Correspondence

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Reply

Dear Sir,

We thank Dr Walsh for his letter regarding the March 2015 Special Issue on Youth Mental Health and in particular for his recognition of the importance of this topic. We also share his appreciation that the *Irish Journal of Psychological Medicine* was willing to devote an entire issue to youth mental health. Dr Walsh had some specific issues regarding diagnosis and prevalence of mental illness among young people, which we would like to address in our reply.

The rate of current mental illness in young people was indeed one in five and the lifetime rate of mental disorder was 56%, but the age range for the Harley *et al*. (2015) study was up to *23 years of age*, not 12–15 years of age as Dr Walsh states. Although these rates may seem high, they are broadly in line with lifetime rates of any mental disorder among young adults reported in studies from New Zealand (42–49%), Northern Ireland (43.6%) and the United States (48%), for instance (see Harley *et al*. 2015: 81, table 1). The interviews with young people in the Challenging Times Two study were carried out using a validated semi-structured screening instrument – the Structured Clinical Interview for DSM-IV Psychiatric Disorders. The results may well call into question current psychiatric classification systems but we, nevertheless, need to work within the framework of these classification systems when carrying out epidemiological studies.

Dr Walsh questions our use of the term 'epidemic' of mental disorder among young people (Lyne & Cannon, 2015). We would like to point out that there is substantial evidence that clinical diagnoses and treatment of child and adolescent mental disorder have increased over recent decades in the Western World (Collishaw, 2015). As McGorry (2015) points out in his editorial, mental ill-health contributes 45% of the disability burden in young people aged between 10 and 25 years (Gore *et al*. 2011). The most recent WHO (2014) report on adolescent health has shown that suicide is now the highest cause of mortality among females aged 15–19 years (having overtaken maternal mortality) and the second highest cause of mortality among adolescents of both sexes worldwide. In the light of such stark findings, we make no apologies for using terms such as 'epidemic'. We do not wish to 'pathologise' mental distress among young people, but we believe that the data presented in the Special Issue does provides a platform for debate about how best to tackle this issue.

In general, psychiatry lags very far behind other branches of medicine in the area of prevention and early intervention, considering that most mental illnesses have first manifested before age 24 (Kessler *et al*. 2007). Like other branches of medicine we should find ways to support and intervene for young people with a range of different types and severities of presentation to try to make an impact on future health.

Mental health is chronically underfunded in Ireland compared with other developed countries. The mental health of young people continues to be an area in severe need of improvement and should continue to be on the agenda of politicians and policymakers. We are delighted that the Special Issue has provided a forum for discussion about service delivery ultimately with the aim of improving mental health for both young people and people of all ages.

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