STRENGTHENING THE SYSTEM WHERE IT’S WEAKEST…..

Early Intervention and Developmentally Appropriate Mental Health Care for Young People Aged 12 - 25 in Australia

YOUTH MENTAL HEALTH
A Rising Tide
Epidemiological/Public Health Perspective
Developmental Perspective
Cost-effectiveness Perspective

EPIDEMIOLOGICAL CORRECTNESS
“The system is weakest where it should be strongest”

Impact of Mental Disorders

- “Mental Illnesses are the chronic diseases of the young”
  Insel and Fenton (2005) Arch Gen Psychiatry
- 75% of cases begin before 24 yrs
- Most reach caseness for treatment postpuberty with peak in 18 -24 range
- Decades of unrealised potential and disability result

Mental illness and substance use disorders account for 60% of the non-fatal burden of disease amongst young people aged 15-34 (Public Health Group 2005)
75% of mental health problems occur before the age of 25 (Kessler et al 2005)
14% of young people aged 12-17, and 27% of young people aged 18-24 experience a mental health problem in any 12 month period (Sawyer et al 2000, Andrews et al 1999)
The Rising Tide of Psychosocial Disorder in Young People 12-26 yrs (Rutter & Smith 1995)

Recent Phenomenon - recent decades
Paradox: physical health - never better vs psychological health - never worse
Multiple Disorders and MH Problems
Suicide, Drugs, Offending, Core Psychiatric Disorders, usually “Blends”
Youth Trends (Cowlishaw et al 2004;2007) and AIHW data (2007)
High awareness and concern in government, media and community

DEFINITIONS: YOUNG PEOPLE
WHO 10-24
United Nations 15-24
Australian Institute for Health and Welfare 12-24
Children 0-14
ABS 12-25
Local Government 12-25
Headspace (Australia) 12-25
Headstrong (Ireland) 12-25
Mission Australia 11-24
UK Prof Philip Graham: 14+ “emerging adults”
US: NIMH: “transition age youth” (TAY) Davis et al...
20% of population in Australia

“The transition to adulthood is poorly understood in spite of the fact that it is probably the age period when most adult disorders have their peak rates of incidence”
- Mrazek & Haggerty, 1994

YOUTH AS A DISTINCT DEVELOPMENTAL PHASE
- Adolescence begins earlier and finishes later than ever
- Transition more complex and desynchronous
- Cohesive yet heterogeneous youth culture
- Generational and cohort effects (Wyn)
- Graduates of statutory care data
- Service system is weakest where it needs to be strongest
Foundations for Disability

» Mental health and substance use problems can create significant personal and family distress
» Impacts on school/University/work participation (vocational pathway)
» Relationship and family breakdown
» Reduced quality of life
» Social isolation
» Reliance on other service systems such as homelessness services

Cost Effectiveness

Are Years of Healthy Life Worth More in Young Adulthood than in Early or Late Life?

• “If individuals are forced to choose between saving the life of a 2 year old and saving it for a 22 year old, most prefer to save the 22 year old. A range of studies confirms this broad social preference to “weight” the value of a year lived by a young adult more heavily than one lived by a very young child or an older adult.”

Murray and Lopez 1996

Cost Summary

<table>
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<tr>
<th></th>
<th>Years of follow-up</th>
<th>Pre-EPPIC, mean (sd)</th>
<th>EPPIC, mean (sd)</th>
<th>Total costs ($)</th>
<th>Total costs ($, discounted)</th>
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<td>Cost per patient, mean</td>
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<td>37,519 (15,372)</td>
<td>59,520 (17,490)</td>
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<td>54,259</td>
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<td>Cost per patient, sd</td>
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<td>51,782</td>
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<td>61,480</td>
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<tr>
<td>Cost per patient per annum, mean</td>
<td></td>
<td>5,178 (2,599)</td>
<td>5,465 (2,354)</td>
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Base-Case Results

- One-year costs
- Three-year costs (undiscounted)
- Three-year costs (discounted at 3%)

Vocational intervention in first-episode psychosis: individual placement and support vs. treatment as usual

[Graph showing expected costs for Standard care and EPPIC treatment]
KEY MESSAGES:

- Young people (and their families) should have access to **youth-specific** services.
- Early intervention ensures **timely treatment** thus decreasing the disruption to the young person’s life and preventing the development of chronic disabilities.
- Services need to provide a **range** of evidence-based clinical interventions to respond to the diverse range of needs and goals that young people with mental health problems experience.

THE CHALLENGE

**Awareness**

**Recognition & Engagement**

**Access**

**Quality Care**

THE NEGLECT OF ADOLESCENT PSYCHIATRY

“It has always been a puzzle to me that the period of life of maximum disturbance, adolescence, is the one of least interest to both psychiatrists and governments....

......the neglect of adolescent psychiatry is a special form of self-harm undertaken by adult society.”

John Gunn 2004

Www.headspace.org.au

Current System Of Care: Young People

- Only a minority of people (40%) with mental disorders access treatment (MHCA 2003).
- An even smaller proportion (20%) of young people (esp 15-25) access treatment (Sawyer et al 2000, OYH 2004) with less than 2% accessing specialist care (Zubrick et al 1995).
- Access to GPs across lifespan is also worst for young people (Issakidis and Andrews 2006, Rickwood et al 2003).
- Specialist MH system fractured at worst point (16 - 18 years), CAMHS and Adult systems different cultures, values, resources.
- Paediatric/adult model services mental health very poorly.

SO......SYSTEM IS WEAKEST WHERE IT NEEDS TO BE STRONGEST!
**Current Services**
Too Little Too Late

**Early Intervention:**
Models of Intervention

**Crucial Points**

### Access
- Unmet Need
- Delay
- Engagement
- Barriers to Entry

### Quality Multidisciplinary Care
- Engagement & Tenure
- Evidence-based Care

**Unmet Need in NW**

- 880,000 in catchment area
- 50,000 cases (15-24 years) in any one year
- 2,000 referrals to intake per annum now stable - only 800 can be accepted
- 2/3 of those NOT accepted have significant mental disorders, with poor functioning, and 22% have a recent history of suicide attempt
- Those not accepted do very poorly at 2 year follow up (Cosgrave et al 2007)
Primary | Secondary | Tertiary

Current Health Service System for Young People

Ideal Health Service System for Young People

YOUTH MENTAL HEALTH
THE PLAN

Growing Movement For Reform In Youth Mental Health

• Youth Mental Health Public Forum 29/06/04

The National Youth Mental Health Foundation
A collaboration involving ORYGEN Research Centre /University of Melbourne Brain and Mind Research Institute
Australian General Practice Network
Australian Psychological Society.

www.headspace.org.au
Funding allocation

The 2005-2006 Australian government budget included a commitment of $69M over four years to better assist young people with mental health problems.

Included in this allocation was $54M in funding for the establishment of a National Youth Mental Health Foundation.

Aims

The aim of the Foundation is to reduce the burden of disease among young people aged 12-25 caused by mental health and related substance use disorders by promoting:

• early identification and effective, evidence-based intervention
• delivered by primary care and specialist providers working together within an accessible, integrated service framework.

Program Areas

The Foundation has four key program areas:

• Community Awareness Program (BMRI)
• Centre of Excellence Program (ORC)
• Service Provider Education and Training Program (APS/AGDP)
• Service Enhancement and Coordination (Grants) Program (all partners plus DOHA and advisory board reps joined through a core committee of the Foundation)
FEATURES OF YOUTH MODEL

• Specialist multicomponent model for adolescents and young adults - ideally 12–25 years (could be 15–25)
• Early Intervention and Cost-effective paradigm
• Clinical services mainstreamed and partially colocated/connected with other key youth-specific systems of care
  • Employment and education
  • Drug and alcohol
  • Justice and forensic
  • Sports, culture and leisure
  • Housing
• Congruent with Local and Federal Government policy settings and services
• Option for colocation of state funded services with headspace CYSs

KEY POINTS

We have more knowledge and better interventions than ever before
Model is Geriatric Psychiatry ca. 1980s
We have the capacity and opportunity in Australia to create the new knowledge we still need
No other country is better positioned to lead this reform process
An opportunity and responsibility
It will present challenges and provoke resistance to the “early adopters”

Also see MJA Supplement Oct 2007

Early Intervention in Psychiatry
Early Intervention: A general principle in modern healthcare
ORYGEN Youth Health (OYH) has been providing mental health services to young people aged between 15 and 24 with severe mental, and co-occurring substance use, disorders since 2002.

- Focus is on the disorders that typically emerge in this age range including psychosis, mood and anxiety disorders, bipolar disorder and personality disorders
- Provides treatment and case management services to between 700-800 young people and their families from the western and northern suburbs of Melbourne each year
- Provides consultancy and various support activities for the Youth Early Psychosis Services (YEPS) being developed across Victoria
- Funding provided by Victorian Govt Dept of Human Services Mental Health Branch to Melbourne Health

Main campus is 35 Poplar Road Parkville, with acute care facilities located at Western Hospital in Footscray and additional clinical services in Werribee.

ORYGEN Research Centre (ORC) was established as a not-for-profit company in 2002.

- 3 member organisations: University of Melbourne, Melbourne Health and the Colonial Foundation
- Focus is clinical research in youth mental health including substance use problems, and the dissemination of knowledge gained from that research
- Provides leadership in service system development (eg. headspace: National Youth Mental Health Foundation $54 million)
- Over 130 staff; annual budget $12m
- Attracted over $65 million of funding in the last 6 years from sources including; NHMRC, Colonial Foundation and other philanthropic orgs (AUS & US), beyondblue, VicHealth, Commonwealth Govt, Victorian Govt, pharmaceutical industry (not including headspace)
- Main campus is at 35 Poplar Road Parkville, within the Parkville Precinct and co-located with ORYGEN Youth Health clinical program

ORC Staffing

Director Prof Patrick McGorry, Foundation Chair of Youth Mental Health, University of Melbourne

The majority of the 130 staff working on ORC activities are employed through the University of Melbourne

Key Collaborations MNC and BMRI

A wide range of research areas are headed by senior researchers - Now 5 full professors 5 associate professors

Currently providing supervision and project support for 45 PhD and Masters students

Areas of Research

- Mental Health Literacy & First Aid
- Clinical Epidemiology of Onset of Mental Disorders
- At Risk for Developing Mental Disorder
- Early Psychosis
- Bipolar Disorder
- Mood & Anxiety Disorders
- Personality Disorders
- Substance Use Disorders
- Neuroprotection
- Health Services Reform
- Relapse Prevention
- Vocational Recovery
Major Projects
Implementation of a major program of clinical research activities within a psychiatric “Staging Model” framework via:

- **headspace**: National Youth Mental Health Foundation which will provide sites around Australia from which to do early-intervention research with young people with mental health and/or substance use problems [www.headspace.org.au](http://www.headspace.org.au)
- EPS networks nationally and internationally

Key goals:
Extension of the Centre of Excellence in Youth Mental Health/CCRE concept
National and international clinical trials platform in early intervention and youth mental health