



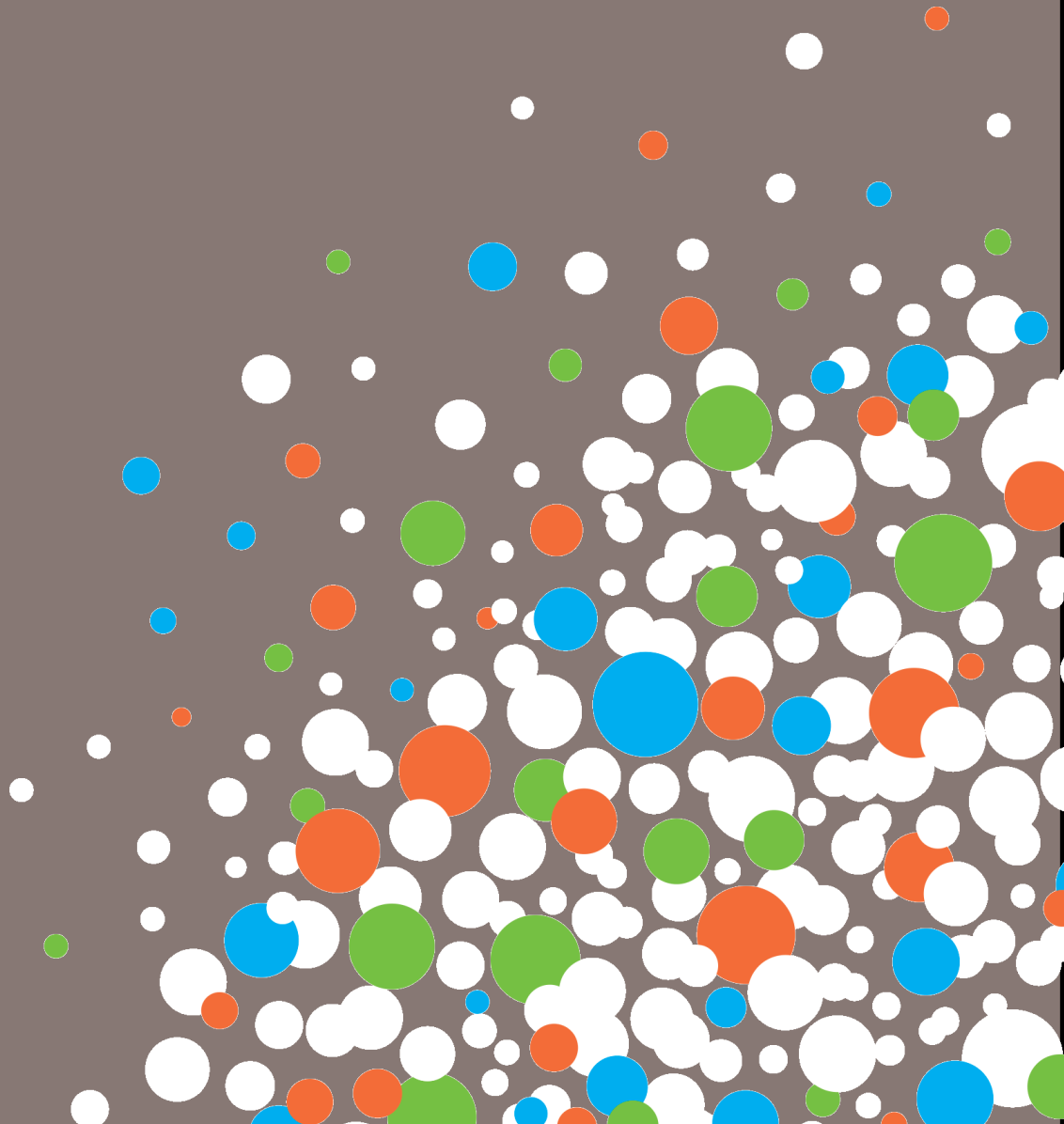
The National Centre of Excellence  
in Youth Mental Health

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**Senate Select Committee on Health**

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Submission on Health Policy, Administration & Expenditure





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## Submission on Health Policy, Administration & Expenditure

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### 1. About this submission

This submission is made on behalf of Orygen – The National Centre of Excellence in Youth Mental Health. The purpose of this submission is to highlight a number of health policy, administration and expenditure issues as they relate to the mental health of young people in Australia.

### 2. About Orygen – The National Centre for Youth Mental Health

Orygen, The National Centre of Excellence in Youth Mental Health is the world’s leading research and knowledge translation organisation focusing on mental ill-health in young people. The organisation conducts clinical research, runs clinical services (four headspace centres), supports the professional development of the youth mental health workforce and provides 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 supplements its clinical research with a developing health economic programme that spans the range of its research areas.

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. Mental ill-health and young people

Mental ill-health is now the key health issue facing young people world-wide(1), and is the leading cause of disability in those aged between 10 and 24 years, contributing 45% of the overall burden of disease in this age group (2).

Adolescents and young adults experiencing mental ill-health often have blends of “syndromes”, being a reflection of symptoms like depression and anxiety. In the Australian context, the most recent National Survey of Mental Health and Wellbeing statistics show that for those aged 16–24 years, the most common mental health concerns are anxiety disorders, with a prevalence of 15.4%, substance abuse, at 12.7% and the affective disorders, at 6.3% (3). Together, depression and anxiety represent 57% of the total burden of disease due to the mental disorders in Australian young people, while suicide is a leading cause of death, closely following injury (4).

A significant proportion of this mental ill-health in young people is mild to moderate in nature, with symptoms tending to resolve by the late twenties (5), but, during the course of, and even after, the illness it results in much suffering, unrealised potential, disability and even premature death. For example, one large study has shown that 50% of young people between the ages of 18–25 years have experienced a diagnosable mental illness, and that these disorders had a significant impact on their social and economic outcomes at age 30 (6).

For the proportion of young people whose mental health issues do not resolve with time, current evidence strongly suggests that persistent mental health problems in adolescence significantly increase the risk of mental illness in adulthood (5-8). It is these outcomes that underpin the momentum for early intervention, with the ultimate aim of preventing or pre-empting the emergence of serious and enduring illness.

### 4. Australian service responses to mental ill-health in young people.

Many young people with mental ill-health do not have adequate access to care. As highlighted by most recent Australian Child and Adolescent Survey of Mental Health and Wellbeing, only one third

of 12-17 year olds with a mental disorder had their needs fully met and one in five did not have their needs met at all (9). Even if young people do gain access to traditional primary care and specialist services, adolescents and young adults have had such an inadequate response that they fail to engage or respond poorly to such contact.

However, primary mental health care has improved over the past decade and especially so for young people with the early stages of mild to moderate mental ill health. Specifically the Australian government has funded Better Access for all age groups and has taken a number of steps towards the development of a youth mental health service system.

The two principal Commonwealth funded programs driving policy reform in this area are headspace and the Youth Early Psychosis Programme. These two programs aim to improve access for young people aged 12-25 with emerging mental health problems to timely, appropriate and evidence based care. Both programs are based, in part, around the idea of early intervention, which had been missing in mental health until the last 20 years or so. Early intervention is essential in order to ensure that people receive appropriate expert intervention and support at the right times.

headspace centres are located across metropolitan, regional and rural areas of Australia in soon to be 100 locations. Centres are built and designed with input from young people so they do not have the same look or feel as other clinical services. They provide young people with access to a general practitioner, psychologist, social worker, alcohol and drug worker, counsellor, vocational worker or youth worker. A number of centres also have Aboriginal and Torres Strait Islander health workers, welfare workers and family therapists.

A young person can usually access headspace after a relatively short time or no wait at all. Whilst headspace is equipped to deal with mild to moderate problems (10, 11), once a young person develops a more complex problem and perhaps suicidal risk or significant disturbance or aggression, then headspace needs back up specialised assistance from, for example the Youth Early Psychosis Programme.

However, these two programs are not designed for nor capable of meeting the full spectrum of mental health needs of Australia's 4.36m young people (approximately one quarter of whom will experience a mental disorder in any one year). It should be noted, that under current policy headspace is expected to reach capacity when it provides services to under 15% of young people with mental disorders each year.

Despite encouraging policy reforms over recent years, service responses for young people's mental ill-health needs remain poorly matched to the scale of the personal, community and economic needs. Mental illness is estimated to pose the greatest threat to worldwide economic growth of all non-communicable diseases, including cancer and cardiovascular disease (12). Unlike physical illness, the onset of mental illness peaks in emerging adulthood (13) and extends across the prime productive years of life, and we do not yet respond early, expertly or consistently enough.

The cost of mental ill-health in young people in Australia has been estimated to be in the region of \$6-10 billion each year (14, 15). These costs include direct healthcare services, productivity losses, lost income, imprisonment, disability and premature mortality. The National Mental Health Commission's recent National Review of Mental Health Programmes and Services has called for mental health service systems to be redesigned by investing in early intervention in order to avert downstream costs for preventable disability and welfare payments (16). The Commission made a number of specific recommendations about youth mental health service responses. Table 1 provides summary of these recommendations with corresponding commentary by Orygen.

**Table 1: Commentary on National Mental Health Commission Review recommendations**

	<b>Commission Recommendation / Observation</b>	<b>Orygen Commentary</b>
1.1	The Commission recommends continued Commonwealth funding of both headspace and the Youth Early Psychosis Programme (YEPP).	<p>Orygen welcomes the Commission’s support for continued funding of headspace and the YEPP and notes that both initiatives also provide a platform to:</p> <ul style="list-style-type: none"> <li>• Make meaningful progress towards the access, accommodation, education, employment, physical health, service satisfaction and suicide prevention national targets recommended by the Commission (Recommendation 4).</li> <li>• Use evidence based approaches to reduce stigma, build capacity and respond to diverse community needs (Recommendation 17).</li> <li>• Facilitate improvements in research capacity and impact, in particular research that responds to policy directions and community needs (Recommendation 20).</li> <li>• Implement e-mental health strategies to enhance the effectiveness of local services (Recommendation 25).</li> </ul>
1.2	The Commission notes that as Commonwealth funded programmes such as headspace and Better Access and ATAPS have been established and expanded, State Governments have withdrawn or cut back their services. Increasingly, the new Commonwealth funded services are providing services on referral from State services. As a result, these services are asked to perform roles that they may not have been designed for and some of the impact of their introduction is substitutive rather than additive.	<p>Orygen supports these comments from the Commission and we have observed these in our own part of Melbourne as well as across other states and territories. We would further observe that in some cases the number of people being served may appear similar but that the quality of care and dose of care may have been dramatically reduced. headspace is experiencing increasing service demand from young people presenting with complex mental health concerns not previously included in the remit of the headspace model because they remain unable to access services from State funded specialist mental health service systems. While headspace is equipped to deal with mild to moderate problems, once a young person develops a more complex problem (including suicidal risk and/or significant psychological disturbance) then headspace requires additional support. YEPP is designed to address this need for young people with emerging psychotic disorders in the communities in which it is being made available. For non-psychotic disorders, and in communities without access to the YEPP, this specialist support needs to come from specialist mental health services that are, in many cases, increasingly overstretched and being progressively defunded. A case in point is the specialist youth mental health service in the North-West of Melbourne, which previously gained a worldwide reputation for excellence and which has been used as a clinical laboratory by Orygen to inform the development of both the YEPP and headspace. This service has had significant funding reductions over the last 4-5 years despite strong population growth in this region. In this service alone, these cuts have resulted in removing access to specialist mental health care from more than 100 seriously unwell young people per year and reduced fidelity to core components of evidence-based youth mental health care for those young people accessing the service. Experience in this service is representative of a general picture of disinvestment by State/Territory governments in specialist mental health services that if not addressed will continue to undermine the gains from recent youth mental health reforms.</p>
1.3	The Commission notes that future governance and contract arrangements for headspace should enhance integration of local headspace services with the local service system while also	<p>Based on the experienced outlined in 1.2, Orygen is concerned that the potential outcomes from including headspace and YEPP in pooled regional funding arrangements will be progressive reductions in model fidelity and inappropriate targeting of both programmes. For the YEPP, the risk would see a dilution of the evidence based approach with core aspects of the model no longer provided and as a result a reduction in positive outcomes and reduced access for young people. For headspace the</p>

	<p>protecting fidelity to the headspace model. The Commission identifies five potential options for headspace contract arrangements and recommends that any changes to the headspace programme take account of the evaluation that is due to be published later this year. The Commission identifies the non-national funding components of both headspace centres and the YEPP as candidates for inclusion in pooled funding within a regional framework.</p>	<p>risks are an acceleration of the current trend for its clients to present with complex needs that headspace is not equipped to appropriately respond to. The knock-on consequence of this trend is likely to be an increasing difficulty for young people with mild-moderate mental ill-health to access headspace services within acceptable timeframes. For these reasons, Orygen advises that neither programme be included in such regional pooled funding arrangements at this stage. Furthermore, Orygen notes that in the case of YEPP inclusion in such pooled funding arrangements at the current time could be particularly risky as these services are still being established and in the process of forming and embedding the distinctive youth mental health culture of care that is expected to underpin their long-term impact.</p>
1.4	<p>The Commission recommends that the YEPP should be reviewed following the completion of the evaluation of the programme in 2016.</p>	<p>Orygen supports this recommendation and further recommends that no decision relating to the potential inclusion of the YEPP or headspace in pooled regional funding arrangements be made until after this evaluation is completed. The evaluation should be undertaken after all YEPP services have been fully operational for two years. Orygen recommends this evaluation should be informed by the work undertaken by Orygen to assess fidelity to the model within the centres and the clinical KPI's produced for the DoH for this measure.</p>
1.5	<p>The Commission recommends that headspace National and Orygen be consolidated in order to achieve efficiencies.</p>	<p>Orygen believes this recommendation should be seriously explored to consider the benefits and risks associated with this proposal. Orygen believes strong linkages between headspace and Orygen are critical to ensuring that a virtuous cycle of research and innovation, evidence-based service delivery and knowledge diffusion continues to inform the development of Australia's youth mental health service system. Orygen notes that the extent to which further consolidation may achieve efficiency savings will be significantly influenced by the role envisioned for headspace National as a result of any potential changes to contracting arrangements.</p>
1.6	<p>The Commission recommends including a coordinated response to eating disorders as a priority within the existing headspace model.</p>	<p>Implementing this recommendation should balance the imperative to improve access to quality care for this population with the challenges relating to headspace's capacity to provide appropriate care for young people with complex needs that have been outlined in 1.2 and 1.3. Orygen therefore recommends a trial across four headspace centres in regional areas and cities where there is currently limited access to eating disorder services. This trial should address shortcomings in current MBS item design than currently limits the capacity of headspace to provide appropriate care for eating disorders. Results from this trial should inform policy development relating to potential national expansion of eating disorder services for headspace. A similar trial based approach could be taken when considering other extensions to the headspace model, e.g. to improve management of self-harm, provide joint treatment for mental health and alcohol and other drug use.</p>

#### 4. Further contact

For further contact and follow up relating to this submission, please contact Matthew Hamilton, Senior Policy Analyst at:

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