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Reforming mental health services in Australia

The Case for a Youth Mental Health Model

Executive Summary

Mental health and related substance use disorders are undoubtedly among the most important health issues within Australia. These disorders account for around 30% of the total non-fatal burden of disease in Australia and cost the community billions of dollars a year in direct and indirect costs.

The incidence and prevalence of these disorders varies with age with high rates evident among adolescents and young adults. Over 75% of all serious mental health and related substance use disorders commence before age 25 years and approximately 14% of 12-17 year olds and 27% of 18-25 year olds experience such problems in any given year. At least one third of young people have had an episode of mental ill health by age 25 years.

Much of the disability associated with mental disorders develops in the early years following illness onset. Early, effective intervention is required if we wish to reduce the burden of disease created by these disorders. A strong focus on young peoples' mental health focused on the 12-25 age group is therefore needed. Regrettably, this does not currently occur.

Since the early 1990s, Federal and State/Territory governments have made some progress in improving supports and services for people affected by mental disorders, yet a crucial failure has been the lack of attention paid to arguably the most important population subgroup in terms of long-term outcomes. Early, preventively oriented intervention targeted to young people aged 12-25 has the capacity to generate greater personal, social and economic benefits than intervention at any other time in the lifespan and is therefore one of the 'best buys' for future reforms.

Despite this, State and Territory governments around Australia have yet to recognise youth mental health as a discrete, unified, program area. State services have followed a paediatric/adult model of care, mirroring physical health care, yet the pattern of peak onset and burden of mental illness is such that this model creates maximum weakness and discontinuity in the system just when it should be at its strongest. Services for young people affected by mental health and related substance use disorders are threadbare and split across multiple levels of government and multiple program areas. In addition, spending in the area remains poor and is withheld until severity and chronicity are entrenched. For example, only 3.6% of the Victorian government's \$180 million five-year mental health funding package announced in May 2005 was allocated to youth-specific early intervention services. This is too little, too late.

The consequences of this under-resourcing and poor coordination are enormous. Just when mental health services are needed the most, they are often inaccessible or unacceptable in design. Numerous young people with distressing and disabling mental health difficulties struggle to find appropriate assistance. Young people with moderately severe non-psychotic disorders (eg depression, anxiety disorders and personality disorders) and those with co-morbid substance use and mental health issues are particularly vulnerable. Without access to appropriate treatment, many young people present in repeated crisis to over-stretched hospital emergency departments, or their parents and carers are left to pick up the pieces. In countless cases their difficulties eventually become chronic and disabling. Urgent action is required to address this crisis and a clearer and more substantial focus on youth mental health is needed.

The ORYGEN Research Centre proposes that four service levels are required to fully manage mental illness among young people. These levels include:

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- E-health, information and self-care initiatives
- Primary care services provided by general practitioners and other frontline service providers such as school counsellors and non-government agency youth workers
- Enhanced primary care services provided by general practitioners working in collaboration with specialist mental health service providers within co-located multi-disciplinary service centres as well as team-based 'virtual' networks
- Specialist youth-specific (12 – 25 years) mental health services providing comprehensive assessment, treatment and social and vocational recovery services

Fortunately some of these elements are already in place. Australia has a strong primary care workforce which is gradually taking more and more of a role in providing high quality mental health care. The Better Outcomes in Mental Health Care (BOiMHC) initiative is a major advance, allowing patients to have better access to specialist mental health service provider input through their general practitioners.

This generic primary care model however has been shown to not adequately address the needs of young people many of whom are not well engaged with general practitioners and who are currently under-represented in the use of BOiMHC funded activities. Major deficiencies also exist at the State and Territory funded specialist mental health service level, due to their CAMHS/adult structure and under-resourcing.

While GPs should continue to play a key role in the frontline of the mental health service system in Australia, they will not be able to manage the tide of mental illness among young people on their own. Stronger and more creative partnerships with specialist mental health service providers need to be forged and more robust second and third level services needed to be created. Within this context, the ORYGEN Research Centre calls on the Australian Government to give consideration to adopting the following two key recommendations.

Recommendation One

That the government approves funding for the development of a new system of enhanced primary care youth health services which will provide comprehensive, integrated multi-disciplinary assessment and treatment services for young people with emerging mental health and related substance use disorders whose treatment needs are too complex for primary care services alone, but not complex enough to warrant intervention from specialist mental health services.

This model would build on rather than replace the current BOiMHC model, and extend the planned service platforms of the National Youth Mental Health Foundation (currently costed at \$36M) across the whole of Australia. It would allow the creation of alternative and much more engaging models of service delivery for many young people by teaming GPs, specialist mental health, drug and alcohol, and other social recovery programs together under the one roof, rather than through more 'virtual' networks. It is estimated that the roll-out of enhanced primary care services across Australia would ultimately require a recurrent budget of \$300M per annum.

Recommendation Two

That the government approves funding for the development of youth-specific specialist mental health services for young people aged 12-25, which would complement existing state funded child and adolescent, adult and aged persons' services, and would provide access to integrated mental health, substance use, and vocational recovery supports and services.

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Such services would have a special focus on first episode and early stage psychotic disorders and major mood disorders — illnesses which eventually make up the clientele of the State public mental health system. It is estimated that the roll-out of youth-specific, specialist mental health services across Australia would require a recurrent budget of \$525M per annum, although a proportion of this cost may be offset by re-allocation of resources from existing CAMHS and adult public mental health services.

1. The Context for Investment in Youth Mental Health

Recent surveys of mental health and wellbeing estimate that in any given year, around 1 in 5 Australians will experience a clinically significant mental disorder. The impact of these conditions is enormous, particularly if left untreated or poorly treated. Mental illnesses create significant personal and family distress and contribute to multiple adverse outcomes. Overall, mental disorders account for around 30% of the total non-fatal burden of disease in Australia and cost the community billions of dollars a year in direct and indirect costs.

The incidence and prevalence of these disorders varies with age with high rates evident among adolescents and young adults. Over 75% of all serious mental health and related substance use disorders commence before age 25 years and approximately 14% of 12-17 year olds and 27% of 18-25 year olds experience such problems in any given year.

Much of the disability associated with mental disorders develops in the early years following illness onset. This period represents a critical period for intervention. Early, effective intervention during adolescence and young adulthood is essential if we wish to reduce the risk of ongoing impairment or disability associated with mental health and related substance use disorders.

Regrettably this does not always occur. Treatment delays are common and unmet need remains disturbingly high. Only one out of every four young persons with mental health problems receives professional help. Even among young people with the most severe mental health problems only 50% receive professional help and fewer still receive optimal evidence-based care.

A new 'youth mental health' approach is required that builds on but is qualitatively different from existing child and adolescent and adult approaches which have struggled to address the mental health needs of the 12-25 year old age group. Youth specific approaches are defined by their developmentally oriented approach to the management of mental disorders which acknowledges the evolving nature and complex pattern of mental illness in this age group, young peoples' individual and group identity and unique life-stage issues, and their discerning help-seeking behaviours.

New, more engaging and effective healthcare service systems are required which can rapidly engage young people and provide the comprehensive and integrated treatment and support services that are needed to achieve clinical remission and full functional recovery.

A summary of these issues is provided in the table below.

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<p>Key Issues</p>	<ul style="list-style-type: none"> • Mental health and related substance use disorders are responsible for a major component of Australia’s burden of disease. • The incidence and prevalence of these disorders is highest in adolescence and young adulthood. • Comorbidity is very common – many young people experience multiple simultaneous difficulties especially co-occurring mental health and substance use disorders. • Promoting early identification, evidence-based treatment among this age group will contribute to a significant reduction in the current and future burden of disease • Promoting increased treated prevalence among this age group will contribute to a significant reduction in the current and future burden of disease
<p>The barriers</p>	<ul style="list-style-type: none"> • Young people (and their supporters) do not always recognise and/or seek help for these problems. • Even when young people seek help, access to appropriate services may be limited. • Service providers do not always correctly identify or manage these disorders early or effectively. • A comprehensive, multidisciplinary, team-based approach to treatment is often required yet this is not readily available – poor coordination and integration of existing services (especially drug and alcohol and mental health services) — is a major problem.
<p>The solution</p>	<ul style="list-style-type: none"> • A number of strategies are required to address this problem: <ul style="list-style-type: none"> ▪ Increase early help-seeking through community awareness initiatives which assist people to understand and recognise these problems and feel more comfortable, confident and capable of seeking help ▪ Improve recognition and early diagnosis of these problems by health service providers through a variety of education and training strategies ▪ Improve the treatment provided to young people with these problems through a variety of education and training strategies ▪ Improve treatments provided through structural reforms which promote access to evidence-based intervention delivered by primary care and specialist providers.
<p>The plan</p>	<ul style="list-style-type: none"> • Develop team-based youth-specific, enhanced primary care services across Australia • Develop youth-specific specialist multidisciplinary mental health services across Australia with a focus on psychotic illnesses and major mood disorders, capable of providing integrated mental health, substance use, and vocational recovery supports and services
<p>The outcomes</p>	<ul style="list-style-type: none"> • An increased number of young people between 12 and 25 years across Australia will gain early access to evidence-based treatment which will lead to clinical recovery, a reduction in substance misuse, a reduction in their risk of suicide and an increase in their participation in social activities, education, training and work. • A decrease in the current and future burden of disease associated with mental health and related substance use disorders

2. Creating better youth mental health services

Enhanced Primary Care Youth Health Services

General practitioners provide the majority of mental health care. Understandably, considerable emphasis has been placed in recent years on further strengthening the role of GPs in mental health through various Commonwealth initiatives including the Better Outcomes in Mental Health Care (BOiMHC) initiative. The BOiMHC initiative provides GPs with financial incentives and access to education, training, consultation and specialist service providers (allied health and psychiatrists) to enable them to provide higher quality mental health care. However, while this initiative has been generally successful, it is not particularly well suited to meeting the needs of young people, many of whom do not access general practitioner services.

Further refinement of the initiative and alternative models are required to address this gap in service provision. Within this context, the ORYGEN Research Centre recommends that COAG approves funding for the development of new enhanced primary care youth health services for young people whose mental health treatment needs are beyond the capacity of existing generalist services, but who do not require access to state/territory specialist mental health services, because their illnesses are still subthreshold or in earlier stages of evolution.

Such services would team GPs and specialist mental health service providers, and other relevant practitioners under the one roof, rather than through virtual networks, and provide an alternative youth-friendly access point for young people who are poorly engaged with traditional GP services.

These youth health services will be at the frontline of service delivery and function as a first port-of-call ("first resort") for young people seeking assistance, or for their supporters, as well as a 'step-up' referral option for primary care providers and youth sector agencies seeking to refer young people to age appropriate, specialised services. Youth health services will provide early, comprehensive and integrated assessment and care for young people. The services will have a significant mental health focus, but will also have capacity to deal with a range of other health problems, in particular drug and alcohol issues, which are common to the age group. Furthermore, since untreated mental disorder in young people is the major threat to vocational attainment each service will seek to optimise vocational outcomes for young clients.

Youth health services will be available to all young people between the ages of 12 and 25 years with a mental health or related substance use disorder. Each service will be visible and accessible in a single location. Each service will provide a hierarchy of evidence-based interventions ranging from information resources and e-health based technologies which provide self-directed assistance for young people and their families, through to individually tailored pharmacological and non-pharmacological interventions and multidisciplinary, shared-care models of intervention.

While services will have few restrictions on access, their focus will be on providing comprehensive assessment and short-medium term multidisciplinary intervention, rather than long-term care. As their problems begin to stabilise, each young person will be progressively linked into generalist primary care services for continuing care through a co-ordinated and planned transfer process which will promote future continuity of care. Re-referral will of course be possible should problems recur, as they often do, and 'booster' interventions may also be provided following discharge.

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A youth friendly service environment will be created through attention to the physical surroundings, hours of operation and appointment scheduling, as well as the attitudes and behaviours of practice support and clinical staff. Young people will be involved in the development of each service to ensure the most appropriate and engaging environment is created. Services will also be 'family-friendly' and provide support to the relatives of young people.

Each youth health service will bring together a range of providers with expertise in working with young people in order to provide comprehensive and integrated care within the one service location. The development and operation of youth health services will therefore be a cooperative venture involving young people, families and carers, general practitioners, psychologists and other allied health mental health workers, consultant psychiatrists, and a range of youth sector agencies.

General practitioners (GPs) will play a central role in these services. They will be a key entry point into each service, conduct initial assessments, provide care, coordinate access to internal and external specialist providers and maintain or facilitate the young person's links with local GPs for continuing care. Each service will also include allied health mental health clinicians, youth workers with experience in drug and alcohol treatment, family work and vocational support, as well as consultant psychiatrists with expertise in youth mental health. A key focus will be employing vocational counsellors to assist with the practical tasks of return to study or work in conjunction with schools, employment services and workplaces. Opportunities will be created to enable workers from existing youth sector agencies to provide occasional sessions, or permanent 'satellite' services on a co-located basis in order to better integrate and maximise the range of supports and services available for each young person.

Each youth health service would also be able to serve as a research hub aiming to improve outcomes for young people with mental health and related substance use disorders through the development of evidence-based interventions. Each youth health service could provide opportunities for researchers to better understand the help-seeking behaviours and needs of young people with mental illness and to trial and evaluate treatment strategies and service models appropriate for this population group.

Services could also serve as a teaching hub aiming to speed the uptake of evidence based practice. Each youth health service could therefore provide access to education and training activities including clinical attachments or brief employment rotations for workers from a range of backgrounds.

A mixed funding model could be developed which draws on Federal and State resources as well as patient funded contributions. It is estimated that each youth health service would need an secure additional operating budget of \$1M per annum on average to provide comprehensive health and mental health services to young people in a specific region. Capital and rental costs would need to be assessed separately.

It is proposed that around 300 enhanced primary care services should be developed across Australia This would therefore require an approximate recurrent budget of approx. \$300M per annum. A mapping exercise and design of shape and size of each service platform would be required, so these figures are indicative only.

Specialist youth mental health services

Youth mental health service provision is a new and rapidly evolving field of practice, which builds on, but differs from existing child and adolescent and adult approaches to mental health care. The ORYGEN program has been a pioneering force in this new field of endeavour. ORYGEN is Victoria's only youth specific/early intervention specialist clinical service, having changed its age span to 15-25 to coincide with the peak period of onset of mental health and related substance use disorders. ORYGEN tackles the full range of mental health problems in this age group including mental health and substance use comorbidity.

The findings of the ORYGEN Program have already contributed to substantial enhancements in clinical service provision in Victoria, across Australia and internationally, particularly in the area of early psychosis. The ORYGEN Program provides value for money as it: focuses on early intervention with the population cohort most at risk of developing potentially disabling mental health and related substance use disorders; provides comprehensive services which successfully address health as well as social outcomes; and integrates research with practice which enables it to create knowledge and valuable intellectual property, speed the uptake of evidence into practice and generate synergies which draw in and maximise the benefits of diverse funding streams.

The ORYGEN Research Centre argues that the time is right to expand this service model across Australia and therefore calls on COAG to fund the progressive roll out of youth-specific specialist mental health services across each State and Territory. This service development would complement the existing three tier specialist mental health service system and allow a more targeted response to the mental health needs of young people with mental health and related substance use disorders.

Youth-specific specialist mental health services would be available to young people aged 12-25 at very high risk of developing psychotic or major mood disorders as well as young people experiencing their first onset of such difficulties. In keeping with this focus on indicated prevention and early intervention, treatment would be provided for a period of up to five years though not beyond the person's 25th birthday. Young people requiring continuing care beyond this five year timeframe would be linked into existing primary care and specialist services (public and private).

Youth-specific specialist mental health services would provide a range of services for young people living within their catchment zone including: triage and assessment services; a mobile youth access service providing intensive community based crisis care; an intensive mobile youth outreach support (IMYOS) service for young people who are at-risk and difficult to engage; generic case management and therapeutic individual and family services; specialist disorder specific services for young people with higher intensity needs based on slow recovery, or other factors; co-morbidity clinics; consumer and carer peer support programs; comprehensive group-based personal, social and vocational recovery programs; and inpatient care.

In short, each service will aim to provide an intensive, comprehensive and integrated service response to young people and their family and carers, focused on symptom remission, social and vocational recovery and relapse prevention.

The development of youth specific services can in part, be funded through a restructure of existing Child and Adolescent Mental Health Services (CAMHS) and Adult Mental Health

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Services (AMHS). This new service model would focus on ultimately developing 4 substreams of care (Child, Youth, Adult and Aged Persons) with different service models and environments for each stream.

Children (12 or below) in primary school or younger would be treated within one stream in predominantly office-based services, including specialised clinics and teams for specific disorders such as ADHD, conduct disorder and autism, which could be collocated with paediatric models of care. This system could remain linked to the youth system described next or it could integrate better with paediatrics.

Adolescents in secondary school and young adults up to 25 years of age would be treated in comprehensive multi-component models of care similar to but larger in scale, scope and tenure than the current ORYGEN model as described above. Early intervention would be a key principle and could be ensured through close cooperation with the primary care workforce and the enhanced primary care structures proposed above.

Specialised substance abuse services for young people could also be reviewed, expanded and integrated within this youth health model under a single service system, thus avoiding many of the chronic fracturing and staff-centred tensions of the current system. This integration could prove a stalking horse for the widely sought but elusive full reintegration of mental health and drug and alcohol services.

The advantage of this proposal is that it would involve building upon and incorporating, yet strengthening and expanding in capital and recurrent terms existing structures. The result would nevertheless be a novel and discrete stream of care for young people. Existing adolescent inpatient units would need to be expanded and remodelled. New beds would also need to be built.

Using the ORYGEN model as a guide (catchment are ~ 120,000 young people aged 12-24) and drawing on the 2001 census data (3.5 million young people aged 12-24 in Australia), it is estimated that around 30 equivalent size services (ESS) would be required across Australia. Eight would be required in NSW, seven in Victoria, five in Queensland, three each in WA and SA, two in Tasmania and one each in the NT and ACT. However, the exact number of services would depend on the size of the catchment area that is ultimately selected.

It is anticipated that each youth-specific specialist mental health service would require an operating budget of \$17.5M per annum to provide the full suite of community and inpatient services, including co-located drug and alcohol services and specialised vocational recovery services.

This would lead to a recurrent cost of \$525M per annum across Australia; however, some of this cost would be offset by re-distribution of existing resources within CAMHS and AMHS. One-off capital costs for the development of new community and bed-based services would also be required.