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where every youth belongs, chooses the support they need and thrives

Learning objectives and introductions

- **Objective 1:** Increase knowledge of allcove, an innovative prevention and early intervention integrated model emphasizing youth engagement and inclusion

- **Objective 2:** Expand knowledge of youth advisory group involvement as well as allcove peer support services as an evidenced based approach of youth engagement as well as a conduit of workforce development

- **Objective 3:** Explore opportunities for collaboration and continuum of mental health services.

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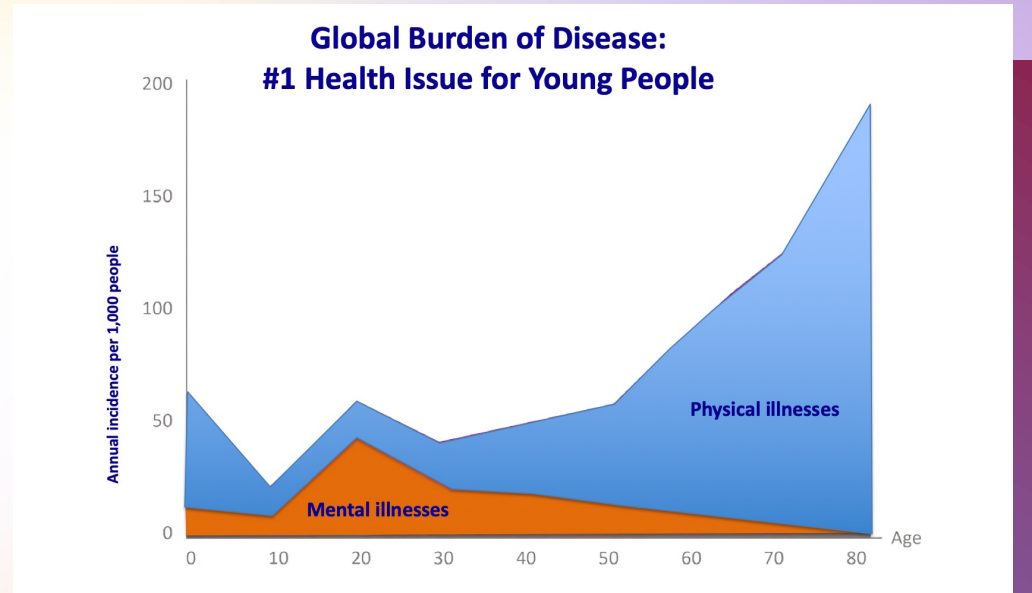
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Our initiatives

Stanford Center for Youth Mental Health and Wellbeing

Spearheading a new national vision for adolescent and young adult wellness and mental health support

- **allcove centers – Integrated youth mental health programs**
- Media and Mental Health Initiative
- Suicide prevention and postvention
- Tribal youth suicide and mental health

- Youth-led anti-stigma/awareness/ social media efforts
- Early psychosis program (PEPPNET)
- School and community partnerships
- Conference, webinars, community events

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Mental health crisis among young people

- **50%** of all lifetime cases of mental illness start by age 14.

- **75%** start by age 24.

- **79%** do not access care.

Global Burden of Disease:
#1 Health Issue for Young People

Annual incidence per 1,000 people

Physical illnesses

Mental illnesses

Age

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

Statistics: Kessler, R., Berglund, P., Demler, O. (2005). *Lifetime Prevalence and Age-of-Onset Distributions of DSM-IV Disorders in the National Comorbidity Survey Replication*

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Mental Health America 2023 Report

- 16% of youth experienced an episode of major depression in the past year

- 11.5% of youth experienced severe depression the past year

- 60% of youth with major depression don't receive any mental health treatment

- 28% of youth with severe depression received some consistent treatment

- 6.3 % of youth reported a substance use disorder in the past year

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CDC YRBS Survey Data Summary (2-13-23)

- 42% of high school students so sad or hopeless for 2 wks.
  - 57% of female students and 29% male students
  - 69% LGBQ+ students
- 29% poor mental health in last 30 days
- 18% made a suicide plan in last year
  - 24% female students and12% male
  - 37% LGBQ+
- 10% attempted suicide in the past year

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China Builds the Next Hollywood p. 44

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

The Atlantic

The Silicon Valley Suicides

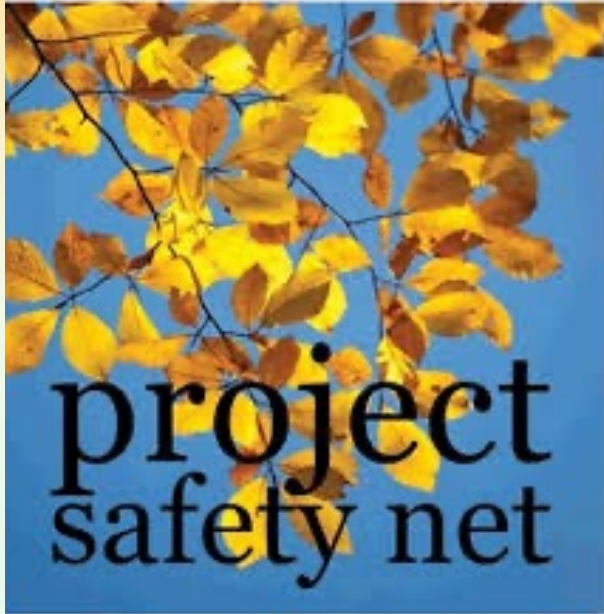Why are so many kids killing themselves in Palo Alto?

By HANNA ROSIN

+

The Secret Life of John le Carré

The World's Greatest Actor

Why You Bought That Ugly Sweater

Palo Alto Community Support for Mental Wellbeing

Broad community coalition with a continuum of supportive interventions

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

International integrated care model

- Integrated youth mental health centers for young people ages 12 to 25.

- Accessible – Location and short appointment wait time.

- Free to low cost – Serve everyone, regardless of insurance status.

- International partners include:

  - Headspace Australia- 150 sites

  - Foundry Canada -20 sites

  - Jigsaw Ireland- 15 sites

  - World Economic Forum Global Framework for Youth Mental Health

  - International Assn. for Youth Mental Health

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A public mental health continuum for young people
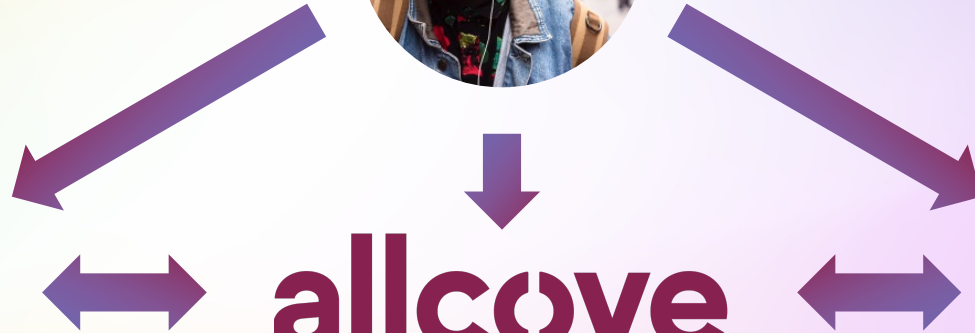
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allcove provides youth-centered, integrated care through prevention and early intervention with easy and affordable access.

School health/mental health programs

Early serious mental illness/early psychosis programs
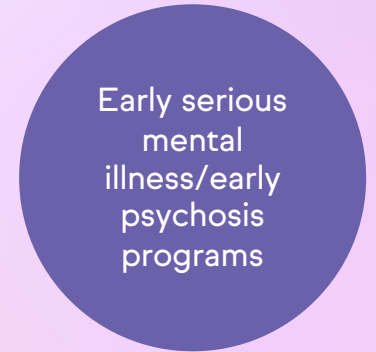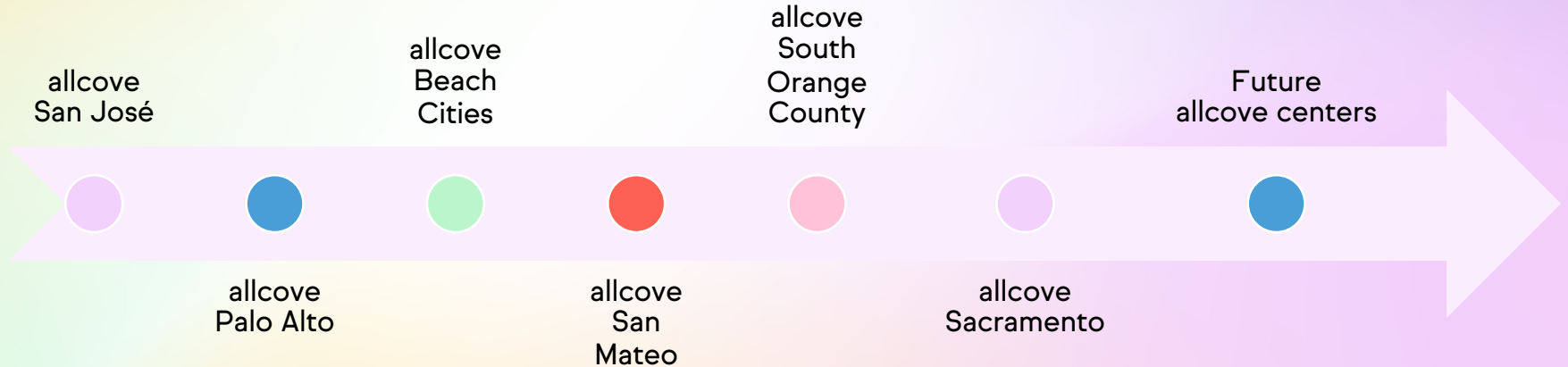
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first two allcove centers – opened 2021

- First two allcove centers opened in June 2021 in San José and Palo Alto, Calif.

- allcove Beach Cities Nov 2022

- allcove San Mateo planned for Summer 2023

- The Central allcove Team provides technical guidance and facilitates knowledge sharing.

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Growing network

Five projected centers, in partnership with the Mental Health Services Oversight and Accountability Commission:

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San José

allcove
Beach
Cities

allcove
South
Orange
County

Future
allcove centers

allcove
Palo Alto

allcove
San
Mateo

allcove
Sacramento

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Core services

Mental health

Physical health

Family support

Supported education and employment

Peer support

Substance use
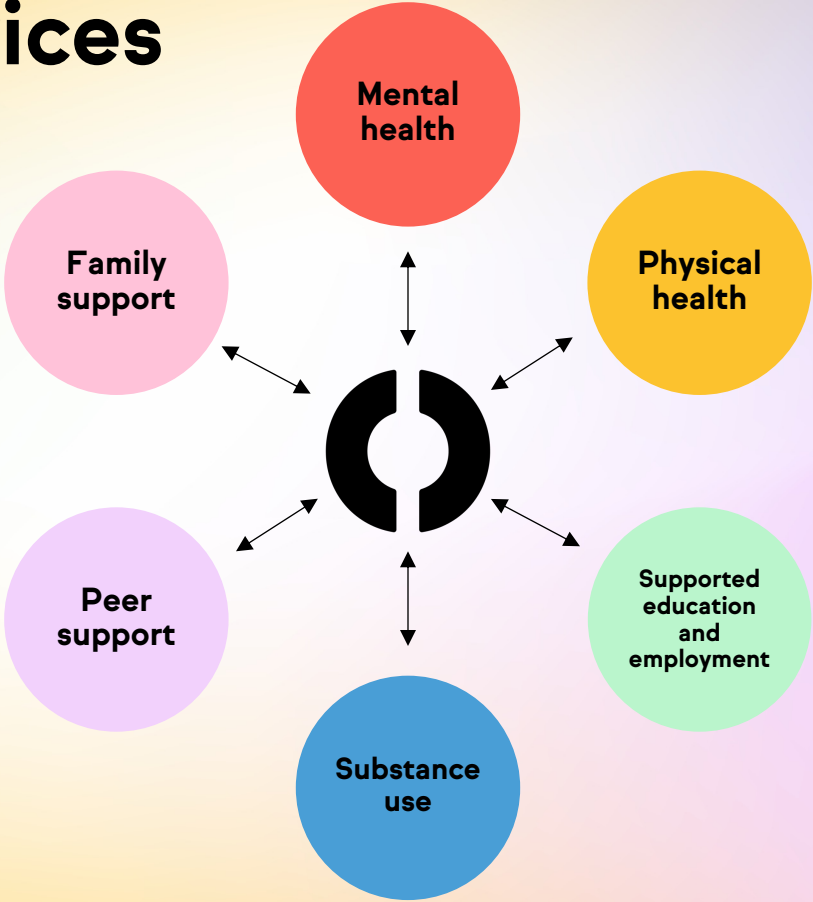
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allcove model components

Informed consent and confidentiality

Community engagement and partnerships

Clinical services

Supported education and employment

Evaluation and shared minimum data set

Learning Community

Youth engagement, participation and development

Branding, communications and environmental design

Youth and family peer support

Financial sustainability

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How is this model unique?

- Prevention to early intervention focus.
- Youth-centered and informed design.
- Youth advisory board.
- Stigma-free; normalizes mental health.
- Youth-friendly, engaging and upbeat staff.
- Strong youth outreach and marketing.
- Consortium of youth-serving agencies.
- Integrated care.
- Trusted codesigned brand.

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Insights from our U.S. market research

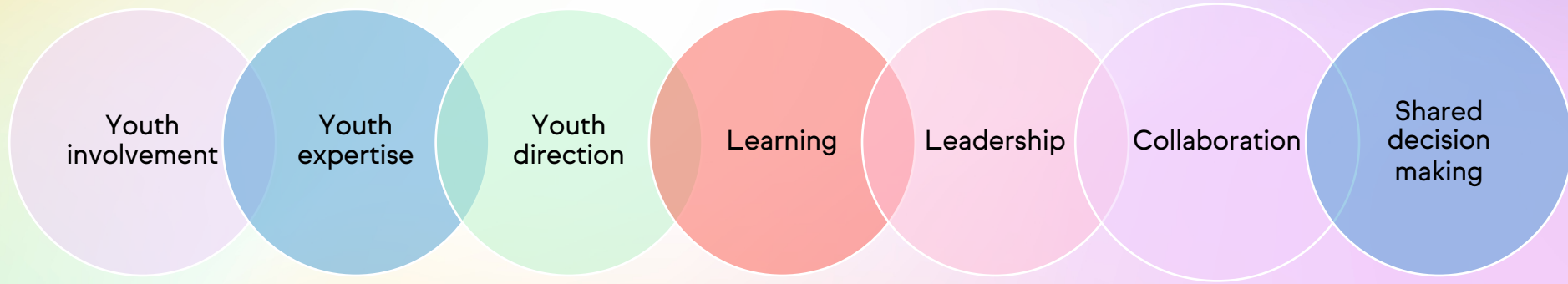| 1	2	3	4	5	6
• A young person's life is a constant hum of things coming at them, and sometimes it's just too much.	• To ask for help is admitting you're still not enough of an adult to do it all.	• Seeking professional care requires a leap over a huge abyss.	• Youth struggle with mental hardship but rarely talk about it, making the topic feel like an isolating form of failure.	• Engaging with mental health services often means going against family and cultural influences.	• Everyone is trying to solve young peoples' problems, but no one is truly listening.

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Principles of youth participation

Youth involvement

Youth expertise

Youth direction

Learning

Leadership

Collaboration

Shared decision making

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Youth advisory group

Each center has a Youth Advisory Group that represent their community with diverse lived experience, providing insight into services, staff, location, etc.

Involved in all touchpoints of allcove development.

Regional YAGs are supported by the statewide Central allcove Team Youth Advisory Group
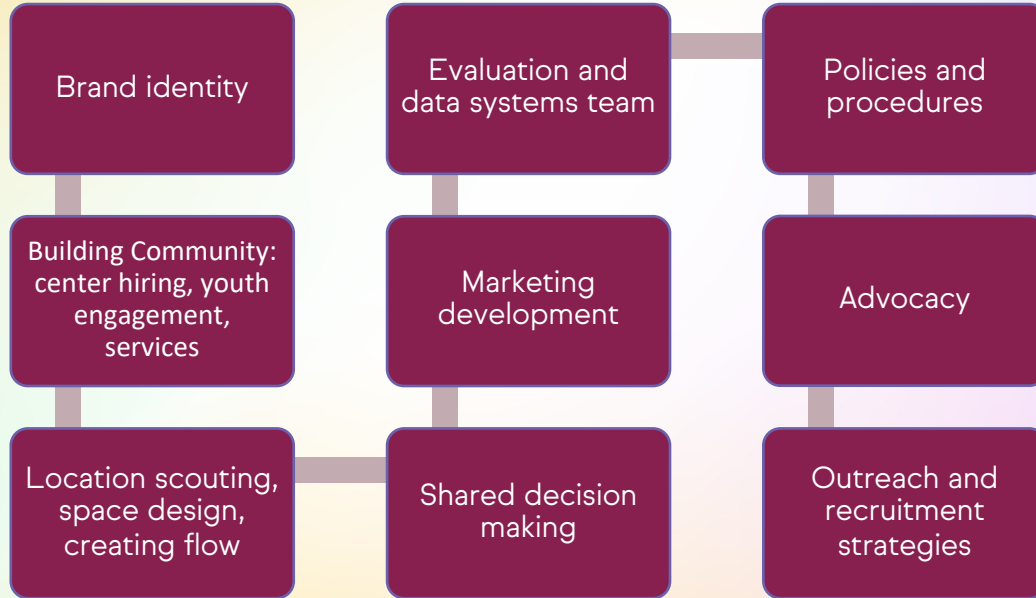
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Shared decision making at allcove

- Shared decision-making is an integral core component of allcove.

- Engaging young people as thought partners and developers in all touchpoints versus participatory consumers of services

- YAG members are actively engaged through creative, transparent, empowering, and proactive process that leads to co-developed decisions and solutions that fit that center's needs.

- allcove shared decision-making best practices involves clear frameworks for feedback follow-up and follow through that creates ownership of center and process.

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Opportunities for voice and feedback

Brand identity

Evaluation and data systems team

Policies and procedures

Building Community: center hiring, youth engagement, services

Marketing development

Advocacy

Location scouting, space design, creating flow

Shared decision making

Outreach and recruitment strategies

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YAG and allcove integration

- allcove center youth voice guides allcove's connection to the community.

- Youth outreach specialist develops intentional and integral feedback sessions where the whole group can participate in a discussion.

- Advocacy, policy development, leadership, training and community engagement are core aspects of youth involvement.

- Opportunity to bring center youth with local YAG to develop center activities and opportunities for leadership development.

- Coordinated efforts with Peer Support to ensure community needs are being met, develop interactive sessions with YAG, mentoring and volunteering opportunities.

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Let the youth guide you

- Youth Advisory Group development of community resources needed and aware of in youth community

- allcove peer support specialists are experts in their community as young people with lived mental health experience

- Perpetual community outreach and relationship building

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Key principles of allcove peer support

- Youth focused

- Lived experience

- Strength-based and hope-inspired

- Peer support at allcove: What's unique?

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Key approaches of allcove peer support

- Building authentic relationships: The value of building trust.

- Care Coordination: A critical part of the team

- Youth Advocacy: amplify youth voice and empower agency.

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Youth engagement

- Creating a listening space.

- Strategic sharing.

- Continuum of helping relationships.

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Service Integration

Full collaboration in a transformed/merged integrated practice

In the same space within the same facility, sharing all practice space, where they:

- Have resolved most or all system issues, functioning as one integrated system.

- Communicate consistently at the system, team and individual levels.

- Collaborate, driven by shared concept of team care.

- Have formal and informal meetings to support integrated model of care.

- Have roles and cultures that blur or blend.

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Pathways – Education

Education

- Academic advocacy support

- Academic skill-building support

- Academic placement support

Community connections and outreach

- Community colleges

- Local state colleges and 4-year universities.

- Financial aid representatives, academic skill-building organizations.

- Technical/vocational schools.

- School districts, high school counseling offices, wellness centers.

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Pathways – Employment

Employment

- Skill building

- Job seeking (immediate or co-occurring employment skills building).

Community connections and outreach

- Local workforce development agencies.

- Employment skill-building organizations.

- Connections to union-based programs.

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School Mental Health System Challenges

School Capacity:

- Space

- Primary responsibility

- Turnover

- Resources

- Vacations/Summer

Access:

- HIPAA-FERPA

- School/Staff Communication

- Informed Consent

- Confidentiality

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A conversation with our young people

Our Current reality
- Mental health needs among young people has grown exponentially
- Isolation to re-socialization
- Social, racial, and political tension

Confidentiality
- On campus, everybody knows who is accessing services
- Mismatched schedules
- Parent involvement, being referred out without consent

Peer Support
- Normalizing lived experiences
- Importance of peer-to-peer connections

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Working Together: Building Bridges

Increasing access to complimentary services

o Collaborating on providing a full menu of services of mental and physical health, substance use and supported education and employment and peer support with cross referrals

o Referrals to therapeutic and other wellbeing group services

o Supporting connections between school and community to allow youth to access support wherever they are

o Peer led mental health education to decrease stigma

o Supporting families to support their youth

Supporting youth development together

o provide leadership opportunities for students to participate in local and statewide youth advisory groups

o collaborate to support school mental health programs such as Bring Change to Mind and NAMI high school clubs

o provide opportunities for students to participate in community events

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Find us

https://med.stanford.edu/psychiatry/special-initiatives/mediamh.html

https://med.stanford.edu/psychiatry/special-initiatives/youthwellbeing.html

https://www.goodformedia.org/

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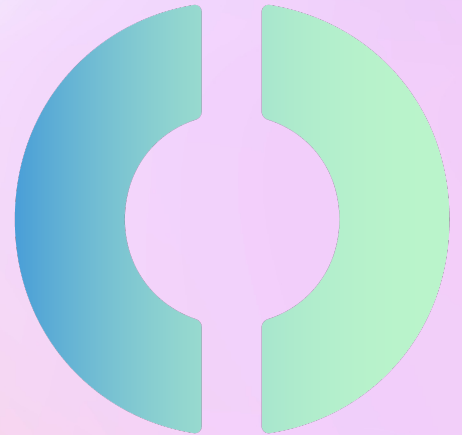
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