

Submission

Development of the Australian Mental Health Care Classification: Public consultation paper 2

1. About this submission

This submission is made on behalf of Orygen, the National Centre of Excellence in Youth Mental Health and addresses the need for the targeted inclusion of young people in the Independent Hospital Pricing Authority's (IHPA) Development of the Australian Mental Health Care Classification (AMHCC). This submission to the second round of public consultations presents the case for using five rather than three age categories: 0-11, 12-17, 18-24, 25-64 and 65 and older.

The submission also foreshadows and the role early intervention and integrated services will play in the further refinement of the model identified by the IPHA.

2. About Orygen – the National Centre for Youth Mental Health

Orygen, the National Centre of Excellence in Youth Mental Health is an example of the quality and impact of Victoria's health and medical research sector.

Victoria is a particularly strong performer in mental health research. There are several strong research groups, of which Orygen, the largest, is linked with the University of Melbourne's Centre for Youth Mental Health and collaborates with the Melbourne Neuropsychiatry Centre and Deakin University. Orygen has placed Victoria at the pinnacle of international research in early intervention in psychiatry and in youth mental health.

Orygen is the world's leading research and knowledge translation organisation focusing on mental ill-health in young people. The organisation has a translational research capacity spanning discovery, novel treatments, clinical, health services, health economics and practice improvement research. This capacity is further enhanced by the organisation's role in running clinical services (four headspace centres), supporting the professional development of the youth mental health workforce and providing policy advice to the Commonwealth Government relating to young people's mental health.

Orygen's current research strengths include early psychosis, personality disorders, functional recovery and neurobiology. Other areas of notable research activity include emerging mental disorders, mood disorders, online interventions and suicide prevention. Priority research areas for further development include disengaged and vulnerable young people, addiction and eating disorders.

Orygen's work has created a new, more positive approach to the prevention and treatment of mental disorders, and has developed new models of care for young people with emerging disorders. This work has been translated into a worldwide shift in services and treatments to include a primary focus on getting well and staying well, and health care models that include partnership with young people and families. As highlighted in the Discussion Paper, the Victorian Government is committed to helping to secure the future of Orygen as the world's largest research institute in youth mental health with a \$60m funding commitment to transform Orygen's Parkville facility.

Orygen is a not-for-profit company limited by guarantee. It is a charitable entity with Deductible Gift Recipient Status and is an approved research institute. The Company has three Members: the Colonial Foundation, The University of Melbourne and Melbourne Health.

3. Response

Orygen supports the work of the IPHA to develop an alternative AMHCC to address current limitations of using a diagnosis dependent on classification of mental health services once admitted into a hospital. It is important that the classifications recognise the importance of early detection and early intervention in the range of mental health services provided to young people who would otherwise have been deemed "too-well for service".

3.1 Young people

Young people experience the highest level of onset mental illness. 75% of mental illness begins between the age of 12 and 24 years (Kessler et al., 2005). In Australia a quarter of people aged 12–25 years will experience a diagnosable mental disorder in any one year (Australian Bureau of Statistics, 2010). It is in the early stages of mental ill-health that the greatest opportunity exists for treating mental illness.

The youth cohort has a distinct profile and need for mental health services compared with younger children and adults. Orygen suggest breaking down these two broad age categories as follows:

Children and adolescents (0-17 years) into 0-11 and 12-17 year olds; and

Adults (18-64 years) into 18-24, 25-64 year olds.

Such a breakdown would retain the age classifications proposed by the IPHA in the AMHCC model while allowing for differences for young people (12-24 years) to be captured in data collection. Collecting data for young people would allow services need and investment to be identified.

4. Future consideration

Early interventions minimise damage to social, educational, and vocational functioning, allowing for a more complete recovery (McGorry & Yung, 2003). Early interventions integrating a range of services maximise the potential for recovery and realisation of a person's life-long full potential.

4.1 Early intervention

The proposed Phase of Care presented by the AMHCC is broadly consistent with the *clinical staging model* utilised by Orygen, which considers early-mild stages of mental ill-health, and provides care based in persistence of symptoms and distress along with the risk of progression to more severe illness, rather than a "diagnostic threshold". This approach is particularly pertinent in an early intervention and youth mental health context where symptoms may not yet be acute but the need for support and service is and the potential to achieve beneficial health improvements exists.

The Australian Government response to the National Mental Health Commission's Review of Mental Health Programmes and Services highlighted the existing imbalance within the mental health system with a focus on 'acute, crisis and disability services rather than prevention and early intervention' (Australian Government, 2015).

Orygen would propose the AMHCC be structured on the *clinical staging model* as it better reflects the movement between states/stages of illness and the varying levels of relapse experience by people than is provided for in the AMHCC Phase of Care.

4.2 Integrated service responses

The implementation of the Mental Health Care Type (MHCT) by the IHPA which includes: primary services, psychosocial components including family support and first -contact and assessment activities within the “phases of care” also reflects existing models of service delivery for young people (i.e. headspace). The inclusion of non-clinical services reflect the multidisciplinary models of youth mental health service provision. Orygen would also propose that the complexity of how mental ill-health presents itself in young people requires an integrated, flexible and personalised service response. The Australian Government in its response the NMHC review of programmes and services has developed a policy of more individualised care through the joining up of services. This approach is what young people need.

The exclusion of MHCT from version 1.0 of the AMHCC, with the stated intention to include it in future iterations leaves the specific mental health needs of young people out of the care classification equation. Inclusion from the outset is warranted considering the significance of this age group in the onset of mental ill-health and the potential for early interventions to deliver improved health outcomes and resultant economic benefits in the medium- to longer-term. Inclusion of the MHCT would also take into account the policy intentions of the Australian Government which will be rolled out over the next three years.

5. Consultation

The IHPA has stated that it ‘will undertake further consultation with the child and adolescent mental health care sector over the coming months.’ Orygen welcomes the opportunity to engage with the IHPA on the development of an AMHCC that reflects the needs of young people and the importance of including specific categories for young people and early intervention within the first version of a new classification.

References

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