
Executive summary

Health Council of the Netherlands. Participation by young people with mental health problems. The Hague: Health Council of the Netherlands, 2014; publication no. 2014/18

There is a widespread debate in social and political circles, and among professional practitioners, about the steady growth in the number of young people with mental health problems, including ADHD (Attention Deficit Hyperactivity Disorder). This growth is accompanied by an increasing demand for care or assistance, and by increasing medication use. Increasingly, young people with symptoms of this kind are also encountering problems in education and in the labour market. What are the underlying causes of this problem, and how can the tide be turned? The State Secretaries for Health, Welfare and Sport and for Social Affairs and Employment have submitted this broad-based question to the Health Council of the Netherlands. These government officials have requested two partial advisory reports from the Council: one on participation by young people with mental health problems, in general, and one concerning the current level of knowledge in the field of ADHD. Both partial advisory reports were drawn up by a Health Council Committee specially appointed for the purpose. The present advisory report concerns participation issues.

Towards a participation society

Current policy is strongly focused on fostering self-sufficiency among members of the public, and on reducing government support. In keeping with this endeavour, members of the public should participate as much as possible in the

fabric of society. Against this background, the increasing number of young people making use of youth care services is a cause for great concern. This can have a stigmatising effect, which can undermine a person's ability to complete an educational programme, or to find and keep a job. The government is seeking solutions that involve demedicalisation, disengagement with the care system, and normalization of mental and behavioural problems. In this advisory report, the Committee carefully examines each of these concepts, together with their normative implications.

Further analysis of increased demand for care

The Committee has analysed details of the demand for care by young people (aged 16 to 30) with mental health problems. It found that, in recent years, there has been a significant increase in the number of young people who are receiving assistance under the Work and Employment Support (Young Disabled Persons) Act or pupil-specific funding and who are making use of youth care services or youth mental health care services. According to the Committee, data on medication use suggests that there has been an increase in the number of young people being diagnosed with a mental illness.

Does this mean that the mental health of young people in the Netherlands is deteriorating? The Committee feels that there is no reason to conclude that this is the case. After all, there is the matter of exactly how mental health is defined. Healthcare providers, researchers and policymakers seem unsure about how to designate the growing demand for care among young people with mental health problems. In view of this, the Committee has found it more fruitful to adopt a starting point based on the demands for care made by the young people themselves and on the problems they encounter in the participation arena.

Beyond the medicalisation debate

The concepts of medicalisation and demedicalisation often go hand in hand. The negative connotations of medicalisation play an important part in this: a problem is wrongly defined as a medical issue then treated accordingly. The obvious course of action in such cases is demedicalisation – seeking solutions outside the medical domain. The Committee notes that the pursuit of demedicalisation also has a downside: patients may feel that no-one fully understands their problems, as they see them.

According to the Committee, it is important to approach the problem from another angle. In its view, the emphasis must be on identifying the care and social arrangements needed to facilitate participation by young people who make use of care and support (or who want to do so). In this way, it is possible to avoid a situation in which the medical approach is the first or only step in the care delivery process.

Interventions that can foster participation

The Committee has taken stock of all available interventions for fostering participation by young people with mental health problems. This involves methods developed within the context of the rehabilitation approach. The main methods are the Individual Rehabilitation Approach (IRA), which focuses on participation in various social domains, and Individual Placement and Support (IPS), which focuses on finding paid work. To date, the effectiveness of these interventions has mainly been assessed outside the Netherlands, among adults with severe mental illnesses. The Committee concludes that the strength of the evidence obtained is convincing. However, according to the Committee, it is still difficult to say whether such methods would also be effective here in the Netherlands, and whether they would benefit young people with mental health problems (including relatively mild ones). While there is some evidence to suggest that this might indeed be the case, further research will be needed to provide confirmation. Whatever the case, the Committee feels that these methods are very promising, and that they should be used more often in everyday practice, together with pilot studies. The same applies to the rehabilitation approach in general. The emphasis on recovery and on participation goals set by the patients themselves is a valuable addition to the mental health care service, which tends to focus more on disorders and symptoms. It is recommended that the mental health care service make greater use of participation outcomes.

Time for other parties to take action

In addition to effective interventions aimed at individual clients, efforts to foster participation also require appropriate guidance and arrangements in the social sectors where such participation is to be put into practice. The Committee describes the current situation on the labour market and in education. It identifies points of concern, and indicates what action employers, schools and the government can take to ensure that participation has every chance of succeeding. There have already been some important developments in this area. These

include various types of coaching (at school, during internships, and at work) and inclusive labour organisations (which adapt working processes to meet the needs of employees with disabilities). In the area of education, Supported Education is a rehabilitation approach that addresses the numerous questions that teachers and programme selection advisors face when dealing with pupils with mental health problems. The Committee takes the view that permanent incentives should be set up for initiatives of this kind.