

Submission to

Senate Community Affairs Committees Inquiry:
Commonwealth Funding and Administration of Mental Health Services

5th August 2011

1. Purpose of this submission

This submission aims to brief committee members about one the Australian Government's 2011-12 Budget changes relating to mental health – the establishment of up to 16 new Early Psychosis Prevention and Intervention Centres (EPPICs).

This submission is made on behalf of Orygen Youth Health Research Centre and will be principally focused on describing the EPPIC model of care, outlining the potential impact of the EPPIC budget measure, identifying challenges to be addressed in the implementation of the EPPIC budget measure, and making a number of policy recommendations to maximize positive outcomes from the establishment of the new EPPIC services.

2. About Orygen Youth Health

Orygen Youth Health (OYH) aims to improve mental health outcomes for young people aged 12-25 by helping to make early intervention for mental ill-health as common, safe and effective as early intervention for physical ill-health.

OYH pursues this goal by providing high quality, innovative **clinical services** to young people in North West Melbourne, by developing new treatments and models of care for emerging mental illness through **research** and by providing **workforce and system development services** to support the implementation of effective and evidence based youth mental health care in Australia and internationally.

OYH is comprised of two institutionally separate but co-located and jointly managed components:

- i. Orygen Youth Health Clinical Program (OYH-CP) - a public mental health service of Melbourne Health that provides innovative early intervention services to young people with emerging serious mental illnesses in a catchment area of approximately 1,000,000 people living in the North-Western and Western areas of Melbourne.
- ii. Orygen Youth Health Research Centre (OYH-RC) – an independent not for profit company jointly established by the University of Melbourne, Melbourne Health and Colonial Foundation which researches and develops new treatments and service models and provides workforce and system development services to support widespread implementation of these innovations.

The OYH clinical program provides a laboratory in which OYH researchers produce new knowledge that is embedded into clinical practice and service planning with the help of OYH's workforce and service development programs. The close connection that OYH maintains between clinical services, research and workforce and system development has been a major factor in its success.

Both OYH-CP and OYH-RC are of similar size, each employing in the region of 150 staff and each operating with annual budgets in the region of \$14-16m. As a public mental health service, OYH-CP is funded by the Victorian Government. OYH-RC is funded by a mixture of philanthropic gifts (principally from the Colonial Foundation), competitive research grants (the largest funder being the NHMRC) and fees for workforce and service development services (including services provided to the Victorian and Australian Governments). Research trials funded by pharmaceutical companies account for less than 5% of OYH-RC revenue and these trials are all designed by OYH-RC, not by the commercial funder.

OYH is widely recognized as an international leader in the development of early intervention service models and treatments for young people aged 12 to 25 with mental ill-health. Countries throughout the world have based reform of their mental health services on treatments and service models devised by OYH. The work of OYH has also informed the Australian policy and practice. The Australian Government's recently announced National Mental Health Reform measures include over \$500m of investments in national roll-outs of two models of care that have been developed by OYH:

- i. \$241.5m is being invested to establish up to 16 new EPPIC services. EPPIC is a model of care for young people with emerging psychotic disorders that has been developed over about 20 years by OYH. Currently, OYH-CP is the only clinical service in Australia that provides a full EPPIC model service and that is currently accredited to use the EPPIC name. Internationally, hundreds of services have been established that are significantly based on the EPPIC model. In Australia, a number of small early psychosis teams have been established within adult mental health services to partially implement selected aspects of the EPPIC model.
- ii. \$265.3m is being invested to expand the numbers of headspace centres to 90 and to build the capacity of existing headspace centres. Now an independent, not-for profit company, headspace was originally established as an initiative run by OYH-RC in partnership with the University of Melbourne. In the two years prior to the incorporation of headspace as an independent company in June 2009, OYH-RC oversaw the establishment of the first 30 headspace centres. OYH-RC is now a member of the headspace company and nominates one director to the headspace board. OYH-RC is also the lead agency for two headspace centres in the North West of Melbourne.

OYH-RC has previously been contracted to provide advice to the Australian Government about implementation of the EPPIC measure. However, OYH-RC does

not speak for the Australian Government in relation to the EPPIC measure and all views contained in this document are entirely those of OYH-RC.

3. Overview of EPPIC budget measure

3.1 Funding

As part of the National Mental Health Reform measures announced in Budget 2011-12, the Australian Government committed \$222.4m over five years to provide increased access to EPPIC model services. This funding is additional to the \$19.1m funding for new EPPIC model services that was announced in Budget 2010-11. In total, \$241.5m of Australian Government funding will be invested in establishing new EPPIC services across Australia. The Australian Government has stated that it will seek matching investment from State and Territory governments in the EPPIC measure.

3.2 Intended beneficiaries

The stated intended beneficiaries of the EPPIC budget measure are young Australians with, or at risk of developing, psychotic mental illnesses.

Approximately 5,500 young Australians experience a first episode of psychosis each year. These young people experience symptoms relating to this misinterpretation and misapprehension of the nature of reality - for example through hallucinations, delusions and disordered thinking – as a result of one or more of the following illnesses: schizophrenia, schizophreniform disorder, schizoaffective disorder, delusional disorder, brief psychotic disorder, shared psychotic disorder, psychotic disorder due to a general medical condition, substance-induced psychotic disorder bipolar disorder with psychotic features, mood disorder with psychotic features and psychotic disorder not otherwise specified (NOS). This group needs early detection, acute care following a crisis episode and support for recovery over a period of between two to five years – which are the three core features of an EPPIC service.

Although psychotic illness in the general population is rare, for a small identifiable group of young Australians the risk of a first episode of psychosis within the next 12 months is in the region of one in four. These young people typically have significant mental health problems, experiencing symptoms that include depressed mood, anxiety, irritability and aggressive behaviour, suicidal ideation and attempts, and substance use, as well as subtle subjective deficits including cognitive, affective and social disturbances. They may also experience psychotic-like symptoms. This group of high risk young people should have access to care for their existing mental health problems and to interventions such as Cognitive Behavioral Therapy (CBT) and Omega 3 fatty acids that can help prevent, delay or ameliorate the onset of full-threshold psychotic disorders. It should be noted that the use of anti-psychotic medication is not a recommended first line treatment for this high-risk group. Members of this group who subsequently develop a psychotic disorder require immediate referral to specialist care for first episode of psychosis.

3.3 What is EPPIC?

EPPIC (Early Psychosis Prevention and Intervention Centre) is a model of specialist early intervention in psychosis (EIP) care developed by OYH. Since first established in Melbourne in 1992, EPPIC has become the template on which hundreds of specialist EIP services throughout the world have been established. The continuing growth in the numbers of EIP services is largely due what the UK's NHS Confederation describes as the "compelling evidence of the clinical and cost effectiveness of EIP over standard care."

For young people experiencing a first episode of psychosis, EPPIC provides three core functions – **early detection, acute care** following a crisis and expert multimodal interventions for **recovery** to enable a young person regain their social, academic and career trajectory during the "*critical period*" of the first five years following the first onset of psychotic illness.

For those young people who inevitably present seeking care with some psychotic like symptoms and who are assessed as being of high risk of psychosis but as not meeting the diagnostic threshold for a first episode of psychosis, EPPIC facilitates access to a separate, linked stream that provides care for their current mental health needs, preventative interventions such as CBT and Omega 3 fatty acids and monitoring for further development of psychotic symptoms.

For a service to be accredited by OYH-RC as an EPPIC service, it must provide specialist early psychosis expertise and a distinctive optimistic, youth-friendly culture that combines the following essential elements:

- i. case management
- ii. community awareness programs
- iii. family programs and peer support
- iv. home based care and assessment
- v. access to inpatient care
- vi. medical treatments
- vii. mobile outreach
- viii. psychological treatments
- ix. screening and prevention programs
- x. social and vocational recovery programs
- xi. youth participation and peer support

3.4 Numbers of new services

The number of new EPPIC services to be established under this measure will depend on the extent to which State and Territory governments provide matching funds. OYH understands that the potential range is between eight new EPPIC services (if no State and Territory co-funding becomes available) to sixteen EPPIC services (if 100% matching funding is secured from State and Territory governments).

3.5 Numbers of young people reached

The number of clients that each EPPIC service can serve each year when fully operational will depend on both the size of the service (services located in regional centres are likely to be smaller than those in major metropolitan areas) and the approach taken to a number of issues relating to funding and service configuration (most especially decisions about inpatient care and tenure of care).

Subject to how EPPIC services are configured and based on a range of between 8 to sixteen new EPPIC services being established, with an average budget of \$10m p.a., the number of young Australians likely to benefit from the EPPIC measure will be in the range of 5,250-10,500 each year.

3.5 Potential impact

There is extensive and growing literature of the effectiveness of specialist EIP (early intervention in psychosis) services and a selected bibliography is included as an appendix to this submission. Reviewing the literature, the UK's NHS Confederation concluded "in treating young people with early psychosis, evidence suggests specialist EIP services are superior to generic community mental health team-based care on every outcome, including cost."

Based on Australian and international experience, the impact of the EPPIC budget measure is likely to include:

- i. better health, social and vocational outcomes for young Australians with emerging psychotic disorders
- ii. significant reduction in the mean duration of untreated psychosis (a key predictor of life outcomes on a range of measures, including likelihood to engage in violence)
- iii. more cost-efficient mental health care – with savings accruing to both the health sector and non-health sectors
- iv. higher consumer and carer satisfaction
- v. increased skills and confidence of the mental health workforce

4. Challenges for implementation

Realising the significant impact potential of the EPPIC measure will require skilled implementation that does not expose the measure to the following unnecessary and avoidable serious threats:

- Weak national leadership of the EPPIC measure (most specifically leadership that lacks understanding of or commitment to the EPPIC model or which is unable or unwilling to ensure quality assurance and model fidelity at the individual site level)
- Weak leadership at the individual site level (most specifically entrusting the first wave of reform to clinical leaders who are not early adopters and effective change agents, have ambivalence about the EPPIC model or who intend using EPPIC funding for the purposes of shoring up other parts of the service system)
- Inadequate support for local teams during the change process (most specifically not having access to training and system redesign support during

- planning, recruitment, early start up and growth stages and lacking access to effective peer support / learning from other new EPPIC sites)
- Partial implementation of the EPPIC model (where components that may be unfamiliar to traditional services – e.g. vocational recovery support, youth participation, family peer support - are implemented in a tokenistic manner or not at all and where key service quality indicators such as case-load size and tenure of care are compromised due to mismatching catchment size to available resources)
- Poor evaluation and monitoring (where comparisons between sites and measures of progress against overall program goals are difficult or impossible to establish with any degree of confidence)

5. Building on this measure.

The EPPIC measure represents a major step forward in addressing the unmet treatment needs of young Australians with emerging psychotic disorders. The immediate task is to successfully implement the EPPIC measure within its current parameters. However, as the new EPPIC services become established a number of issues may be considered for further development. Most specifically:

- i. **Expansion to full national coverage.** When fully implemented the current EPPIC measure has the capacity to expand access to the EPPIC model of care to between 1/3 -2/3 of young Australians who experience a first episode of psychosis each year. Expanding access to this model for all young Australians with a first episode of psychosis should be a priority next step.
- ii. **Ensuring a five year tenure of care is available to all clients of EPPIC services who require it.** The current standard tenure of care within EPPIC model services is two years – clients are then referred to standard adult mental health services for any future care needs. However, there is emerging evidence to suggest that a minority of clients would benefit for a longer tenure of care within a specialist early intervention in psychosis service. Although new EPPIC services may be able to provide access to an extended tenure of care for some of their clients, it is probable that resources above the current allocation would be required to meet all of the unmet need for a longer care tenure.
- iii. **Expansion to an “EPPIC plus” specialist youth mental health model.** OYH has successfully expanded the EPPIC model principles to provide care for young people with serious non-psychotic mental illnesses. This “EPPIC plus” model is currently implemented at the OYH-CP in Melbourne. With future additional funding support, over time it would also be possible to grow the new EPPIC services into specialist youth mental health services that provide expert care for serious eating, mood/anxiety, personality and substance use disorders as well as psychotic disorders. Australia would then have a national network for enhanced primary care services for mild/moderate mental ill-health in young people (headspace) supported by a back-up national network of specialist youth mental health services for emerging severe mental illness in young people (“EPPIC plus”).

6. Recommendations

Based on its experience of developing and implementing the EPPIC model in Melbourne, of providing workforce development and system development support for EIP services throughout the world and of establishing the first 30 headspace sites, OYH makes the following three recommendations for implementation of the EPPIC measure:

- i. Ensure national governance and implementation of the EPPIC measure comprehensively addresses issues of quality, accountability, model fidelity, project selection and workforce and system development, specifically:
 - a. Providing capable, committed and accountable national leadership to drive quality and strong model fidelity across all new EPPIC services
 - b. Ensuring new EPPIC services are selected on the basis of being the candidates best equipped for success in terms of impact potential, quality of local leadership and local availability of expertise and resources
 - c. Supporting new EPPIC services to develop the skills and culture to provide high quality care consistent with Australian Clinical Guidelines for Early Psychosis
 - d. Ensuring the availability of clear and reliable outcome measures through ongoing evaluation and monitoring
- ii. Specify early psychosis and youth mental health as priorities for new research investments to take advantage of unique research and development opportunity created by new national networks of headspace and EPPIC
- iii. Over time expand the EPPIC measure to provide full national coverage and expansion to a full “EPPIC plus” specialist youth mental health model that provides access to a tenure of care of up to five years for all clients who require an extended care period.

8. Further information and contact details.

This submission is made on behalf of Orygen Youth Health Research Centre and is authorised by Prof. Patrick McGorry, Executive Director. For further contact: Matthew Hamilton, Senior Policy Adviser, Orygen Youth Health Research Centre.