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Where's the need? the use of specialist mental health services in adolescence and young adulthood

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Propositions accompanying the dissertation

WHERE'S THE NEED?

The use of specialist mental health services in adolescence and young adulthood

1. Mental disorders are much like physical illnesses, in that most people will meet the DSM-IV criteria for at least one mental disorder at some point in their lives.
2. Psychiatric case registers are not only valuable for research into serious mental illnesses, but also for research into common mental disorders.
3. It takes longer to find help for mental disorders that develop earlier in life than for disorders with a later onset, which suggests that coping strategies developed at an early age are effective at first, but not future-proof.
4. That adolescents' own influence on help-seeking for mental health problems increases in late adolescence and early adulthood at the expense of teachers' and parents' influence does not imply that they are well-enough equipped to find help on their own.
5. That the treatment gap in mental health care between adolescence and young adulthood develops in opposite ways in The Netherlands and the US, but remains large in both countries, suggests that mental health care policies can reduce but not remove the treatment gap.
6. If adolescents do not improve following treatment in an observational study, one cannot simply conclude that adolescents do not benefit from treatment.
7. Observational studies in "real life" are an important addition to clinical trials in the evaluation of mental health care effectiveness, because the ultimate goal of mental health care should be to improve living in that real life.
8. Adolescents and young adults whose mental health problems have remitted without professional help still need to be included in programs aimed at relapse prevention and early intervention.
9. Administrative data are prone to bias, just like questionnaire data.
10. Mental health service use is a means to an end, not a goal by itself.
11. No health services research project should be embarked upon without having a sociologist on board (cf. Ronald M Andersen).

