The Global Economic Burden of Non-communicable Diseases
DEFINITIONS: YOUNG PEOPLE

- WHO 10-24
- United Nations 15-24
- Australian Institute for Health and Welfare 12-24
- Children 0-14
- ABS 12-25

- Local Government 12-25
- Headspace (Australia) 12-25
- Headstrong (Ireland) 12-25
- Mission Australia 11-24
- Prof Philip Graham: 14+ “emerging adults”

- 20% of population in Australia
Current services - too little, too late…
Disease Incidence over Age
Burden on young minds

Mental problems can weigh very heavily on the young. The latest national survey of the more common mental health disorders found that one in five Australians aged 16–85 years had been affected at some time during the previous 12 months—and this included one in four of those aged 16–24 years. In the estimates of disease burden for 2010, mental disorders account for about half of the burden in these young people. (See page 18 of this booklet and Chapter 2 of Australia’s health 2010 for an explanation of DALYs, the burden measure.)
Age of onset for most common mental health conditions (cumulative proportion)

64 per cent have onset of common mental health conditions by age 21

25 per cent onsets by age 12

Delivering better hospitals, mental health and health services

From 2011 Budget Papers
Age of onset and timing of treatment for mental and substance use disorders: implications for preventive intervention strategies and models of care
Patrick D. McGorry, Rosemary Purcell, Sherilyn Goldstone and G. Paul Amminger

Purpose of review
To provide an update of the recent studies on the age of onset of the major mental illnesses, with a special focus on the prospects for prevention and early intervention.

Recent findings
The studies reviewed here confirm previous reports on the age of onset of the major mental disorders. While the behaviour disorders, and certain anxiety disorders, emerge during childhood, most of the high prevalence disorders (anxiety, mood and substance use) emerge during adolescence and early adulthood, as do the psychotic disorders. Early age of onset has been shown to be associated with a longer duration of untreated illness and poorer clinical and functional outcomes.

Summary
Although the onset of most mental disorders usually occurs during the first three decades of life, effective treatment is typically not initiated until a number of years later. Although there is increasing evidence to suggest that intervention during the early stages of a disorder may help reduce the severity and/or the persistence of the initial or primary disorder and prevent secondary disorders, additional research is needed into appropriate treatment for early stage cases as well as the long-term effects of early intervention, and to appropriate service design for those in the early stages of a mental illness. This will mean not only the strengthening and re-engineering of existing systems but also, crucially, the construction of new streams of care for young people in transition to adulthood.

Keywords
age of onset, duration of untreated psychosis, early intervention, mental disorders, prevention, treatment delay
Key points

- Age of onset is a critical variable in orienting our focus for prevention, early intervention and the architecture and design of mental healthcare.
- Most disorders emerge prior to the age of 25 years, through a cascade of stages with initial clinical syndromes resolving, evolving or collecting additional dimensions, often termed ‘comorbidity’.
- Better understanding of the transition from mild, transient symptoms to onset of persistent disorder based on prospective community samples assessed from early in life is required.
- Treated prevalence remains low for most disorders, and treatment delay is increased for cases with onset earlier in life; coverage, quality and timing are critical foci for reducing the burden of mental ill-health to our societies.
- Scaling up of mental healthcare yet with a heavy weighting to the under-25s is urgently required and needs to involve a strong focus on adolescents and emerging adults as well as younger children.
Burden of psychiatric disorder in young adulthood and life outcomes at age 30
Sheree J. Gibb, David M. Fergusson and L. John Horwood

Background
Psychiatric disorders are common during young adulthood and comorbidity is frequent. Individual psychiatric disorders have been shown to be associated with negative economic and educational outcomes, but few studies have addressed the relationship between the total extent of psychiatric disorder and life outcomes.

Aims
To examine whether the extent of common psychiatric disorder between ages 18 and 25 is associated with negative economic and educational outcomes at age 30, before and after controlling for confounding factors.

Method
Participants were 987 individuals from the Christchurch Health and Development Study, a longitudinal study of a birth cohort of individuals born in Christchurch, New Zealand, in 1977 and followed to age 30. Linear and logistic regression models were used to examine the associations between psychiatric disorder from age 18 to 25 and workforce participation, income and living standards, and educational achievement at age 30, before and after adjustment for confounding factors.

Results
There were significant associations between the extent of psychiatric disorder reported between ages 18 and 25 and all of the outcome measures (all $P<0.05$). After adjustment for confounding factors, the associations between psychiatric disorder and workforce participation, income and living standards remained significant (all $P<0.05$), but the associations between psychiatric disorder and educational achievement were not significant (all $P>0.10$).

Conclusions
After due allowance had been made for a range of confounding factors, psychiatric disorder between ages 18 and 25 was associated with reduced workforce participation, lower income and lower economic living standards at age 30.

Declaration of interest
None.
“Psychiatric disorder during young adulthood was common, with 50.1% of participants experiencing at least one psychiatric disorder (depression, anxiety disorder or substance dependence) between the ages of 18 and 25.”

“Many participants experienced more than one episode of psychiatric disorder during young adulthood. Of those who experienced any psychiatric disorder during young adulthood, 54.5% experienced two or more episodes of disorder.”
NEED IN YOUTH MENTAL HEALTH: A RISING TIDE
Only 13% of young men and 31% of young women access the mental health care they need.
Current services - too little, too late…
Early Intervention: A general principle in modern healthcare
Reform direction 10.1

We propose that a youth friendly community-based service, which provides information and screening for mental disorders and sexual health, be rolled out nationally for all young Australians. The chosen model should draw on evaluations of current initiatives in this area – both service- and internet/telephonic-based models. Those young people requiring more intensive support can be referred to the appropriate primary health care service or to a mental or other specialist health service.

Reform direction 10.2

We propose that the Early Psychosis Prevention and Intervention Centre model be implemented nationally so that early intervention in psychosis becomes the norm.
...just turn up the economic commentary on the radio and try not to make eye contact...
Mental health: the nation’s third-biggest concern

Mental health a top Aussie worry

WHAT ARE THE GREATEST CHALLENGES FACING YOUR COUNTRY?

PETER WILSON
EUROPE CORRESPONDENT

GLOBAL warming and mental health problems provoke more public concern in Australia than in any other country covered by a major international survey.

When people in eight countries that have almost half the world’s population were asked to choose the greatest challenges facing their country, 37 per cent of Australians named global warming compared with an overall average of 25 per cent and just 18 per cent of Americans and 20 per cent of Britons.

An even more eye-catching difference between Australia and the other nations was its concern about mental health issues. About 35 per cent of Australians named mental health as one of their country’s two or three greatest challenges, in contrast to the international average of just 10 per cent, with the second most worried country on that issue being China on 15 per cent.

The findings may suggest that public awareness campaigns about mental health have been successful in Australia but they also carry a potent warning for politicians about the unusual level of concern among voters on climate change.

One intriguing pattern in the eight-nation survey by London’s King’s College was that the fears and concerns of Australians were in most cases closer to those of Chinese respondents than to those of their traditional “cousins” and allies in the US and Britain or any of the other countries surveyed: India, Brazil, South Africa and Saudi Arabia.

The survey of 7000 people was conducted online and so it captured the views of only “elite” Chinese respondents who had access to the internet. However, it found that those relatively wealthy and educated Chinese had much in common with Australians on the four issues rated most highly by Australians: the economy (named by 44 per cent of Australians), global warming, mental health and the ageing of the population (31 per cent).

The economy was the most commonly named problem in all three developed countries and was cited by 82 per cent of Americans and 74 per cent of Britons.

It provoked nowhere near the same level of anxiety in more buoyant Australia, where perceptions were more in line with China, 30 per cent of whose respondents listed it as one of their country’s top challenges.

Similarly, global warming was named as a top concern by only one in five Americans or Britons but the two countries that rated it most highly were Australia (37 per cent) and China (30 per cent).

The two countries most worried about mental health problems were Australia and China (15 per cent), compared with just 8 per cent of Americans and 11 per cent of Britons.

China (35 per cent) and Australia were again the two top countries naming the ageing population as a great challenge, ahead of 7 per cent in the US and 20 per cent in Britain.

War and terrorism were cited by 46 per cent of Americans and 27 per cent of Britons as among their country’s great challenges but the issues were seen in the same way by just 16 per cent of Australians and 11 per cent of Chinese.

Australians also led the ranking in being concerned about cancer, as well as about global warming and mental health.

Poverty was the highest ranking concern for South Africa (70 per cent), Brazil (61 per cent), Saudi Arabia (46 per cent) and India (45 per cent) while the two nationalities that cited it least often as a concern for their own country were Australians (19 per cent) and Chinese (23 per cent).

Enabling all young Australians to grow up safe, happy, healthy and resilient
KEY OUTCOMES FROM 2012 BUDGET

- Transformational investments in Headspace and EPPIC
- Integration and Coordination of Care of Severe and Enduring MI
- National Mental Health Commission
- National Partnership Funding Pool
- Reduction in funds for GP’s and AH within Better Access
Budget targets mental health in youth

Saturday, May 14, 2011 » 02:16pm

Prime Minister Julia Gillard has said over $400 million will be spent treating mental health issues in youth, because this is when sufferers are most receptive.

Joined by former Australian of the Year and mental health expert Patrick McGorry, the Prime Minister spoke to students at a Headspace centre in Melbourne’s west.

'It's when people are young that they're most likely to actually confront some of the most serious mental health conditions,' she said.

'We understand if you can reach out to the community, if you can have people come into a space where they feel comfortable like this one, if we can have them access services early, that can make a real difference.'

The $419.7 million allocation will be spent over five years to triple the number of Headspace centres from 30 to 90.

Those centres will be backed by additional Early Psychosis Prevention and Intervention Centres, which provide more intensive treatment.

Professor McGorry was the pioneer of the Headspace concept.

He said this funding was the 'missing stream of care in the health system'.

Julia Gillard has pledged over $400 million to be spent treating mental health issues in youth.
Expanding children, family and youth services

Supporting young people who struggle with mental illness

Untreated conduct disorders in childhood significantly increase the social and economic costs to the individual and the community later in life. Mental illness is the biggest risk factor for suicide and a significant risk factor for not completing secondary school or unemployment.

Yet only 25 per cent of young people with mental illness access services, and most experience a long time delay between the onset of symptoms and receiving help.

That is why the Government is investing $481 million to significantly expand effective models of mental health care that are suited and acceptable to young people who are not always comfortable with accessing mainstream services.

National coverage of headspace youth-friendly mental health centres

The Government is investing $157 million over five years in 30 new headspace centres to bring the total number of sites to 80 and achieve national coverage.

headspace is an evidence-based model of proven effectiveness for delivering mental health services to people between 12 and 25 years, but existing services cannot keep pace with demand.

Once those sites are fully established, headspace will help up to 72,000 young people each year.

Additional Early Psychosis Prevention and Intervention Continents (EPPIC)

The 2011-12 Budget provides $222 million over five years for up to 12 youth psychosis sites, based on the effective EPPIC model, to bring the total number of sites to up to 19.

The EPPIC model — an Australian innovation — has been taken up internationally.

With the cost shared with the States and Territories, these services can help at least 11,000 young Australians with, or at risk of developing, psychotic mental illness each year.

Expanding Family Mental Health Support Services (FMHSS)

The Government is also investing $81 million over five years to double — from 40 to 80 — the number of FMHSS to provide integrated prevention and early intervention services across the country.

This will provide a range of counseling, education and skills development services to over 22,000 vulnerable, at-risk, and disadvantaged children and young people, along with their families and carers, to better manage the impact of mental illness on their lives.

Michael is 14. One of Michael's school friends has noticed that he often seems down and withdrawn.

His friend suggests he check out headspace, a service for young people.

At headspace he talks to a counsellor and also accesses a support group that helps him get his life back on track.
KEY CHALLENGES

• Hi-fidelity Implementation
• State co-investment and State/Federal relationships
• Alignment with mainstream health reforms
• Workforce expansion
• Accountability
• Continued investment to 14% at least of health budget
STRENGTHENING THE SYSTEM WHERE IT’S WEAKEST.....

Early Intervention and Developmentally Appropriate Mental Health Care for Young People Aged 12 - 25
Trying to make YOUNG PEOPLE fit the existing Services with haphazard results
Prevention and Early Intervention
“Turning off the Tap”
Upscaling EPPIC and headspace
Our service system needs to better understand the development of mental illnesses.
A 21st Century Youth Mental Health Service System is being built now.

$241.5m - up to 16 new EPPIC services.

$265.3m – 90 headspace centres.
How do you find a headspace service?

To find the headspace service closest to you, check out the map above or visit www.headspace.org.au
21st Century Care
the right app at the right time
headspace Western Melbourne
opening minds for a BETTER future

A community forum discussion with Prof Patrick McGorry AO and friends on strengthening the mental health of young people
Youth Participation
Family Support
Home Based treatment
Recovery Programs
Jigsaw Demonstration Sites
HEADSTRONG and JIGSAW GALWAY
2. What is EPPIC?
Specialist

Early intervention in psychosis (EIP) service

“...in treating young people with early psychosis, evidence suggests specialist EIP services are superior to generic community mental health team-based care on every outcome, including cost.”

NHS Confederation - UK
“I have seen how much progress early intervention teams have made, how innovative they have been, and the impact they are having. I now believe that early intervention will be the most important and far-reaching reform of the National Service Framework era. Crisis resolution has had the most immediate effect but I think early intervention will have the greatest effect on people’s lives.”

Professor Louis Appleby (former and then Director) National Institute of Mental Health in England, 10th October 2008 at “Policies and Practice for Europe” (Department of Health/WHO Europe conference attended by 35 European Countries).
Clients & Services

Young people aged 15-24 with a first episode of psychosis receive early detection, acute care following a crisis and expert multimodal interventions for recovery to enable a young person regain their social, academic and career trajectory during the “critical period” of the first five years following the first onset of psychotic illness.

Young people aged 15-24 presenting to EPPIC without meeting criteria for psychosis but who are assessed as having a high risk (c. 1 in 4) of developing a psychosis in the next 12 months can access a separate, linked stream that provides care for their existing mental health needs, ongoing monitoring and interventions such as CBT and Omega 3 fatty acids to prevent, delay or ameliorate onset of psychosis.
Features

Specialist early psychosis expertise and a distinctive optimistic, youth-friendly culture that combines the following essential elements:

- case management
- community awareness programs
- family programs and peer support
- home based care and assessment
- access to youth friendly inpatient care
- medical treatments
- mobile outreach
- psychological treatments
- screening and prevention programs
- social and vocational recovery programs
- youth participation and peer support

EPPIC adheres to published Australian Clinical Guidelines on Early Psychosis
Outcomes

- better health, social and vocational outcomes for young Australians with emerging psychotic disorders

- significant reduction in the mean duration of untreated psychosis (a key predictor of life outcomes on a range of measures, including likelihood to engage in violence)

- more cost-efficient mental health care – with savings accruing to both the health sector and non-health sectors

- higher consumer and carer satisfaction

- increased skills and confidence of the mental health workforce
3. Key challenges for implementation
• National leadership of the EPPIC measure A National System
• Leadership by State Governments
• Picking winners
• Supporting the change process
• Link to headspace rollout
• Model fidelity
• Evaluation and monitoring
EPPIC NATIONAL

- 16 new services  $220m (plus State funds) over 5 years
- NPA model
- Governance issues
- EOI in progress
- Community based multicompoment
- Streamed care
- Central building block for specialist youth model
4. Building on this reform – future opportunities
Specialist Youth mental health service system

- Full national coverage
- Evolving in concert with strong research focus
WORKFORCE

• 12,000!
• EPPIC 64 psychiatrists plus 80 registrars
• Headspace 25 psychiatrists plus 86 registrars
• Full specialist YMH 188 psychiatrists plus 202 registrars
Keynote Speakers

Professor Max Birchwood, Clinical Director, YouthSpace
United Kingdom

Professor Jane Costello, Dukes Institute for Brain Sciences
North Carolina, USA

Dr Christine Bennett, Chief Medical Officer, Bupa, Australia,
Chair National Health and Hospitals Reform Commission

Mr Richard Eckersley, Founding Director, Australia 21

Professor Bob Iloff, Director of Planning & Evaluation

Who Should Attend?
Anyone working at the intersection of youth health and mental health.
Early Intervention in Youth Mental Health

www.mja.com.au
Co-operative Research Centre for Young People, Technology and Wellbeing

Enabling all young Australians to grow up safe, healthy, happy and resilient

9 November 2010
Canberra