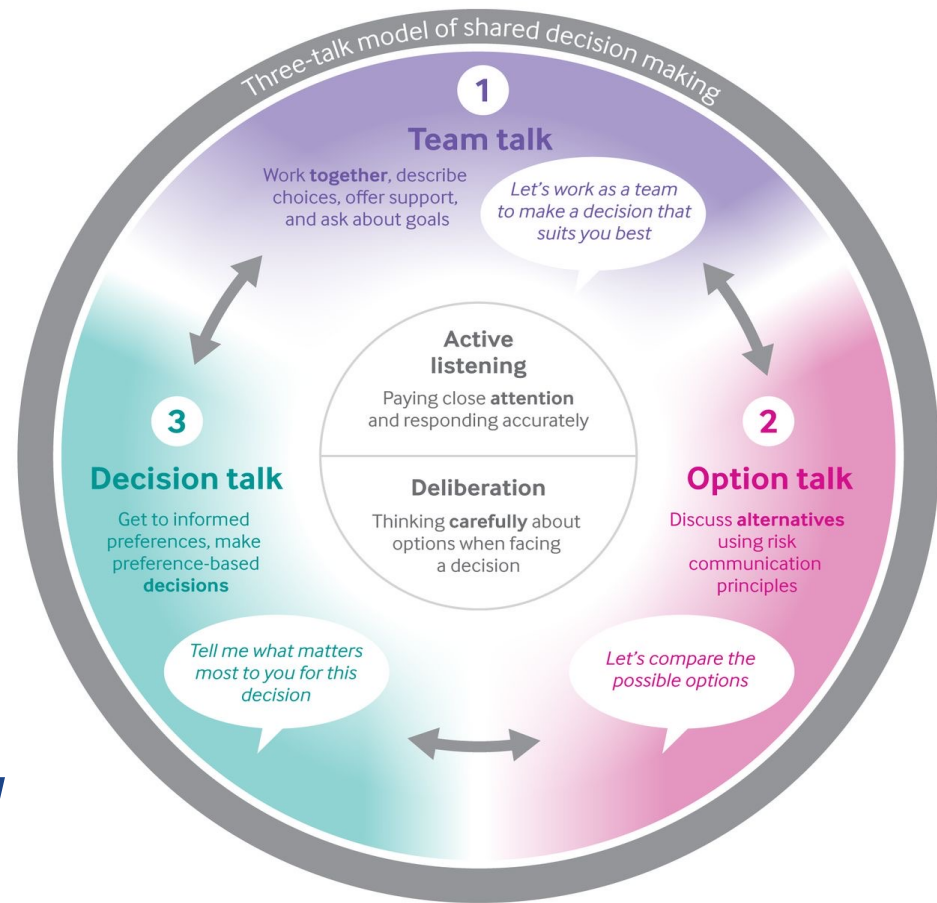


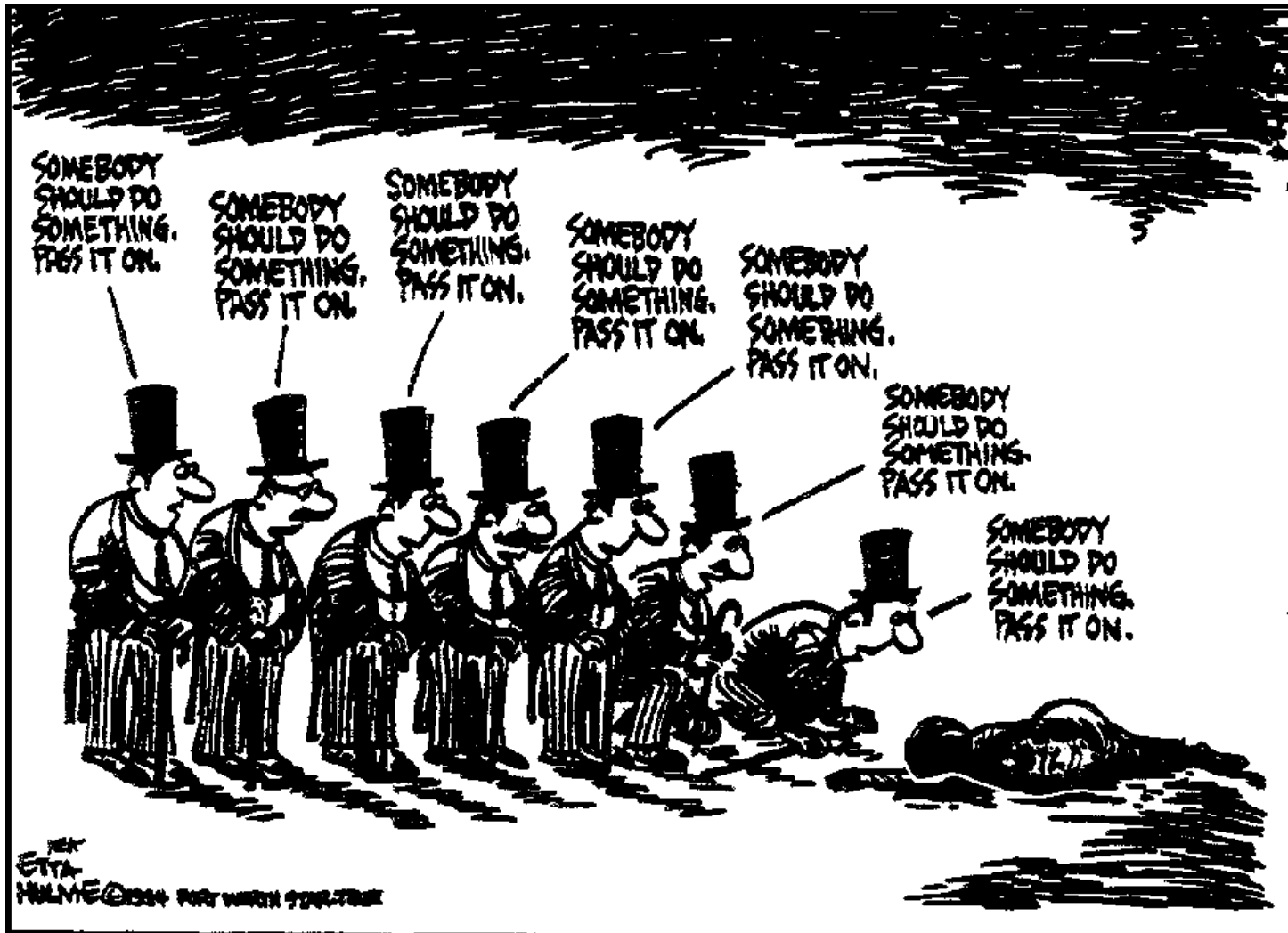
Image from: Elwyn, G., Durand, M. A., Song, J., Aarts, J., Barr, P. J., Berger, Z., Cochran, N., Frosch, D., Galasiński, D., Gulbrandsen, P., Han, P. K. J., Härter, M., Kinnersley, P., Lloyd, A., Mishra, M., Perestelo-Perez, L., Scholl, I., Tomori, K., Trevena, L., ... Van der Weijden, T. (2017). A three-talk model for shared decision making: multistage consultation process. *BMJ (Clinical Research Ed.)*, 359, j4891. <https://doi.org/10.1136/bmj.j4891>

# Issues in FEP for Adolescents

- Managing informed consent and confidentiality
- Engagement and shared decision making with adolescent and family
- Family support, education and intervention
- Supported education with secondary schools
  - › 504 plans
  - › IDEA
- Peer support models

## Conclusions

- We need more places youth want to come to for support
- Expand the early intervention continuum from schools to integrated youth health services to early psychosis programs
- Expanding the child/adolescent mental health workforce and service continuum will improve adult outcomes
- Financial models need to shift to support the broader continuum of upstream services
- Youth voice is critical for developing viable and sustainable mental health service systems



SOMEBODY SHOULD DO SOMETHING. PASS IT ON.

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ETTA HULME © 1984 FOR WORTH FOR THE

# Thank you!

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