

**YOUTH**  
Med•Info

# Co-design of mental health medicines information resources for youth

Caroline Hynes

Senior Pharmacist | Saint John of God Hospital

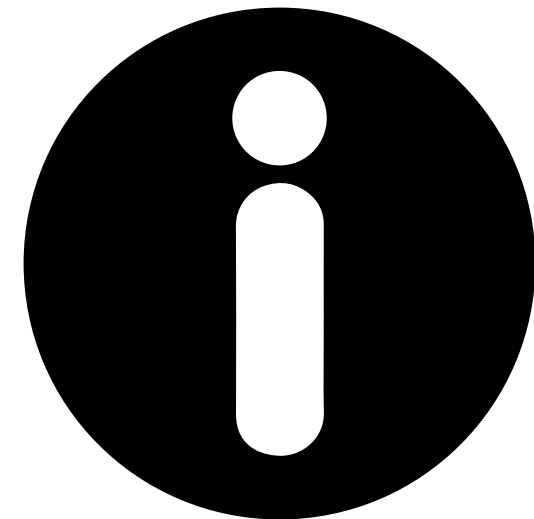
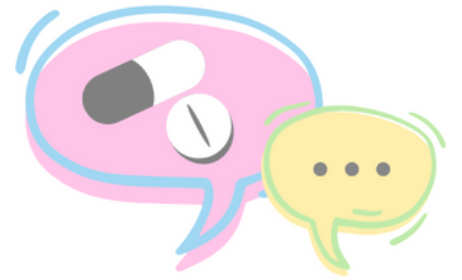
Honorary Clinical Lecturer | RCSI

Adjunct Lecturer/Associate Professor | UCD

14th February 2024



# BACKGROUND



‘Mental health medicines information resources for youth in Ireland are inadequate.’



Sertraline

# Patient Information Leaflet

11 pages long  
4,466 words

Focus on side-effects over  
benefits of medicine

Targeted  
at adults

Accessed too late - after  
medicine dispensed

**Read all of this leaflet carefully before you start taking this medicine because it contains important information for you.**

- Keep this leaflet. You may need to read it again.
- If you have any further questions, ask your doctor or pharmacist.
- This medicine has been prescribed for you only. Do not pass it on to others. It may harm them, even if their signs of illness are the same as yours.
- If you get any side effects, talk to your doctor or pharmacist. This includes any possible side effects not listed in this leaflet. See section 4.

## What is in this leaflet:

1. What Lustral is and what it is used for
2. What you need to know before you take Lustral
3. How to take Lustral
4. Possible side effects
5. How to store Lustral
6. Contents of the pack and other information

### 1. What Lustral is and what it is used for

Lustral contains the active substance sertraline. Sertraline is one of a group of medicines called Selective Serotonin Re-uptake Inhibitors (SSRIs); these medicines are used to treat depression and/or anxiety disorders.

Lustral can be used to treat:

- Depression and prevention of recurrence of depression (in adults).
- Social anxiety disorder (in adults).
- Post traumatic stress disorder (PTSD) (in adults).
- Panic disorder (in adults).
- Obsessive compulsive disorder (OCD) (in adults and children and adolescents aged 6-17 years old).

**Depression is a clinical illness with symptoms like feeling sad, unable to sleep properly or to enjoy life as you used to.**

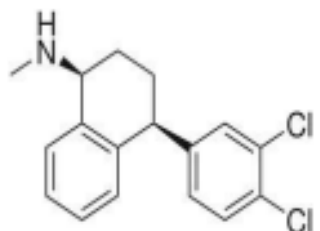
1.Upjohn EESV. Lustral 50mg film coated tablets. Patient information leaflets. Updated 03/04/2023. Available at: [Body](#) <accessed on 03/01/2024>

2.The Academy of Medical Sciences. Enhancing the use of scientific evidence to judge the potential benefits and harms of medicines June 2017. Available at: <https://acmedsci.ac.uk/file-download/44970096> <accessed on 29/11/2023>





## Sertraline (say: cert-ral-een)



### What is sertraline?

- Sertraline (also known as Lustral®) is usually used to help treat the symptoms of depression (by reducing the time it takes to recover and to help stop the symptoms coming back), anxiety, and OCD (Obsessive Compulsive Disorder)
- It can also help social anxiety, PTSD, panic, PMS and seasonal affective disorder
- It is often known as an SSRI (Selective Serotonin Reuptake Inhibitor)
- It is made as tablets and liquids.

*Please note: Sertraline is sometimes used in adults but it is not "licensed" or officially approved for people under 18 except for OCD. This is because it has not been fully studied in this younger age group. If you are under 18 you may be offered this medicine because we have experience of it and we know it helps adults. If you wish to know more please ask for a copy of our "Unlicensed uses of licensed medicines" fact sheet.*

### What does sertraline help?

- Sertraline can help many symptoms. These can include feeling low, nervous, very shy, panicky, or having to do things exactly the right way and checking all the time. In lower doses (e.g. 25mg a day) it can help anxiety, worries and distress
- For depression, about 2 in 3 (65%) of people get better with a first antidepressant
- If that doesn't work or because it has too many side effects, then switching to a second antidepressant helps about half of those people (total of about 75%, or 3 in 4 people). There are more options after that e.g. other medicines and therapies.



### How and when should I take sertraline?

- Swallow the tablets with at least half a glass of water whilst sitting or standing so they do not stick in your throat. Follow the instructions on the package for the liquids
- It is best taken with or after food, in the morning.

### How long will I have to wait before it works?

- This will depend on what you are taking it for but for depression the effect usually starts in a week or two, and builds over the next couple of weeks
- For some other conditions it may take up to 3 months to work fully.



### How long will I need to keep taking sertraline for?

- This will depend on what you are taking it for
- For depression, if an antidepressant has got you better:
  - First episode: Taking it for 6 months reduces the chances of becoming depressed again
  - Second episode: Taking it for 1-2yrs reduces the chances of becoming depressed again

Been depressed before but antidepressants don't help much? Ever been irritable, disinhibited, overactive, not sleeping, overspent, disinhibited? Bipolar in the family? If so, it's worth asking: "Could it be bipolar?"

### Can I stop taking sertraline suddenly?

- It is best not to do this. Talk it over first with other people e.g. relatives and your prescriber or other healthcare professional

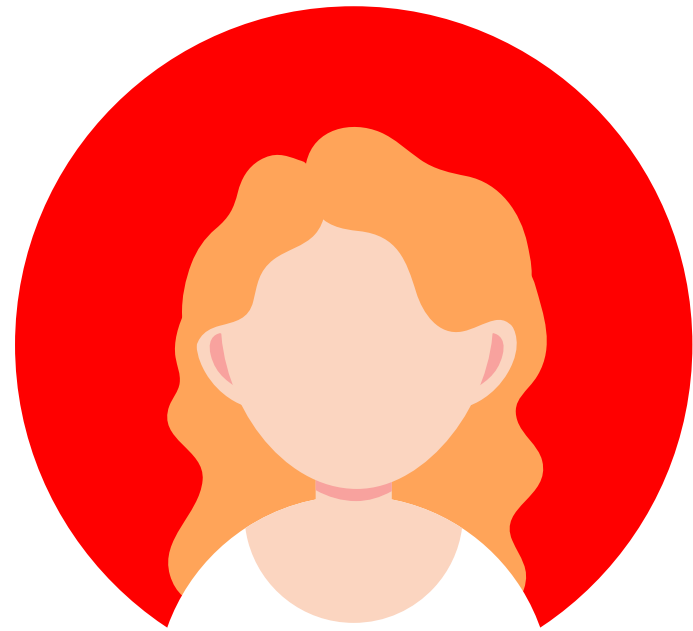
# Choice and Medication

QuLLs: 2-4 pages long  
1,240 words

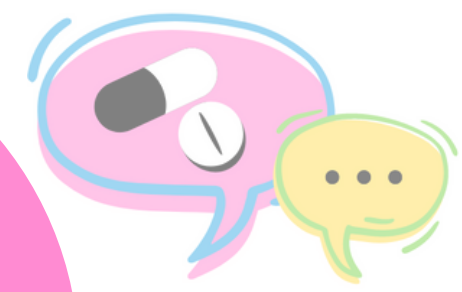
[www.choiceandmedication.org/ireland](http://www.choiceandmedication.org/ireland)

'Easier on the eye for e.g. younger people'

Printable PDF



**WHAT'S IMPORTANT?**



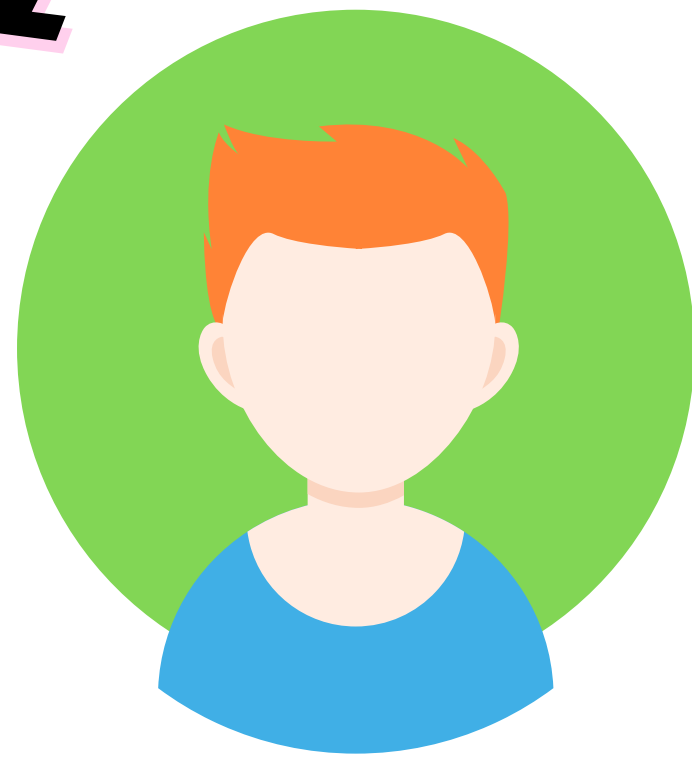
**JARGON**

**SIDE-EFFECTS**

**UNRELATABLE**



**ADHERENCE?**



4. Chovil N, Panagiotopoulos C. Engaging families in research to determine health literacy needs related to the use of second-generation antipsychotics in children and adolescents. J Can Acad Child Adolesc Psychiatry. 2010;19(3):201-208

5. Dikec G, Kardelen C, Pilz González L, Mohammadzadeh M, Bilaç Ö, Stock C. Perceptions and Experiences of Adolescents with Mental Disorders and Their Parents about Psychotropic Medications in Turkey: A Qualitative Study. Int J Environ Res Public Health. 2022 Aug 4;19(15):9589



The **internet** is the primary source of information for **youth** and adults alike.



**95%**



**67%**



**62%**



**59%**

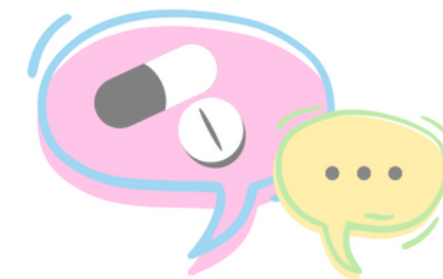
6. Pate JW, Heathcote LC, Simons LE, Leake H, Moseley GL. Creating online animated videos to reach and engage youth: Lessons learned from pain science education and a call to action. Paediatr Neonatal Pain. 2020;2(4):131-138

7. Cybersafe kids. Keeping kids safer online: trends and usage report. Academic year 2022-2023. Available at: <https://www.cybersafekids.ie/resources/#research> <accessed on 04/12/2023>

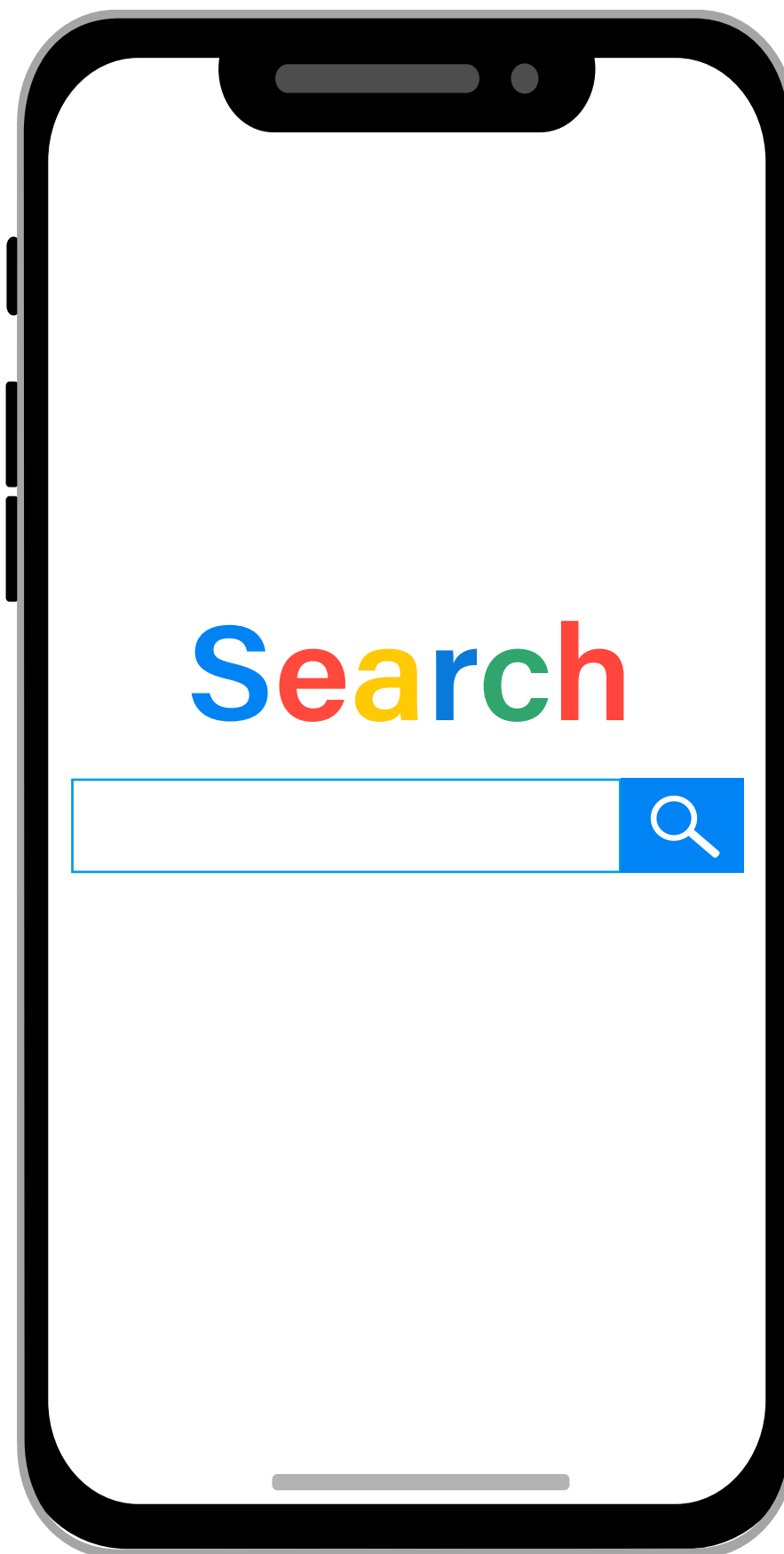
8. Pew Research Center. Teens, social media and technology 2022. Available at:

<https://www.pewresearch.org/internet/2022/08/10/teens-social-media-and-technology-2022/> <accessed on 20/05/2023>





**NOT PEER  
REVIEWED**



**MISLEADING**

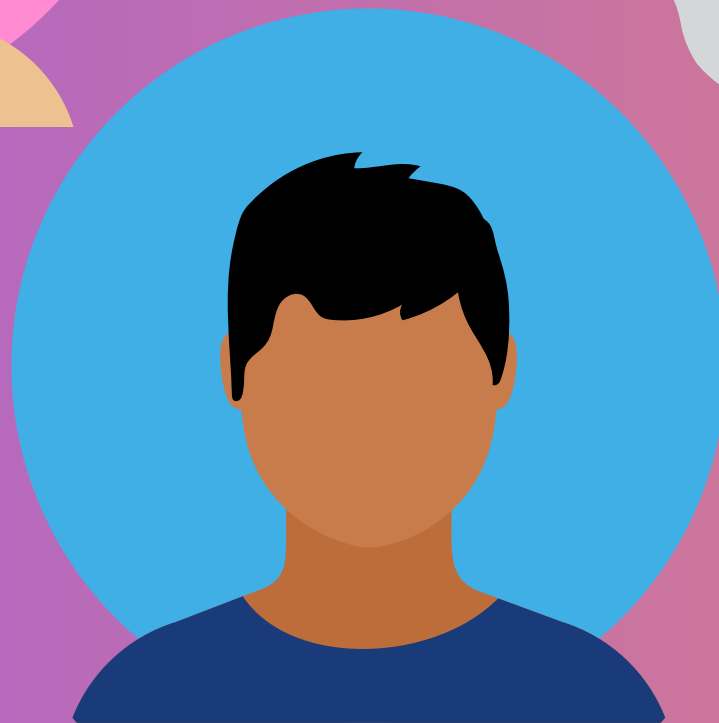
**INACCURATE**

**UNREGULATED**

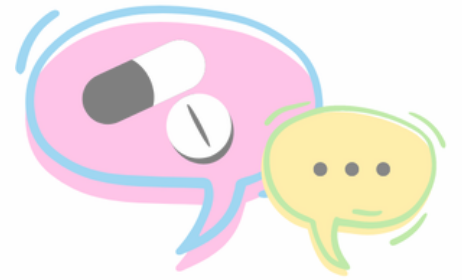
9. Osman W, Mohamed F, Elhassan M, Shoufan A. Is YouTube a reliable source of health-related information? A systematic review. BMC Med Educ. 2022;22(1):382. Published 2022 May 19

10. Nour MM, Nour MH, Tsatalou O-M, Barrera A. Schizophrenia on YouTube. Psychiatr Serv. 2017;68:70–4

11. Yeung A, Ng E, Abi-Jaoude E. TikTok and attention-deficit/hyperactivity disorder: a cross-sectional study of social media content quality. Can J Psychiatry 2022;67:899-906



***I.T. SKILLS***

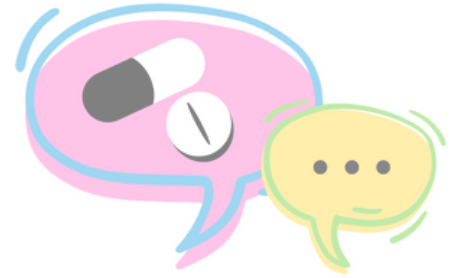


***TIME***

***FUNDING***



# WHAT WE DID



**FLUOXETINE**

Frankie



"Flu-OX-et-eeen"

**OLANZAPINE**

Ollie



"O-LANZ-a-peen"

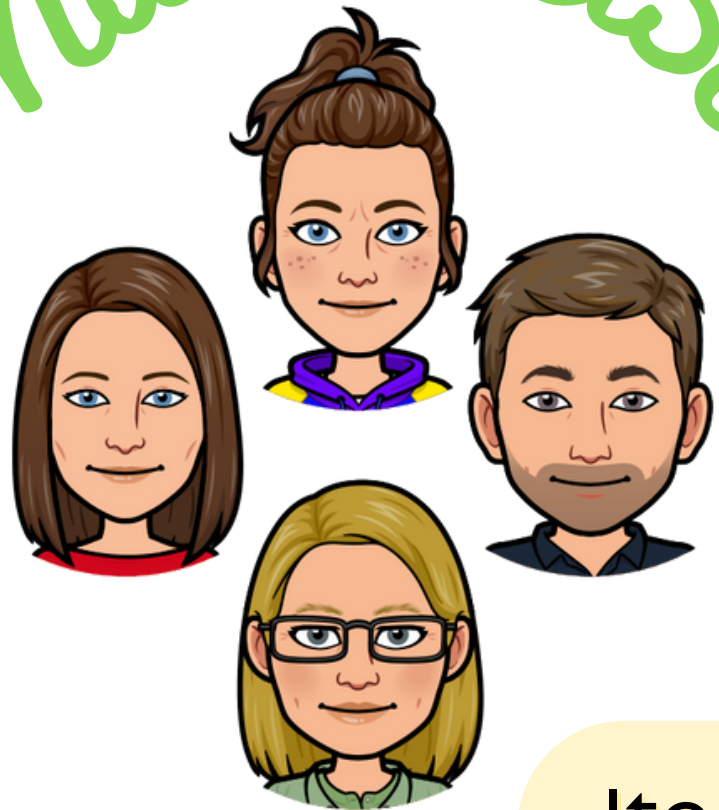
**METHYLPHENIDATE**

Max



"MEH-thill-FEN-i-date"

Pharmacists

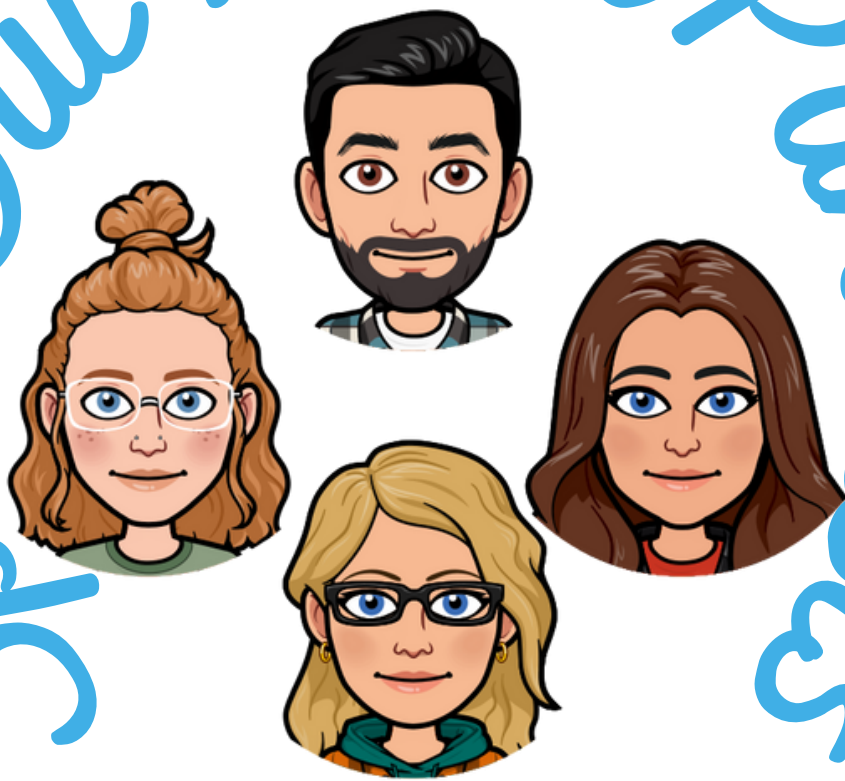


Psychiatrists

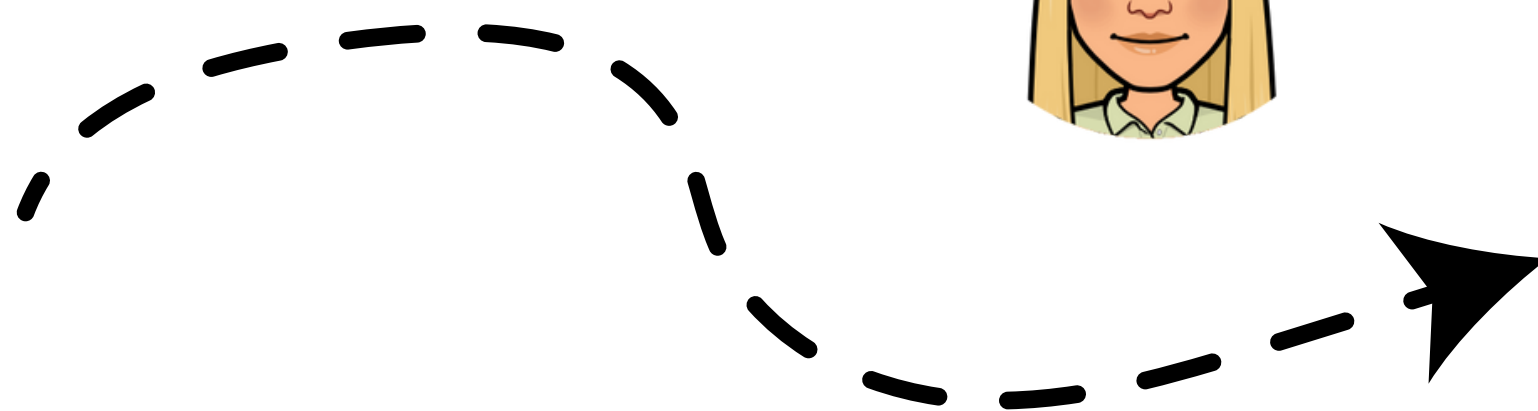
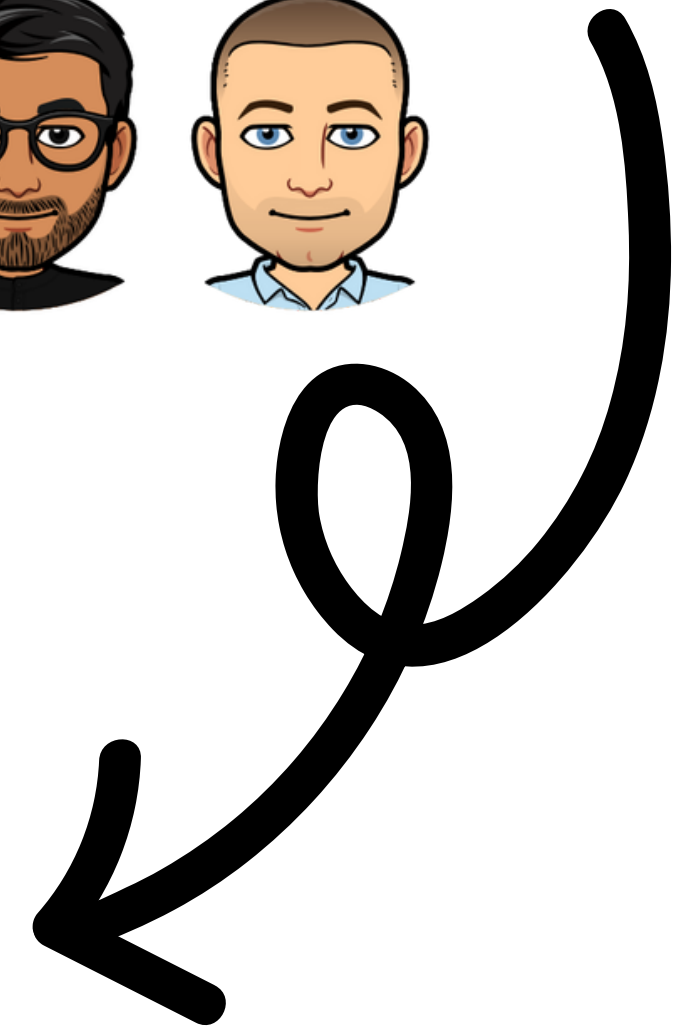
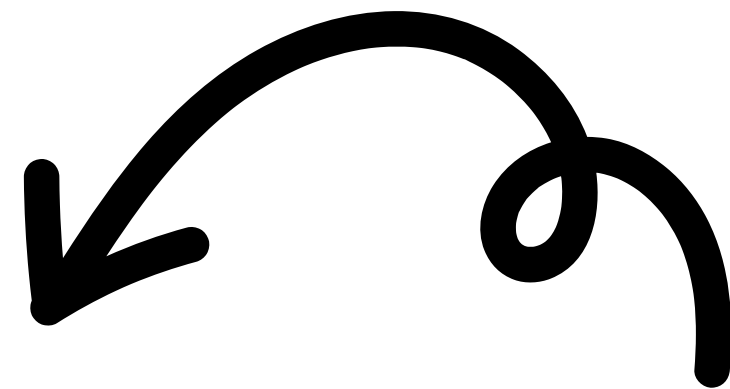
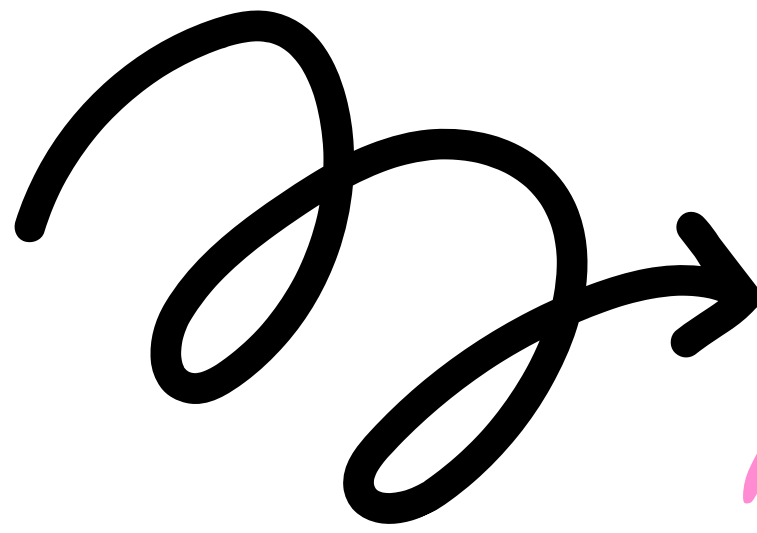
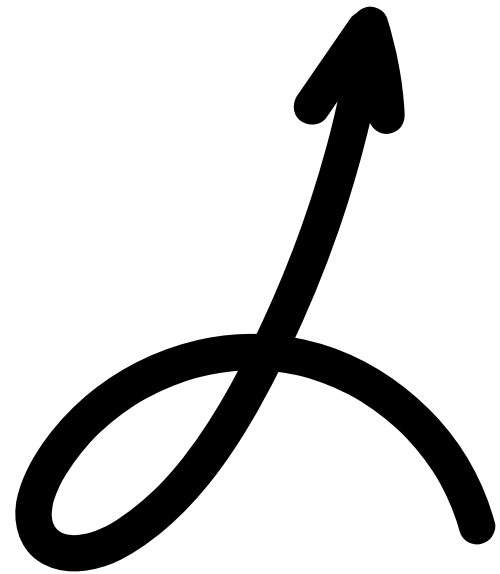


Iterative review process

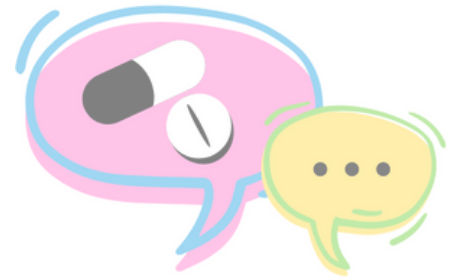
Spun Out Youth Panels  
Youth Panelists



Nurses



# Focus Group



Skilled facilitator

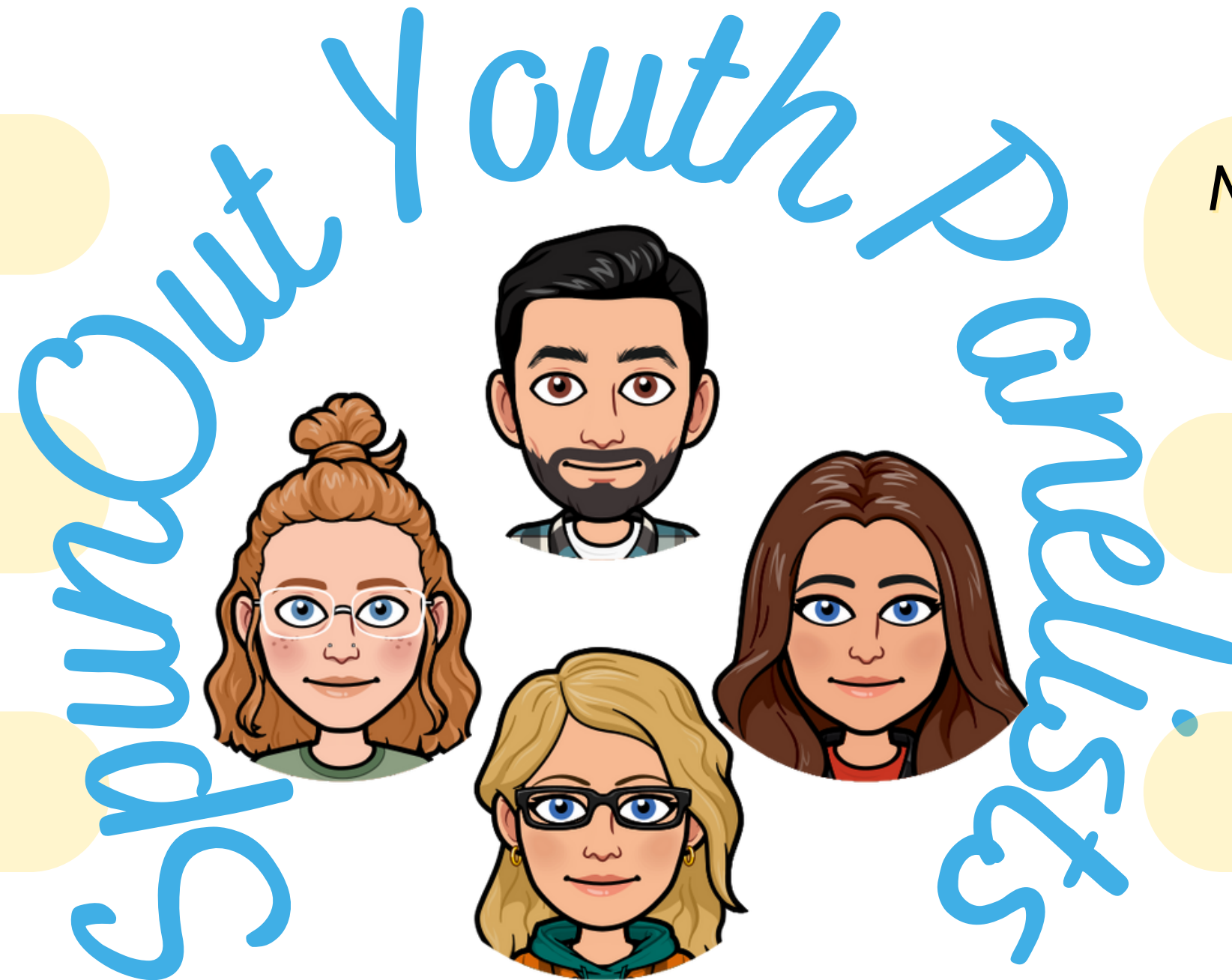
Medicines = one aspect of care

Semi-structured

Impact on stigma

Independent

Brand names







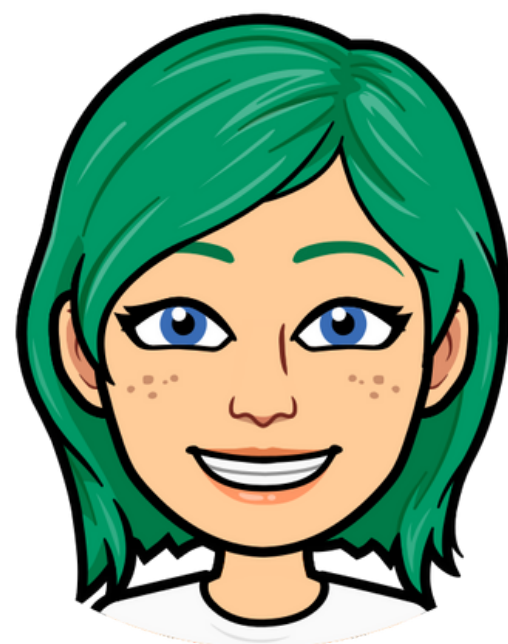
**INCLUSIVE**

**ACCESSIBLE**



***'This is Frankie.  
Frankie is taking  
fluoxetine.'***

**Frankie**



## **Design and Formatting**

BitMojis from SnapChat

Gender neutral names

Sans-serif font

Font size >30

2-4 minute duration

Summary for screenshot

Portrait orientation





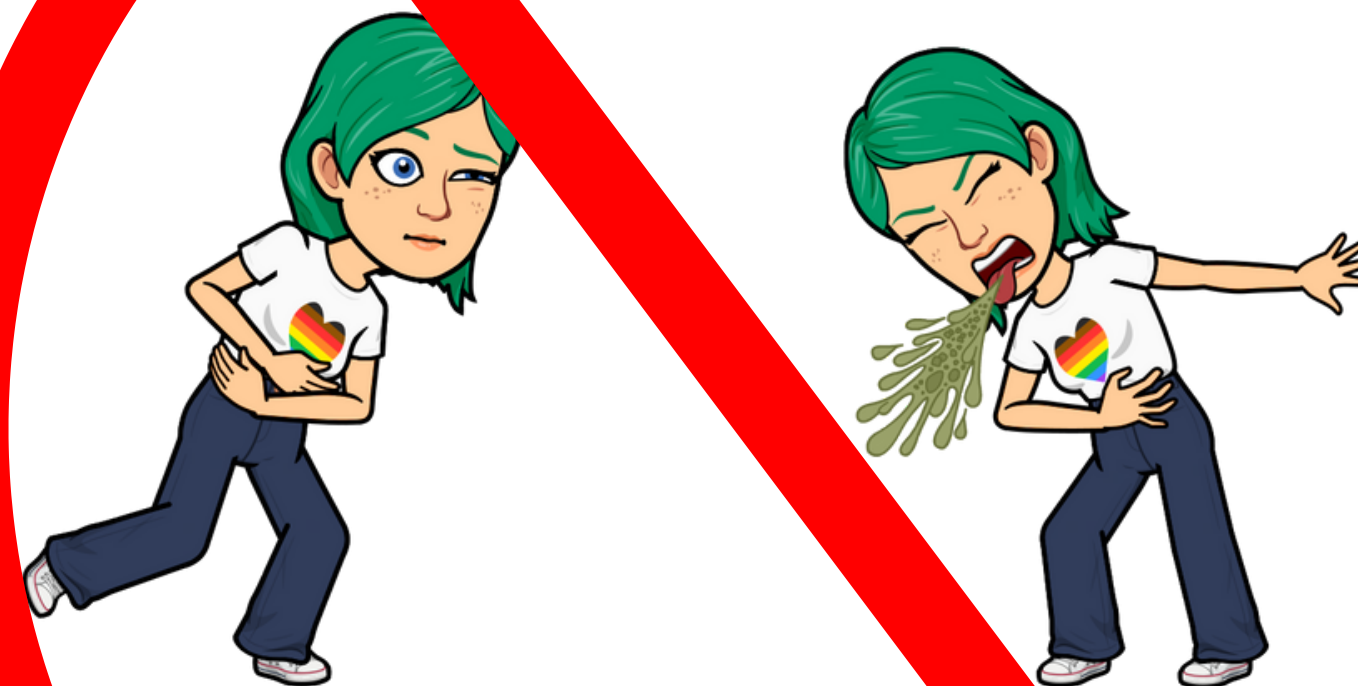
## Language and Imagery

Clear and simple language

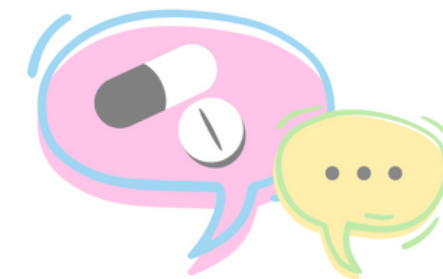
<20 words per sentence

Avoided jargon

Avoided vivid imagery



**Feeling or getting sick**



What they do

What they help  
with

How long they take  
to work

Most common  
side-effects

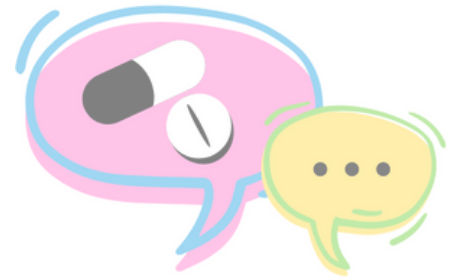
How to stop taking them  
when no longer needed

When to take them

.....

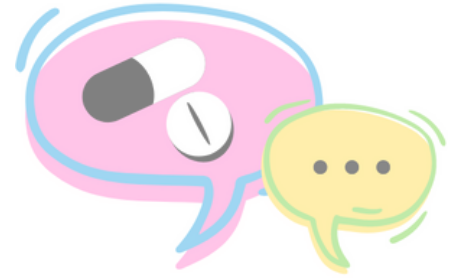
## Clinical Content

# WHAT WE HAVE



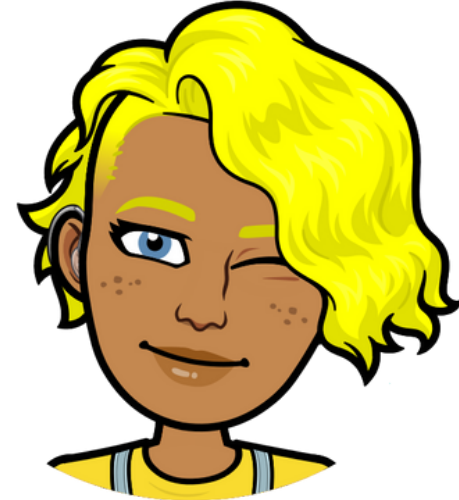
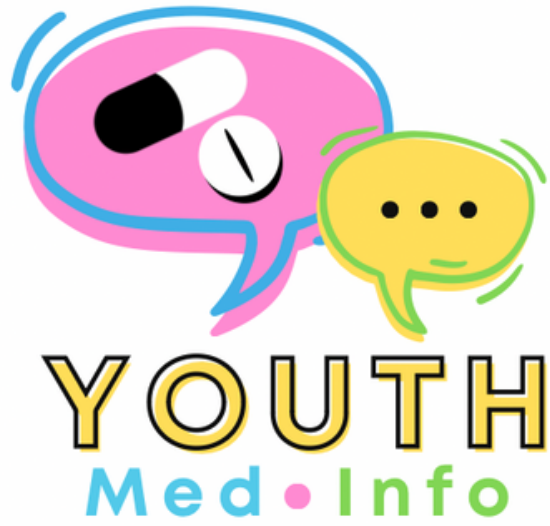
8 Videos

Trailer and Website



Trailer

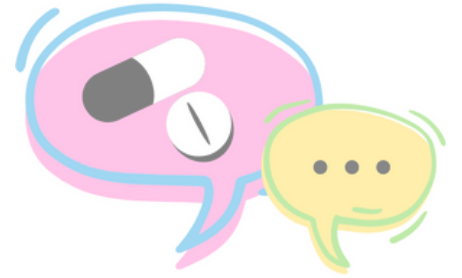
# Website



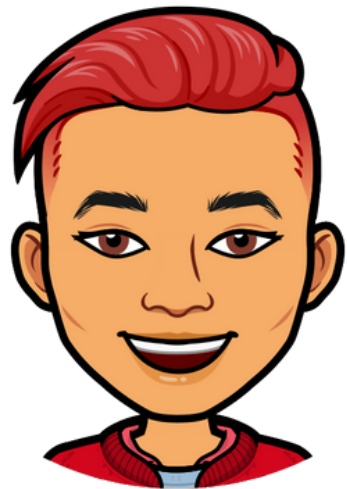
**LISDEXAMFETAMINE**



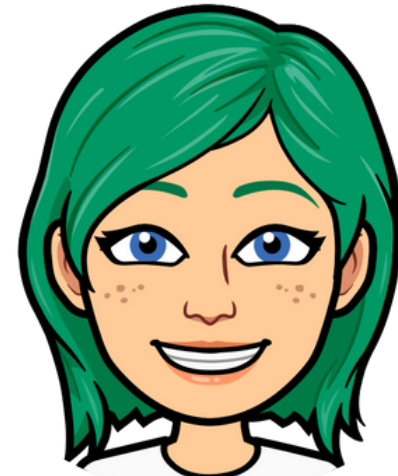
**SERTRALINE**



**MORE  
INFO**



**RISPERIDONE**

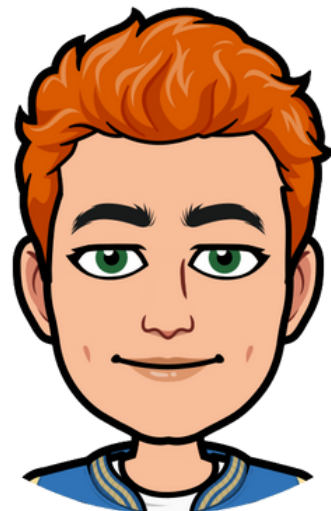


**FLUOXETINE**



**OLANZAPINE**

**ABOUT  
US**



**METHYLPHENIDATE**



**ARIPIPRAZOLE**



**VENLAFAXINE**

**TERMS  
OF USE**







**RISPERIDONE**

Patient Information Leaflet

**FLUOXETINE**

Patient Information Leaflet

**OLANZAPINE**

Patient Information Leaflet

**METHYLPHENIDATE**

Patient Information Leaflet

**ARIPIRAZOLE**

Patient Information Leaflet

**VENLAFAXINE**

Patient Information Leaflet

**LISDEXAMFETAMINE**

Patient Information Leaflet

**SERTRALINE**

Patient Information Leaflet



## **RISPERIDONE**

*Risperdal*  
Patient  
information  
leaflet



## **RISPERIDONE**

Choice and  
Medication

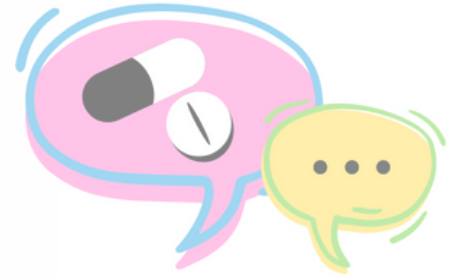


## **RISPERIDONE**

NHS UK



BACK  
TO TOP  

Caroline



Specialist Mental Health Pharmacist (Project lead)

David



Consultant Child and Adolescent Psychiatrist

John



Senior Lecturer in Pharmacy

Maria



Clinical Director and Consultant Child and Adolescent Psychiatrist

Sophie



SpunOut Action Panelist



Dolores



Head of Mental Health Pharmacy (Project co-lead)

Ian



Professor of Child and Adolescent Psychiatry and Academy of Medical Sciences

Joseph



Mental Health Content Editor - SpunOut

Nimanthra



Consultant Child and Adolescent Psychiatrist

Stephen



Consultant Psychiatrist and Associate Professor of Psychiatry

Charlie



SpunOut Action Panelist

Izzie



SpunOut Action Panelist

Judith



Associate Professor of Pharmacy

Sarah



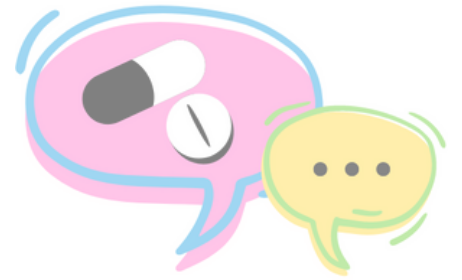
CAMHs Director of Nursing







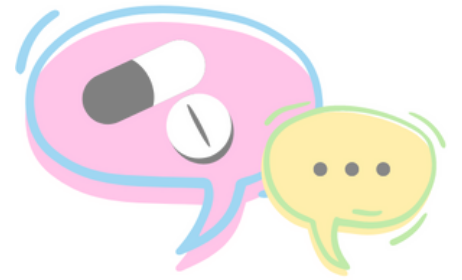
*"As a contributor to YouthMed.Info, I'm proud to see this valuable resource launch. It **empowers young people** navigating mental health treatment with clear and accessible information. These videos provide a **safe and empathetic space** for us to understand their medications fully. This collaborative effort will make a genuine positive impact, and I hope we can continue to expand this project. The **voice of young people matters most** in their own healthcare and YouthMed.Info helps them to stay **informed and listened to** young people each step of the way." - Sophie Kathryn*



*What a fantastic tool for engaging a young teen. We watched it and it allowed a conversation afterwards. But yes it felt so much more relaxing going to see the anxious young person and suggesting we watch a very short YouTube together and then talk about that. So huge thank you ! - Advanced Pharmacist Practitioner, UK*



# SOCIAL MEDIA



**@YouthMedInfo**



**@youth.med.info**



**@youthmed.info**

# WHAT'S NEXT



MELATONIN

MJ



"Mel-a-TONE-in"

**MORE  
MEDICINES**

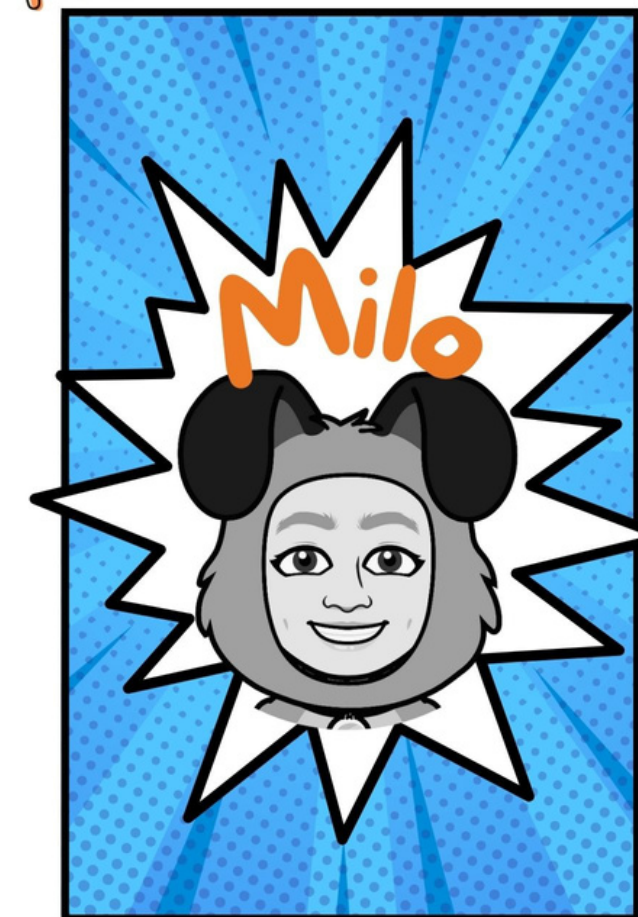
WEIGHT GAIN

Ollie



**SIDE-EFFECTS**

METHYLPHENIDATE

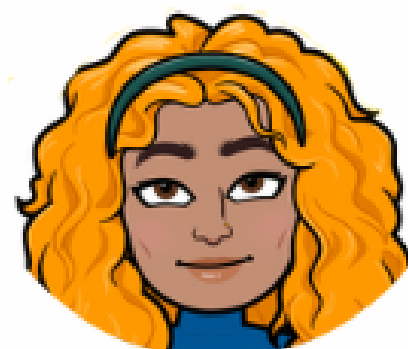


"MEH-thill-FEN-i-date"

**YOUNGER  
CHILDREN**



**GLOZAPINE**



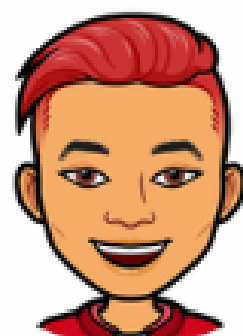
**QUETIAPINE**



**ARIPIRAZOLE**



**OLANZAPINE**



**RISPERIDONE**



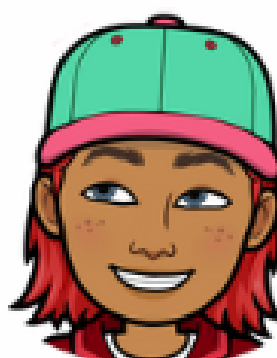
**LISDEXAMFETAMINE**



**LORAZEPAM**



**ATOMOXETINE**



**PROMETHAZINE**



**GUANFACINE**



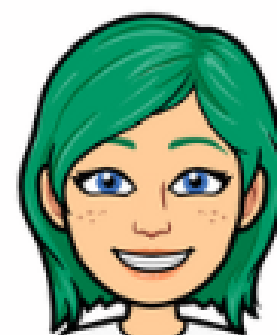
**SERTRALINE**



**VENLAFAXINE**



**METHYLPHENIDATE**



**FLUOXETINE**



**MELATONIN**



**MIRTAZAPINE**

MORE  
INFO



ABOUT  
US



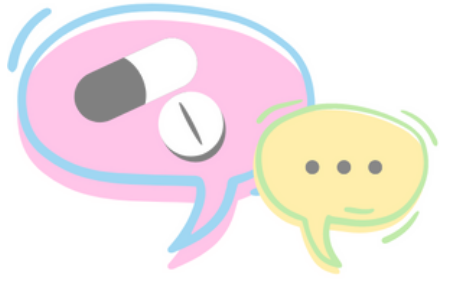
SUPPORTED  
BY



TERMS OF  
USE







**WEIGHT GAIN**

*Ollie*



**FEELING OR  
GETTING SICK**

*Frankie*



**INCREASED  
PROLACTIN**

*Robin*



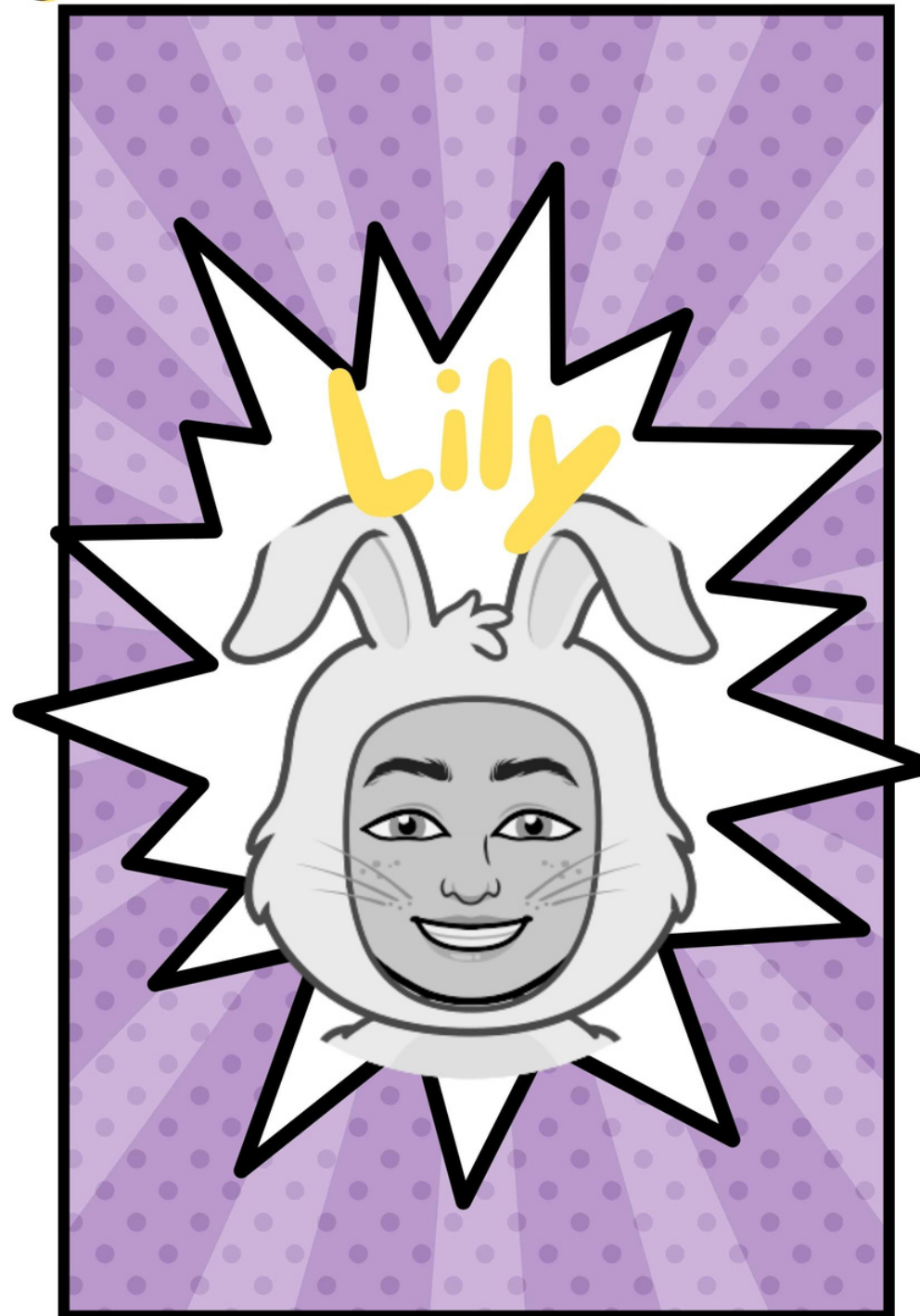


METHYLPHENIDATE



"MEH-thill-FEN-i-date"

LISDEXAMFETAMINE



"Lis-dex-am-feta-mean"

MELATONIN

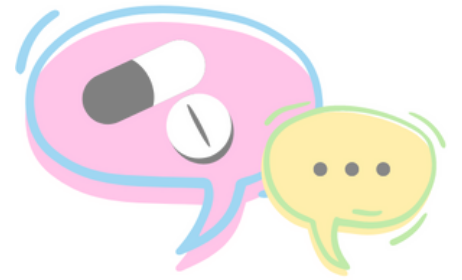


"Mel-a-TONE-in"





[www.youthmed.info](http://www.youthmed.info)



LISDEXAM

Luca



"Lis-dex-am-feta-mean"

AR

Alex



SE Sam



# QUESTIONS

