Youth Mental Health – A Vision For The Future

Submission From

ORYGEN Research Centre

To

Senate Select Committee on Mental Health

13th May 2005

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Introduction from the Executive Director Of ORYGEN, Professor Patrick McGorry

13th May 2005

Dear Senators,

I hope that this submission, that I make on behalf of ORYGEN, assists you with your important work.

This submission is about young people. As you may be aware, young people are the age group most affected by mental health issues and mental health problems represent the majority of young people's health burden. I therefore submit that a key outcome of your deliberations should be a vision for how mental health initiatives can better enable the young people of Australia to achieve their great potential.

Crucially, it is not only possible to articulate such a vision – **it is possible to achieve it**. That is the central message of this submission. In order to be reasonably thorough, this submission contains lots of necessary information – an overview of young people's current mental health, the particular treatment challenges of young people, key mental health research priorities for young people, current gaps in mental health services for young people, etc. But I hope that the diversity of information contained in this submission does not obscure this one simple message – **we already know enough to give excellent, timely help to young people with mental health problems - whether we do so is now a matter of choice.**

I know that as national decision makers you are faced with difficult choices every day. Choosing to give all Australia's young people proper mental health care will require both effort and resolve. It will take money, vision and political will. However, the money required is not impossibly large, Australia is blessed with leaders of vision in this area and political capital invested in helping Australian families will not be wasted. Giving our young people proper mental health care is **a decision worth taking**.

While remaining focused on what is possible, I feel that it is important to demonstrate that the current reality for most young people with mental illnesses in Australia is often pretty grim and desperately tragic. What fills so many people with legitimate anger is that it does not have to be this way. We can do better.

I hope that this submission gives you confidence that lasting, meaningful, positive change in youth mental health is achievable. To make this submission we have involved the young clients we serve, their families and our excellent, hard working clinicians and researchers. By doing so, we hope to give a whole of service perspective on what is achievable in youth mental health.

A document such as this cannot ever provide a living, breathing vision of what success might look like. I therefore invite the Senate Inquiry to visit the ORYGEN campus to see the physical environment in which we work, meet the young people we serve, talk to the families of these young people and be inspired by the passion and dedication of our staff.

We consistently strive to be better – I make no claims that we are perfect or that we have all the answers. But I believe that visiting us can give you more than access to expertise (clinical, research, personal) – I think it can leave you with a sense of hope. Working together, with purpose and determination, we can then share that hope with the young people of this country.

I wish you well with your work and that you become personally inspired to work for a vision in which our young people are truly healthy and happy.

Professor Patrick McGorry

Youth Mental Health – A Vision For The Future

Submission From ORYGEN Research Centre To Senate Select Committee on Mental Health
13th May 2005

Summary

1. This is submission on youth mental health made to the Senate Select Committee on Mental Health on behalf of ORYGEN Research Centre. This submission expands a previous, much briefer submission that ORYGEN made to the inquiry on April 27th. ORYGEN is the only specialist youth mental health service of its type in Australia and has an internationally acknowledged track record of excellence. ORYGEN is supported by both federal and state government funding, by philanthropic gifts, by corporate grants and sponsorships and by the academic infrastructure of a major university. The core recommendation of this submission is that **youth appropriate mental health services should be made available to all young people in Australia.** ORYGEN invites the Senate Select Committee to visit our service and to meet with our young clients and their families and with our internationally admired clinical and research teams.

About ORYGEN

2. ORYGEN is the only specialist youth mental health service of its type in Australia and has a worldwide reputation for excellence. ORYGEN's core competency is the development, implementation and dissemination of best practice in youth mental health.

3. ORYGEN provides mental health services to young people in the North West area of Melbourne through its clinical program funded by Victorian State Government. The catchment area for ORYGEN's clinical service (operated through Melbourne Health) has a total population of about 900,000, with approximately 120,000 young people in its target age group of 15-25. ORYGEN provides services to up to 800 young people with severe mental disorders each year.

4. ORYGEN conducts an extensive program of research through the ORYGEN Research Centre, a private, not-for-profit company which has the University of Melbourne, Melbourne Health and the Colonial Foundation as its member organisations. The $30 million research investment that ORYGEN Research Centre currently manages underpins major state, national and international initiatives in youth mental health service innovation.

5. ORYGEN manages a number of federally funded projects including multi-million dollar grants from the National Health and Medical Research Council and the Alcohol Education and Rehabilitation Foundation. Notable fields of research currently being pursued by ORYGEN include improving vocational outcomes for young people in mental health services, building an effective integrated model of care between mental health and drug and alcohol services, enhancing suicide prevention strategies for young people and a range of treatment trials and neuroscience projects.

6. ORYGEN supports the widespread adoption of its innovations through initiatives such as managing the International Early Psychosis Association and being the lead support and training agency for early psychosis services across Australia. Teams from around the world visit ORYGEN throughout the year to learn how to implement similar youth mental health initiatives in their home countries.

7. ORYGEN was responsible for initiating the now-worldwide focus on early psychosis and is currently expanding its clinical and research expertise into other youth disorders. ORYGEN's 240 staff (180 EFT) have leading knowledge of early psychosis, mood, substance use, eating and personality disorders.

8. ORYGEN works in partnership with other agencies on mental health promotion and mental health literacy initiatives. The pioneering team behind the internationally influential Mental Health First Aid program is also based in ORYGEN.

9. ORYGEN is a youth focused service that involves young people and their families in a meaningful manner in its work. ORYGEN has pioneered an award winning youth participation model that involves young clients and former clients in key activities of the organisation (including participation in recruitment panels, editorial for publications, client-feedback, peer-support and project committees).

10. ORYGEN is a unique integrated clinical, research and translation service with a proven track record of achievement. ORYGEN believes that the benefits of the latest knowledge about youth mental health should be made available to young people across Australia through nationwide access to youth appropriate mental health services. **ORYGEN respectfully requests that the Senate Select Committee makes such a recommendation in its final report**

Youth Mental Health – A Brief Summary

11. Mental health issues are responsible for 55% of the overall burden of disease for young people between 15-24[i]. One in four young people in this age group will experience a mental disorder in any 12 month period[ii].

12. Existing Commonwealth Government policy articulates the need to address youth mental health as a priority area:
    - "Three quarters of mental health problems begin before the age of 25 years of age. Early intervention to address mental health problems in young people is vital." *Prime Minister John Howard 29/09/04.*
    - "It is clear that early intervention to address mental health as well as addiction issues in young people is vital if we are to give all young Australians the best chance of leading happy and productive lives." *Howard Government Election Policy.*

13. Youth is not only the peak period for the onset of psychiatric illness; it is also a complex and often precarious phase in the life cycle for psychological and social development. Evidence[iii, iv, v] demonstrates significant benefits from a separate system of youth psychiatry, a guiding principle by which ORYGEN operates.

14. Treatments have never been better - if treated appropriately and early, a young person has excellent prospects for a happy and healthy life. Early case identification and intensive treatment of the emerging disorder has been shown to reduce the need for inpatient treatment and is associated with better outcomes and subsequent cost reductions for the health care system[vi].

15. Despite this, young people's overwhelming health issues – mental health and related alcohol and substance abuse – are generally inadequately and inappropriately catered for in Australia. Limited mental health literacy in the general population and underdeveloped mental health capacity in the primary care sector often prevent young people with emerging mental illnesses from getting adequate help early. As a result, mental illnesses in many young people will become more serious and require specialist interventions.

16. Specialist interventions required by young people with serious mental illness are often unavailable or inappropriate. Most young people in Australia with serious mental illnesses will have access only to child or adult services that are not designed to meet all of the unique challenges faced by young people. Instead, they focus on the needs of younger children or chronically unwell adults. Due to resource restrictions, ORYGEN is able to treat only 40% of the 2,000 young people referred to it each year. Even though research shows ORYGEN correctly targets those 'most in need', a substantial number of very unwell young people have to be turned away. Almost two thirds of those not admitted to ORYGEN have at least one mental illness and nearly one in four of this group have made a suicide attempt in the previous year.[vii]

17. The lack of appropriate care has long-term negative consequences for young people, their families and the Australian community as a whole. It should be noted that untreated mental disorder in young people is the principal threat to their vocational attainment, with many progressing to disability support pensions (DSPs)[viii].

Youth Mental Health – A Vision For 2015

18. All young people in Australia who need a mental health service are able to avail of youth appropriate mental health services. These youth appropriate services are available across a continuum of care settings – primary level services (e.g. GPs) and secondary level services (e.g. allied health workers, youth services, etc) for mild to moderate disorders and tertiary services (specialist youth mental health services) for more serious mental illnesses. No young person is denied access to a youth mental health service on the basis of their geographic location or income.

19. The quality of these youth mental health services consistently improves as a result of sustained investments in the training of the youth mental health workforce (in primary, secondary and tertiary settings) and in research and innovation initiatives (developing new treatments and producing outcome measures to monitor performance). New knowledge about best practice and effective treatments is efficiently distributed to youth mental health workers through clinical attachments / brief rotations in leading services, quality training and supervision, access to secondary and tertiary consultation, conferences and publications.

20. A number of sustained community awareness initiatives (including those of *beyondblue*) result in much greater mental health literacy in the Australian population. Mental Health First Aid is a compulsory element of training for key professions that work with young people (including teachers and police) and is also popular amongst the general population (2% of whom have received Mental Health First Aid certificates). As a result of these developments, emerging mental illnesses in young people are identified increasingly early, enabling affected young people to receive treatment before their illness becomes severe and disabling and increasing recovery outcomes. Because there is a continuum of youth appropriate mental health services, there are always coherent care pathways to refer a young person to.

21. A cornerstone of success for Australia's youth mental health services is the manner in which young people and their families have been meaningfully involved in service planning and delivery. In return for their help in building better youth mental health services, young people involved in youth participation schemes feel valued and listened to, develop confidence and new skills and feel that they have "put something back" into the system that helped them. Family members feel that youth mental health services have empowered them to be part of their loved one's recovery and feel respected partners with clinicians.

22. Youth mental health services are distinct from other mental health services in the age range they serve (12-25), their non-stigmatising, youth-friendly physical environments and hours of operation and the attitudes and behaviors of staff.

23. Populations of young people that had previously been particularly poorly served (including young homeless people and young people in the forensic system) are now provided with appropriate mental health care. Youth mental health workers provide services to these populations in settings that are appropriate to their needs.

24. Youth mental health services are characterized by integrated multi-disciplinary teams (including GPs, psychologists, social workers, occupational therapists, vocational counselors, psychiatrists, substance abuse workers, etc). Suitably trained GPs provide a coordinating role for young people and provide a link between mental health and physical health. Young people with multiple problems (e.g. mental illness and substance abuse) receive integrated care provided in the same care settings.

25. Vocational outcomes for young people with mental illnesses have markedly improved. The proportion of young people with serious mental illnesses that progress to disability support pensions has dropped dramatically from over 80% to less than 40%.

26. One of the most welcome measures of progress in the area of youth mental health is the reduction in the number of young people who suicide or self harm. Over a ten year period there has been a 40% reduction in the numbers of young people completing suicide. Rates of self

harm have reduced too which has, coupled with the increased availability of appropriate care, resulted in a 50% reduction in the number of young people who present in crisis to overstretched emergency departments. A number of factors have contributed to reductions in suicide and self-harm. Apart from enhanced access to early treatment, suicide prevention strategies have been re-focused to target people with mental illnesses. Youth mental health services compile and use suicide and self harm data to target supports to young people most at risk.

Where We Are Now – The Impact Of Mental Disorders On Young People

27. The incidence of mental illness in young people is well documented and the highest of any age group. Recent landmark surveys have revealed that the onset of major mental disorders, such as schizophrenia, bipolar disorder, depression and anxiety, substance use disorders, eating disorders and personality disorders is most common in adolescence or young adult life, between the ages of 12 and 26[ix].

28. Recent Australian surveys confirmed this, finding that the peak period for mental disorder is the young adult period of 18 – 24 years[ii]. The rate among young adults (27%) is nearly double that seen in children and younger adolescents (14%)[ii,x] Youth is not only the peak period for the onset of psychiatric illness; it is also a complex and often precarious phase in the life cycle for psychosocial development.

29. The evaluation of the National Youth Suicide Prevention Strategy reported "young people suffer serious disadvantages in their access to health and social resources compared to other populations, particularly in the area of mental health"[xi]. This is especially true of young men, in whom the peak suicide rates seem to be between 20 and 30 years. Only one in four young people aged 4-17 years with a mental disorder, and only half of those with the most severe problems, received professional help[x]. The situation is even more serious in those aged between 18 and 25, where the prevalence rates are nearly twice as high.

30. There is a high prevalence of depression amongst young people, where 50% or more of those who develop depression have their first episode before age 25. Epidemiological studies suggest that up to 24% of young people have suffered at least one period of major depression by the time they are 18 years old[xii] and between 15 and 40% of young people report symptoms of depressed mood and depressive symptomatology[xiii].

31. Depression is often associated with high rates of associated health problems including substance use and dependence, anxiety disorders, non-fatal deliberate self-harm, eating disorders and a range of other health risk behaviours. Depression is also the most common factor associated with suicide in all age groups. The majority of suicide victims meet criteria for depressive disorder in the weeks before death[xiii].

32. The 1997 survey of Mental Health and Well-Being confirmed high rates of disability associated with depression and other common mental disorders[xiv]. This high level of disability is associated with impairment in work productivity, absenteeism, educational failure and poor family functioning.

33. It is likely that many young Australians who have a mental illness may go for some time before the illness is detected, if it is detected at all. It is often not until early adulthood, when the illness becomes more serious and associated with a crisis or prolonged disorder, that the problem is detected. This group make up a large proportion of young people who complete suicide[xv].

Where We Are Now – Services For Young People With Mental Disorders

34. A range of services are currently available to meet the mental health care needs of young people. At present, the majority of mental health care is provided by general practitioners (GPs) operating at the primary care level[ii, xvi]. While many GPs have recognised the importance of adopting a specific approach to young people and several have established 'youth friendly' service settings[xvii], an explicit focus on early intervention is far from universal.

35. Over recent years, considerable emphasis has been placed on further strengthening the role of GPs through various initiatives which provide GPs with better access to education, training, consultation support and financial incentives to provide quality mental health care[xviii]. These initiatives include the Commonwealth government's Enhanced Primary Care (EPC) and Better Outcomes in Mental Health Care (BOiMC) initiatives, as well as the Victorian government's Primary Mental Health and Early Intervention (PMHEI) Services.

36. However, while it is accepted that GPs are well placed to provide the majority of mental health care, it is also agreed that there is a 'ceiling' to the number of people and the level of complexity and severity of problems that can be managed within the structure of general practice[xix]. This fact is acknowledged within the recent Commonwealth and State GP mental health policy initiatives which all include strategies to enhance GPs' access to specialist support in addition to their focus on GP skill enhancement.

37. The secondary service level is more complex and harder to define. It consists of a range of quite diverse service providers including psychiatrists and allied health workers in private practice, counsellors in community health services (who are sometimes considered to be primary care providers), as well as providers in educational, employment, drug and alcohol, child protection, youth and family services, juvenile justice, and other settings, each of which offer some type of specialist service. Ideally the secondary level should have two broad roles — to provide consultation support to primary care providers to enable them to continue to manage their patients' needs, and to provide direct assistance to people who require this level of support. In theory therefore, access to this specialist level is best managed through providers such as GPs, in order to maintain their important coordinating and continuing care role.

38. The providers at the secondary level are largely independent of one another, or only loosely organised together through local information sharing networks. In addition, while some providers at this level have a broad focus (e.g. community health counsellors) many provide services to very specific population subgroups. This has led to the development of a fragmented system of multiple services each with their own, non-overlapping eligibility criteria. Other problems evident at the secondary level include the uneven or poor availability of certain providers in certain areas, long waiting lists for services, and cost barriers (e.g. private allied health workers).

39. Although recent Commonwealth and state initiatives have increased access to specialist services, this contact is usually very time limited, is dependent on the person's ability to find a GP participating in one of the initiatives, and the GP's willingness to utilise this option. For example, the uptake of the EPC and BoiMC initiatives among GPs while impressive is far from universal[xx,xviii]. In addition, referral to allied health workers within the BoiMC initiative has been under-utilised by some GPs who find referral arrangements too time consuming and administratively complex to use.

40. The potential of the secondary service level therefore remains under-developed. While progress is being made, it remains a poorly coordinated system of services, inadequately integrated with each other and with primary care, in part due to the complex split between Commonwealth and state areas of responsibility. Furthermore, as with the primary care sector, an early intervention focus has yet to be made operational in a systematic fashion within the secondary level.

41. The tertiary level is comprised of state-funded specialist clinical mental health services and psychosocial disability rehabilitation and support services (PDRSS) along with a number of private, mostly bed-based, services. In contrast to the secondary service level, the tertiary level is much more consistently organised and geographically available and a clear focus on early intervention is emerging, albeit restricted to psychotic disorders. The greatest limitation of publicly funded specialist mental health services is that they are targeted to the most seriously ill 3-5% of the population yet the need for these services is considerably higher, particularly in areas where primary and secondary mental health services are underdeveloped, or absent.

42. Regrettably then, while a range of providers are theoretically available to meet the mental health treatment needs of young people, gaps exist in the continuum of care as a result of under-resourcing and/or poor coordination. Young people with clinical disorders of moderate severity,

especially those with complex co-morbidity such as problematic substance use or forensic issues, are a group whose treatment needs are particularly poorly met by the existing system.

Where We Are Now – Young People Accessing Health Services

43. While help-seeking behavior varies from person to person, as a group young people have patterns of help-seeking behavior that differ from older adults. In general, young people with health and/or mental health problems have a preference for initially seeking help from friends, or family (depending on the nature of the problem). They are often quite reluctant to access professional help, even for serious issues such as self-harm[xxi, xxii].

44. Indeed, in a recent Australian study, one-third of females and two-thirds of males said they would not seek help for their health concerns[xxi]. This attitude is reflected in service use data which indicates that only 4% of all general practice encounters relate to adolescents aged 12–18 years, although they account for almost 10% of the population[xxiii]. When professional help is sought, it is more likely to be through a general practitioner or school counsellor, particularly if the problem is psychological[xxi, xxiv].

45. When young people seek help they may also be subject to, or be sensitive to, different access barriers than older adults. Research suggests that the most common barriers to access experienced by young people include: limited knowledge of services, concerns about confidentiality, discomfort/shame in disclosing health concerns, cost, accessibility and the characteristics of service providers[xxi]. Certain marginalised groups, such as homeless young people, face a number of additional barriers to continuing care.

46. A number of these themes emerged from a study undertaken by the Illawarra Division of General Practice in New South Wales[xxv], investigating the barriers to young people seeking help from General Practitioners. The study found young people:
    - Wanted health care to be independent of family.
    - Experience aversive emotions, particularly fear, anxiety, and shame in relation to getting help.
    - Have limited knowledge about how to go about seeking appropriate help, including that of a GP.
    - Have generally low intentions to consult a GP for problems of ill-mental health.

47. Improving access for young people therefore requires the creation and promotion of 'youth friendly' services. The development of these services requires the introduction of a range of complementary and collaborative strategies targeted at the individual and organisational level[xxvi, xxvii, xxviii, xxix]. A dual track approach has been adopted within a number of jurisdictions where there is a focus on enhancing mainstream environments (particularly general practice) and establishing discrete youth-specific health services. The latter approach has a number of advantages including the ability to provide integrated access to a more comprehensive range of youth related services, as well as the capacity to engage hard-to-reach young people not well connected with traditional general practices[xxx].

48. Creating youth-specific health services which offer co-located general practice, mental health, substance use, vocational support and community services, working in collaboration with mainstream providers, offers the best means for maximising access for young people and addressing their often multiple needs.

Where We Are Now - Unmet Need

49. The extent of unmet need for youth mental health services is even more clearly highlighted by the Grey Zone research study[vii] undertaken by ORYGEN. Due to resource limitations, ORYGEN currently accepts only 800 of the 2000 young people referred to it each year. The Grey Zone study aimed to find out what happens to the 1200 young people who are turned away from the service each year. The study followed 150 young people over a 6 month period in order to examine and compare the mental health difficulties of young people accepted into the service, with those who were not accepted into the service based on existing access criteria for state funded specialist mental health services. The study found that:

- Young people in both the accepted and not accepted groups displayed considerable levels of mental ill health.
- While members of the accepted group were more likely to have a current mental illness and to exhibit higher levels of functional impairment compared with those who were not accepted, almost two thirds of the not accepted group had at least one mental illness and nearly one third had two or more current diagnoses.
- 24% of young people in the not accepted group had made at least one suicide attempt in the previous 12 months.
- Problematic substance use was high and equally prevalent in both groups of participants.
- While both groups showed a reduction in symptomatology and an improvement in functioning over the 6 month follow-up period, the improvement in the accepted group was much faster than the improvement in the not accepted group, many of whom still had continuing mental health difficulties 6 months later.

The study concluded that while ORYGEN was correctly targeting those 'most in need', a substantial number of very unwell young people had to be turned away because of resource limitations.

Where We Are Now – The Need Youth Appropriate Services

50. Youth is not only the peak period for the onset of psychiatric illness; it is also a complex and often precarious phase in the life cycle for psychological and social development. Evidence[iii, iv , v] demonstrates significant benefits from a separate system of youth psychiatry. Most young people within the public mental health system in Australia are either treated by child services (often more focused on the needs of younger children) or by overstretched adult services predominantly focussed on the chronically unwell with entrenched disability. These existing child (CAMHS) and adult (AMHS) services face their own particular challenges that mean they are often inappropriate environments for older adolescents and young adults with emerging (and treatable) mental illnesses.

51. Despite this need for youth appropriate services, clinical and public health responses have been few, piecemeal and relatively ineffective to date[iv]. In Victoria the Public Mental Health service structure dictates that a person turning 18, can utilise the services of an adult service only if they have a defined 'serious mental illness' (meaning in most cases 'psychosis', especially schizophrenia). Therefore a myriad of other mental health problems of young people in the 18-25 age group largely go either undetected or receive no intervention whatsoever. This poses a serious challenge to health services especially in countries like Australia undergoing rapid industrialisation, urbanisation and socio-cultural change, where disturbance rates are highest[iii].

52. Young people are often reluctant to seek help and are very discerning about when, where and from whom they seek assistance[xxv]. There is a critical need for youth oriented services. Young people who don't necessarily have a 'serious mental illness', and even those who do, must also deal with the stigma associated with attending a mental health clinic. The need is twofold; to provide mental health services with a 'youth' focus, and resource the primary care sector to better detect and manage the more high prevalence mental health problems.

Where We Are Now – The Need For Early Intervention And Prevention

53. Existing Commonwealth Government policy articulates the need to address youth mental health issues early: "Three quarters of mental health problems begin before the age of 25 years of age. Early intervention to address mental health problems in young people is vital." *Prime Minister John Howard 29/09/04.*

54. Early case identification and intensive treatment of the first episode of mental illness constitutes a preventively oriented strategy, which should reduce prevalence, cost and morbidity[ix]. Research demonstrates that early intervention and prevention in psychosis is a crucial determinant in minimising the potential impact of such illnesses[xxxi]. Research has also pointed to both the short and long-term benefits of early intervention for clinical and personal outcomes. Early

intervention has also been shown to reduce the need for inpatient treatment and is associated with better outcomes and subsequent cost reductions for the health care system[vi]

55. This has led to a shift in focus to the important role which early detection and intervention can play in reducing the impact of mental health problems. Reducing the delays into treatment is pivotal to achieving the benefits associated with early intervention in psychosis. The development and implementation of a preventative model for psychiatric disorders can have a number of potential benefits, such as reducing the suffering and psychological and social damage for young people, as well as reducing the subsequent economic costs[vi].

Where We Are Now – Stakeholder Views

56. The suggestions and opinions of ORYGEN's young clients, the family members of those clients and members of ORYGEN's clinical and research staff were sought for this submission. A quick list of some of the things they wanted the Senate Inquiry to hear is included below.

57. Our young people said:
    - All young people who need a mental health service should be able to access services that are specifically for young people, no matter where they live
    - All mental health services should have group programs and do more than just prescribe medicine – social, vocational and emotional goals are crucial to psychiatric recovery.
    - Young people should be involved in the design and delivery of mental health services for young people
    - There is a need for greatly expanded acute services, particularly home visits and assessment
    - Good group programs are educational, social, confidence building, therapeutic, good for your emotional and physical health, helpful for future work or study and fun
    - A youth only service enables young clients to make peer connections and get the right kind of help
    - There are significant personal benefits to young people who get involved in a good youth participation program

58. The families of our young people said:
    - Research has shown that family carers are a very important source of help and support for their relative with a mental illness. Our mental health services have not taken up the research evidence in routine clinical practice, and often fail to utilize this valuable resource. Families are ignored and left to manage as best they can
    - Professional services need to develop partnerships with families so that the best treatment and care plans can be developed. At present, this does not happen.
    - Education, training and support programs for families need to be 'core business' in all mental health services
    - Mental health clinicians need to be trained in how to do this. Our present system of 'individual' care for patients means that mental health professionals do not involve families in, or train or support them to carry out their vital care-giving role
    - Families should be involved from the first time that their relative becomes mentally unwell. Overcoming delays in access to care, confronting stigma, and training in understanding 'early warning signs' of mental illness have been shown to have very positive outcomes. They are cost-effective; they decrease family burden; and they allow people with mental illness to have greater chance of leading more productive lives in the community

59. Members of our clinical staff said:
    - Youth mental health is a specialised field
    - The quality of the training for staff directly relates to the quality of outcomes for young people
    - There is a lack of consistency across child (CAMHS), youth (ORYGEN) and adult (AMHS) services in terms of acceptance criteria. Child services have expressed

frustration that ORYGEN and adult services will not accept their referrals and adult services may not accept young people seen by ORYGEN

- Juggling the roles of crisis response, community treatment, after hours assessment and triage means that staff feel limited in each of these areas with the current staffing levels.
- High caseloads place clinicians under significant stress which is difficult to sustain for long periods of time. This contributes to high clinician turn-over and therefore, higher costs associated with the employment, training and development of adequately skilled staff and a lower degree of skill/experience overall. Lower caseloads improve services to clients and increase staff retention
- There are issues with youth forensic clients such as there being no gazetted mental health/forensic service for young people, a lack of or vague communication between mental health and courts concerning mandated treatments and a lack of treatment for many current youth forensic clients
- Early intervention is difficult to achieve with the current focus on treating "the seriously mentally ill". Resources are insufficient to maintain an early intervention focus in the face of high acuity (young people with an immediate, urgent need for treatment)
- Accommodation options for young people are inadequate. Youth refuge vacancies are not sufficient to accommodate the number and needs of young people in need of housing, particularly those with mental health issues who are considered "high needs" and often denied placement in generic youth accommodation. With no-where to go and nothing to do, young people are prone to increased substance use, increased criminal / offending behavior, greater risk (of exploitation or prostitution for example) and more difficult mental health recovery
- Integrated treatment for young people with both mental illness and substance use disorders should be provided that addresses both the mental illness and the substance abuse problem in the one setting by the same treating team
- The high use of police, ambulance and involuntary treatment of young people with their first episode of psychosis can lead to high levels of trauma, unwillingness of young people to attend services, poor engagement and poorer outcomes
- There are often a number of unsuccessful help seeking contacts from young people before they receive appropriate care
- Families often do not receive the support required in their carer role

60. Members of our research staff said:
    - Research on mental disorders receives much less allocation of government funding (8.9%) than should be the case given their contribution to national burden of disease (19.1%). Mental health research clearly requires additional funding
    - There is too little consumer input into setting research priorities and in the conduct of research
    - An effective way to increase research, while ensuring it is practical and consumer-relevant, would be to channel any additional public funding through the Australian Rotary Health Research Fund on a dollar-for-dollar matching basis
    - Dissemination of research knowledge needs to be directly to the public as well to health professionals. The gap in evidence-based practice in Australia is not simply due to clinicians not adopting best practice, but also to a lack of public knowledge about mental health. This lack of knowledge has adverse effects on help-seeking and adherence to evidence-based treatments
    - We know very little about whether mental health in the Australian population is improving or worsening. The only regularly collected indicator of population mental health we currently have is the suicide rate. The Australian Bureau of Statistics needs to collect regular data in a consistent manner on various aspects of mental health. This would allow evaluation of current efforts to improve population mental health and the targeting of resources to help sub-groups that are doing poorly

Achieving The 2015 Vision – Some Recommendations

61. **Early intervention for young people with emerging mental illnesses should be enhanced by initiatives that increase the mental health literacy both of people working with young people and of the wider community**. A national youth mental health awareness initiative (similar to, and complementing initiatives of *beyondblue*) coupled with a program to make Mental Health First Aid a compulsory training component for certain professions (teachers, police, etc) would greatly contribute to early interventions for young people that would otherwise be left to deteriorate into severe illness. A Government seed fund of about $400,000 could train an additional 100 Mental Health First Aid instructors and, once these instructors are trained, the program can be self-supporting just like conventional first aid courses. This would kick-start a significant increase in mental health literacy in the general population.

62. **Young people with emerging mental illnesses of moderate severity should be provided with timely help through enhancing primary and secondary level services.** The Commonwealth Government's $69m youth mental health commitment has the potential to be a first step towards achieving recommendation. To do so:
    - It should **provide multi-disciplinary youth friendly services** – promoting quality service centres where GPs are supported by teams of psychologists, occupational therapists, social workers, etc and where support is given to young people to return to work or study
    - **It should promote new services widely**, so young people are encouraged and supported to access them
    - It should provide quality services in both **rural and urban areas**
    - Once proved effective, the initiative should be swiftly expanded to **provide nationwide coverage**

    ORYGEN has not yet engaged in a costing exercise to identify how much additional money would be required to build on this commitment sufficiently to enable the 2015 vision be achieved. However, it regards the $69million as being an important first step.

63. **Young people with emerging severe mental illnesses should have access to specialist youth mental health services.** Young people aged 12-25 should be treated in publicly funded youth mental health services alongside their peers where the therapies, physical environments, group activities, vocational support, staff and work-practices are appropriate to the needs of young people. Access to such specialist youth mental health services should not be a quirk of geographic location – currently access to the only such publicly funded service in Australia is confined to residents of the Western and North Western regions of Melbourne. We estimate that to provide the necessary specialist youth mental health coverage to young people in the ORYGEN catchment area (which has 1/5 the population of Victoria) would require additional annual funding of $9million each year. Using this as a guideline, and allowing for the fact that other parts of Australia may have a lower funding base to start from, we estimate that to sustain specialist youth mental health services across Australia would require an additional $250 million annual funding.

64. **Young people with both mental illness and substance abuse problems should receive integrated treatments.** Treatment of both the mental illness and the substance use disorder by the same treating team at the same time is more effective than non-integrated treatments for people with both mental health and drug and alcohol problems[xxxii,xxxiii,xxxiv,xxxv] The lack of integration between drug and alcohol and mental health services in Australia has significantly contributed to the poor detection and treatment of mental illness amongst young people with substance abuse. This results in waste of resources and long-term psychiatric and substance use problems for individuals who could otherwise be helped. The National Drug Strategy 2004-2009 committed to "build strong partnerships between drug treatment services and mental health services to enhance responses to co-existing drug and mental health problems." It is important that these services are supported to meet this goal.

65. **Youth suicide should be tackled by re-focusing suicide prevention strategies on the mentally ill.** The existing suicide prevention strategy (LIFE) takes a broad, public health oriented approach. While such a broad population based approach is important if we are to reduce

suicide at a population level, it is very hard to measure and implement. To make a measurable difference it is important to tackle populations we know to be at high-risk – the mentally ill (depression is present in 88% of suicides)[xxxvi], those who self-harm or have made previous suicide attempts (who suicide at a rate 100 times higher than the general population)[xxxvii], those in early stages of a mental illness[xxxviii] or recently discharged from a mental health service[xxxix] and those with both mental health and substance abuse problems[xl].

Invitation

66. ORYGEN invites the Senate Select Committee to visit our service. ORYGEN's clinical and research staff, our young clients and their families will be happy to meet with committee members and answer any of their questions. We can tailor the content of such a visit to highlight the areas requested by the committee. Potential areas that could be addressed include key components of a youth appropriate service, involving young people and their families, suicide prevention, substance abuse, maximising vocational outcomes, mental health first aid, mental health promotion, workforce development initiatives, information on specific disorders, a summary of latest research findings and a plan for building an effective continuum of care from primary care to specialist youth mental health services.

Status Of This Submission

67. This submission is made on behalf of ORYGEN Research Centre and has been authorised by ORYGEN's Executive Director, Professor Patrick McGorry.

Further Contact

68. For further details about any aspect of this submission or to arrange a site visit, please contact: Matthew Hamilton, Advocate / Policy Analyst, ORYGEN Research Centre, Locked Bag 10, Parkville, Victoria 3052. Phone – 03-83468230, e-mail; mham@unimelb.edu.au

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