



The National Centre of Excellence
in Youth Mental Health

So what's going on in a 'Land Down Under'?

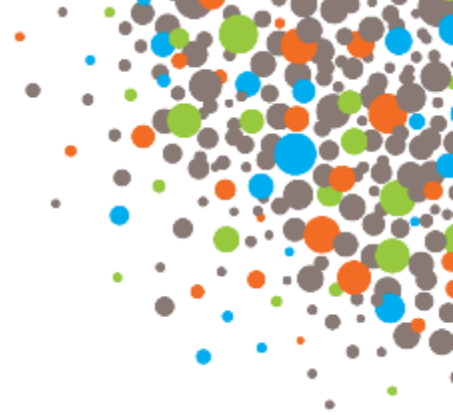
Developments in Youth Mental Health in Australia & beyond

Craig Hodges & Craig Hamilton

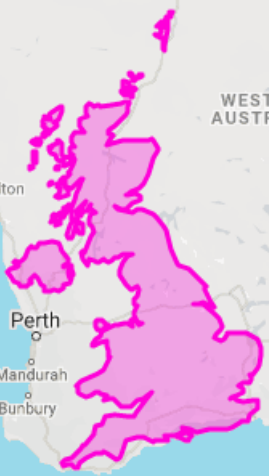
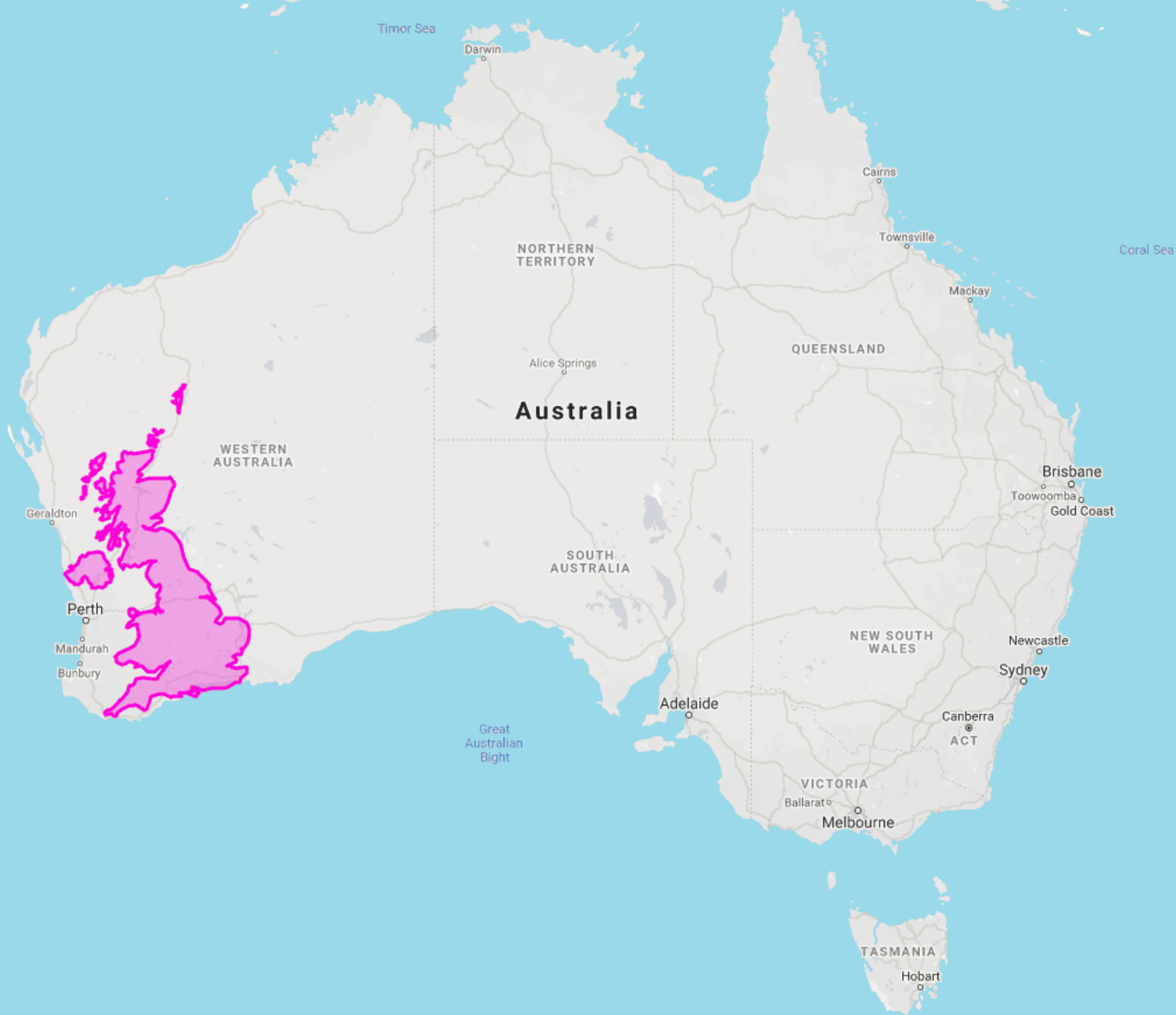
Orygen The National Centre of Excellence in Youth Mental Health

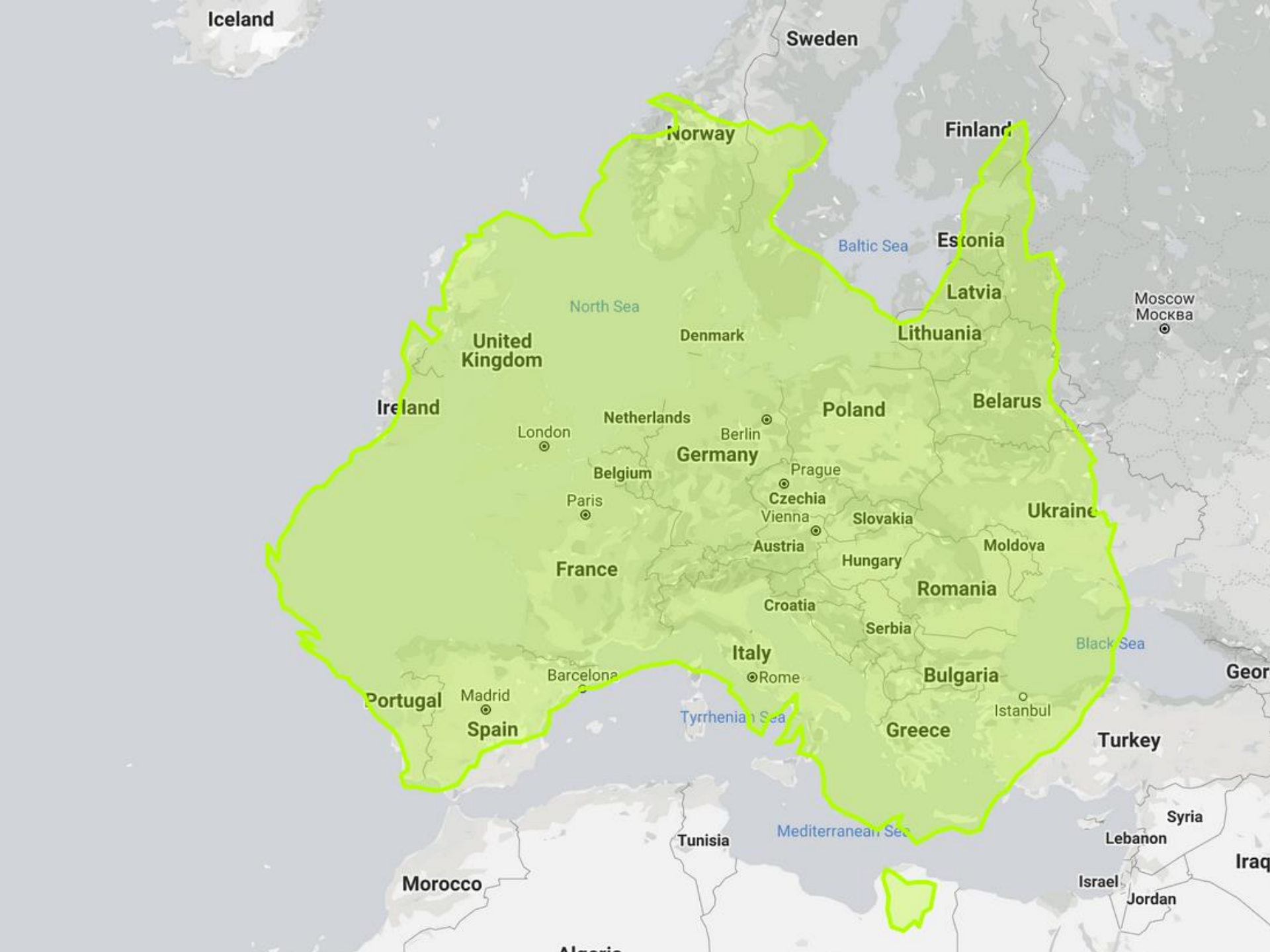
What are we going to cover?

1. Youth mental health reform in Australia
2. Supporting implementation of 'Youth Enhanced' mental health services
3. Joint project with the World Economic Forum



Youth mental health reform in Australia





Iceland

Sweden

Norway

Finland

Baltic Sea

Estonia

Latvia

Moscow
Москва

North Sea

Lithuania

United Kingdom

Denmark

Ireland

Netherlands

Poland

Belarus

London

Berlin

Belgium

Germany

Prague

Paris

Czechia

Slovakia

Ukraine

France

Austria

Hungary

Moldova

Croatia

Romania

Black Sea

Portugal

Madrid

Barcelona

Spain

Italy

Rome

Serbia

Bulgaria

Tyrrhenian Sea

Greece

Istanbul

Geor

Turkey

Morocco

Tunisia

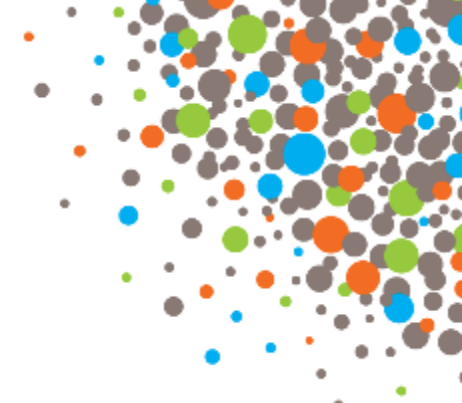
Mediterranean Sea

Syria
Lebanon
Israel
Jordan

Iraq

Algeria

Why is Australia a world leader in youth mental health?



Three key reasons:

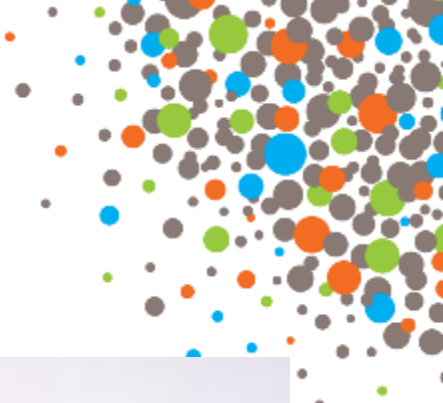
1. The Early Psychosis Movement
2. Advocacy from key leaders in the mental health field
3. A mining boom

Early Psychosis Movement

- 25 years of research and building the evidence
- A world-wide movement that has seen EP programs established in at least 20 countries
- early intervention should be applied for high prevalence illnesses



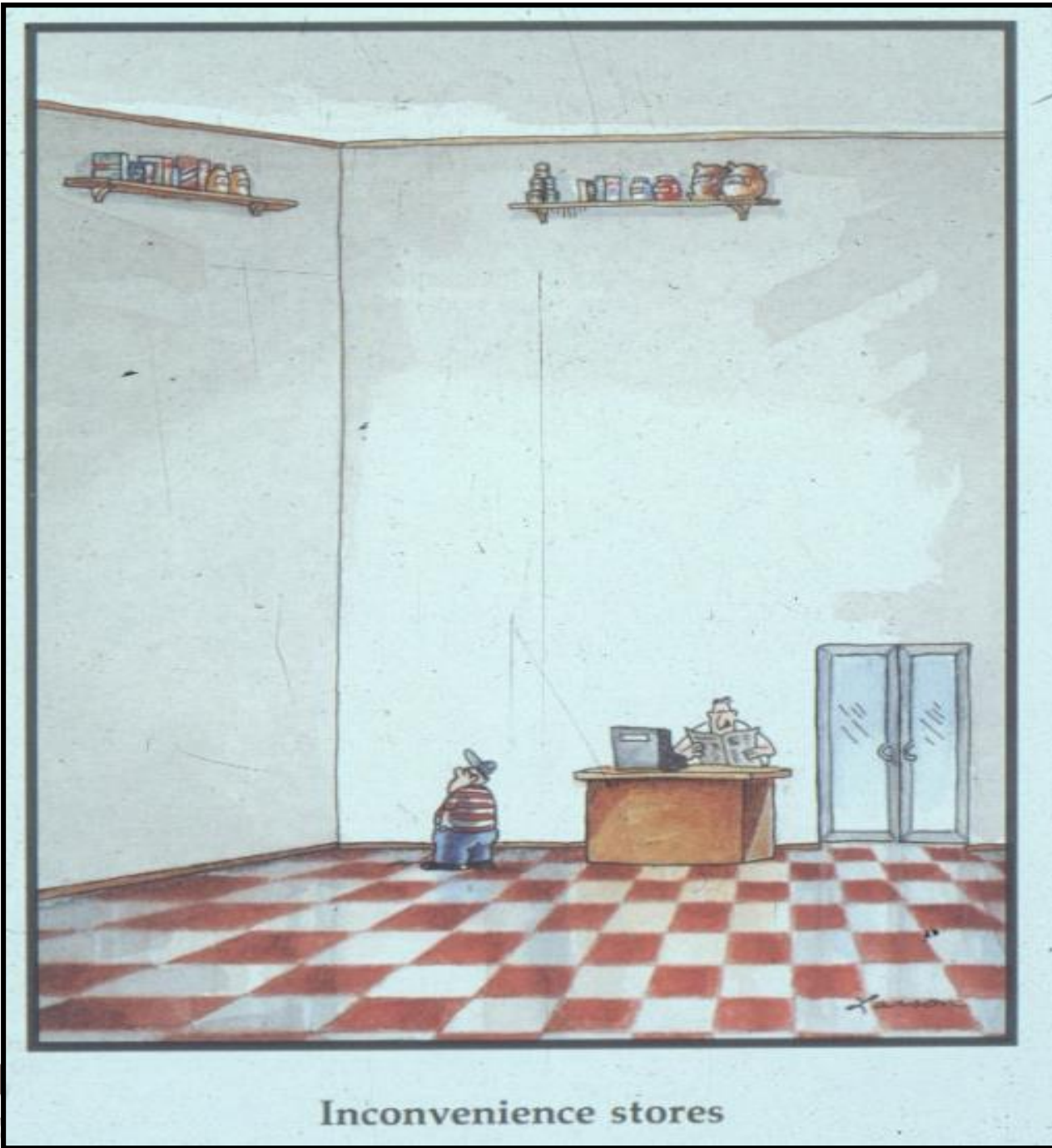
National Advocacy



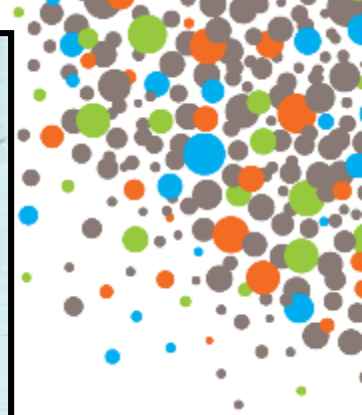
Mining Boom

- Led to huge budget surpluses from the early 2000s through to the GFC
- Right policy settings
- Led to investment in headspace and the first 30 centres established





Inconvenience stores



Mental health: the nation's **third-biggest concern**

Mental health a top Aussie worry

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.

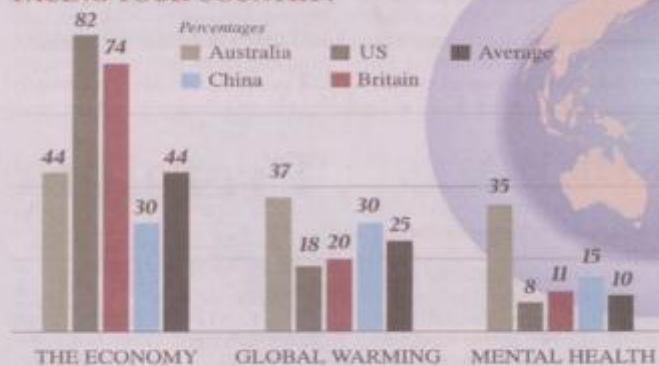
When people in eight countries that have almost half the world's population were asked to choose the greatest challenges facing their country, 37 per cent of Australians named global warming compared with an overall average of 25 per cent and just 18 per cent of Americans and 20 per cent of Britons.

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

WHAT ARE THE GREATEST CHALLENGES FACING YOUR COUNTRY?



Source: King's College London World and Challenges Survey

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 Aus-

tralian 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.

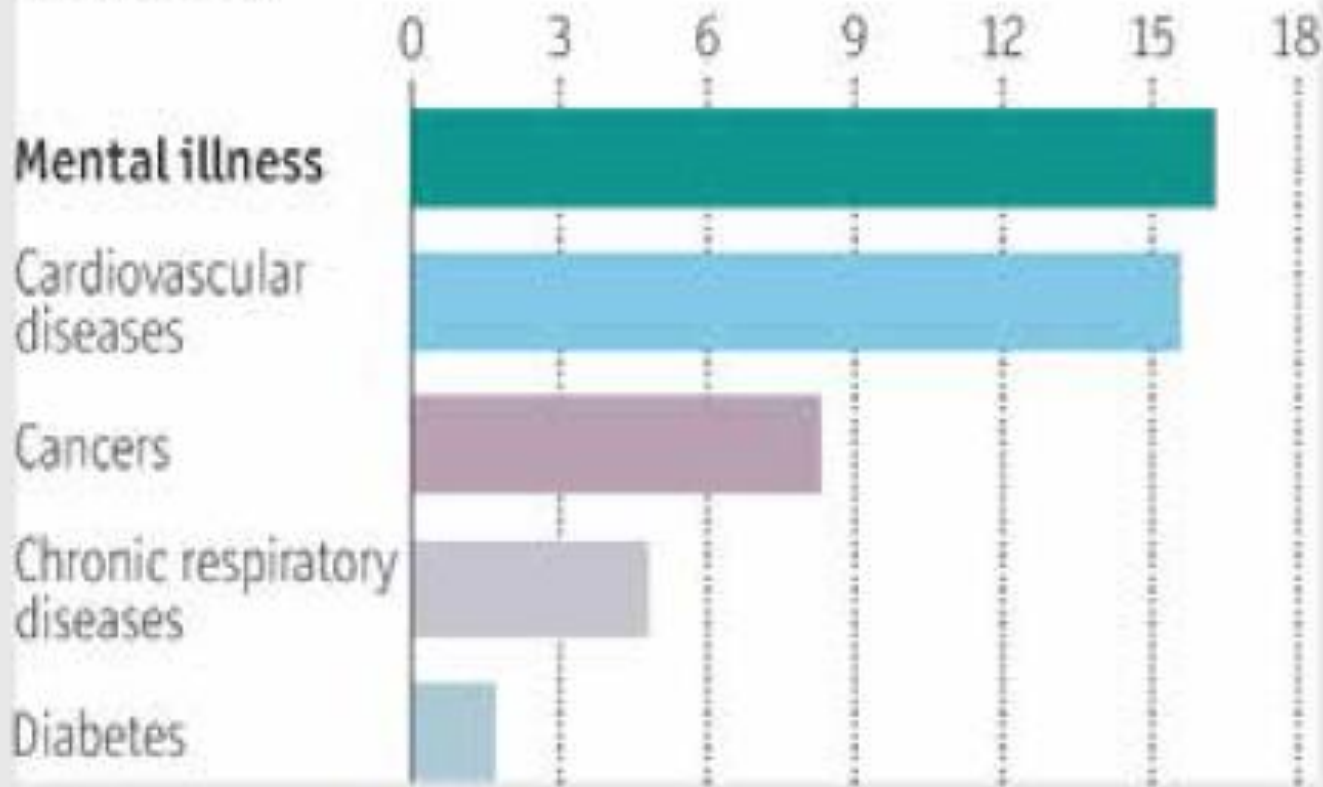
Poverty was the highest ranking concern for South Africa (70 per cent), Brazil (61 per cent), Saudi Arabia (46 per cent) and India (45 per cent) while the two nationalities that cited it least often as a concern for their own country were Australians (19 per cent) and Chinese (23 per cent).

The Australian, 3 November 2010



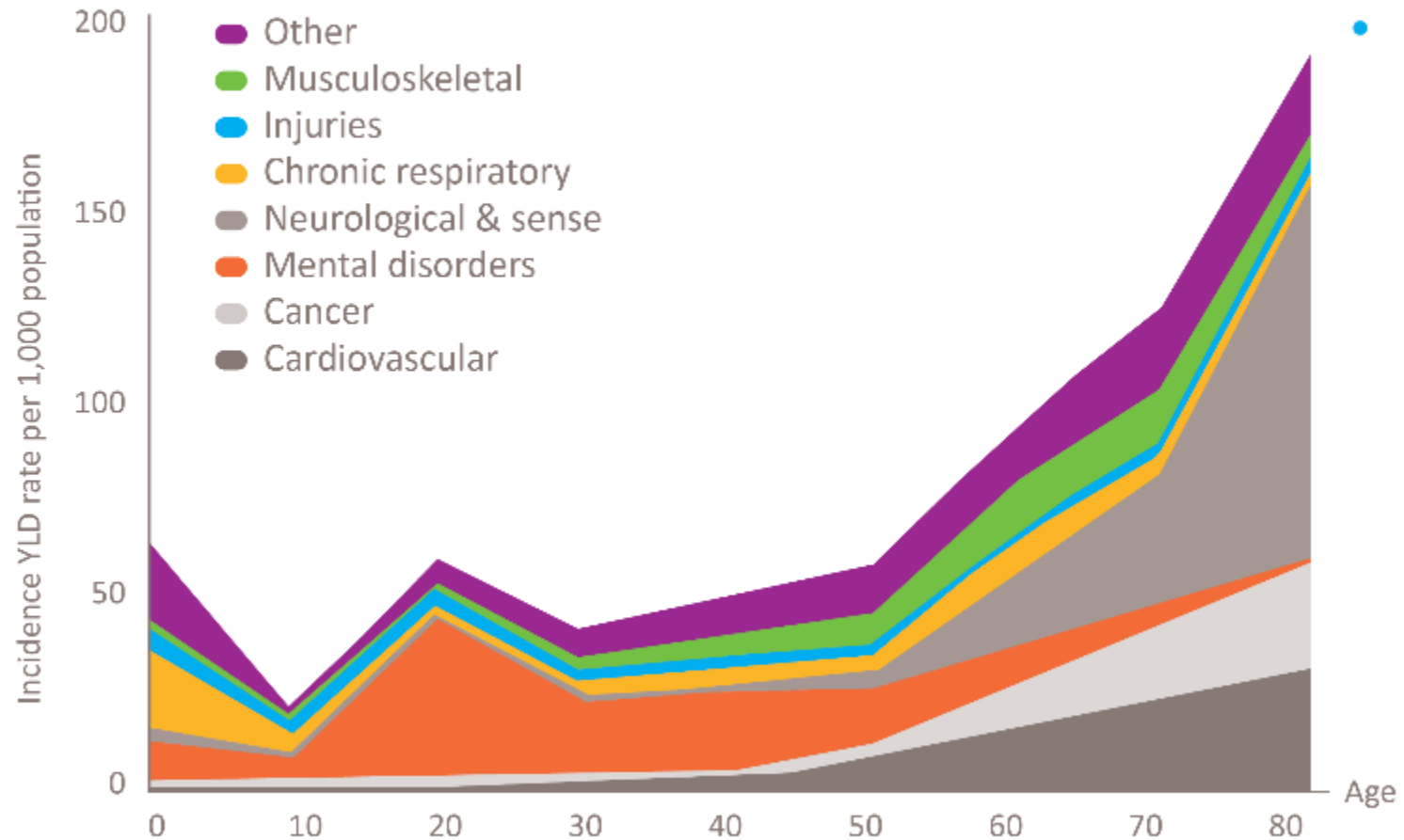
Forecast loss of output caused by non-communicable diseases worldwide, 2011-30

\$trn (2010 \$)

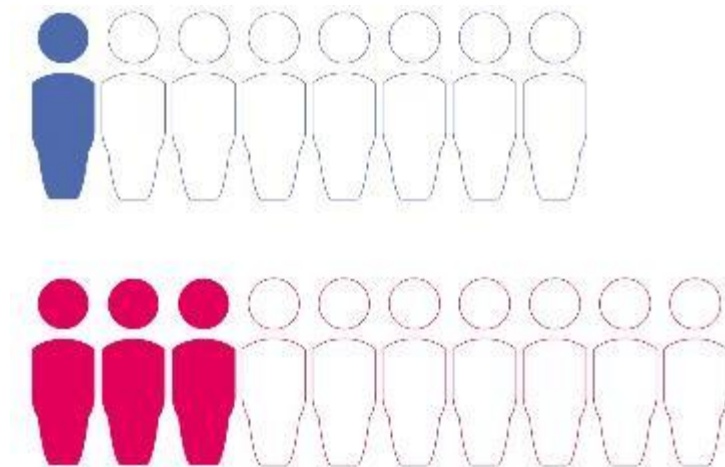


Sources: World Economic Forum; Harvard School of Public Health; Mental Health Atlas; WHO; *The Economist*

The Global Burden of Disease



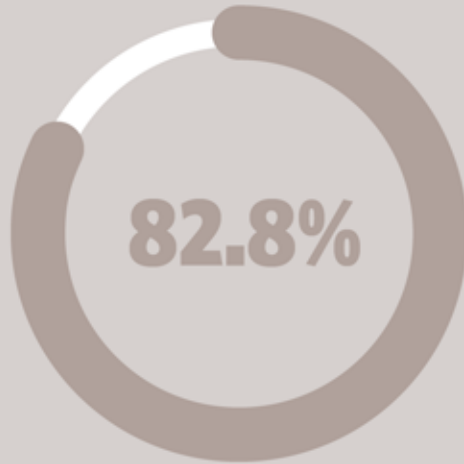
Young people don't seek or get professional help!!



Only 13% of young men and 31% of young women access professional mental health care

Young men aged 16-24 have the lowest professional help-seeking of any age group

Employment Participation



General population
employment participation



Psychological disability
employment participation



The largest category of people on Australia's Disability Support Pension (DSP) are people with mental illness. The two most common exits from the DSP are death and the aged pension

ON THE WRONG TRACK



Process, outcome and experience of transition from child to adult mental healthcare: multiperspective study

Swaran P. Singh, Moli Paul, Tamsin Ford, Tami Kramer, Tim Weaver, Susan McLaren, Kimberly Hovish, Zobia Islam, Ruth Belling and Sarah White

Background

Many adolescents with mental health problems experience transition of care from child and adolescent mental health services (CAMHS) to adult mental health services (AMHS).

Aims

As part of the TRACK study we evaluated the process, outcomes and user and carer experience of transition from CAMHS to AMHS.

Method

We identified a cohort of service users crossing the CAMHS/AMHS boundary over 1 year across six mental health trusts in England. We tracked their journey to determine predictors of optimal transition and conducted qualitative interviews with a subsample of users, their carers and clinicians on how transition was experienced.

Results

Of 154 individuals who crossed the transition boundary in 1 year, 90 were actual referrals (i.e. they made a transition to AMHS), and 64 were potential referrals (i.e. were either

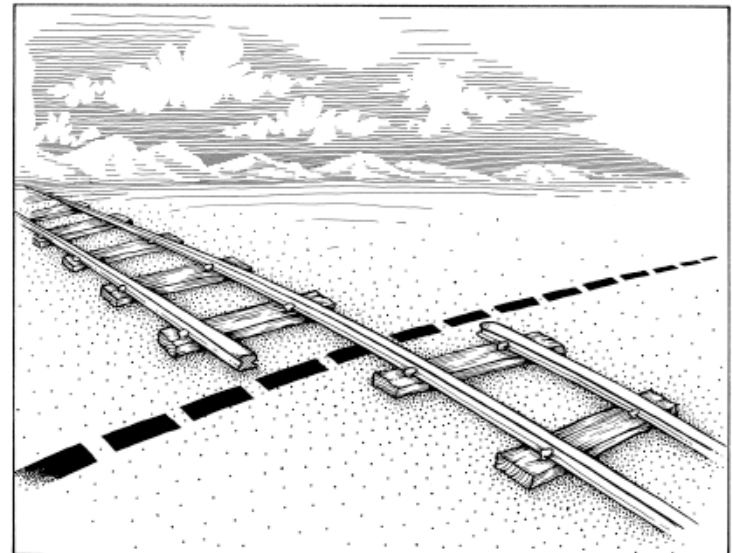
not referred to AMHS or not accepted by AMHS). Individuals with a history of severe mental illness, being on medication or having been admitted were more likely to make a transition than those with neurodevelopmental disorders, emotional/neurotic disorders and emerging personality disorder. Optimal transition, defined as adequate transition planning, good information transfer across teams, joint working between teams and continuity of care following transition, was experienced by less than 5% of those who made a transition. Following transition, most service users stayed engaged with AMHS and reported improvement in their mental health.

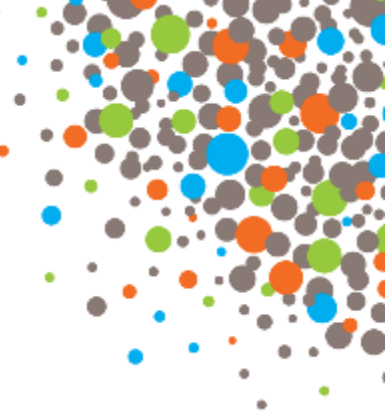
Conclusions

For the vast majority of service users, transition from CAMHS to AMHS is poorly planned, poorly executed and poorly experienced. The transition process accentuates pre-existing barriers between CAMHS and AMHS.

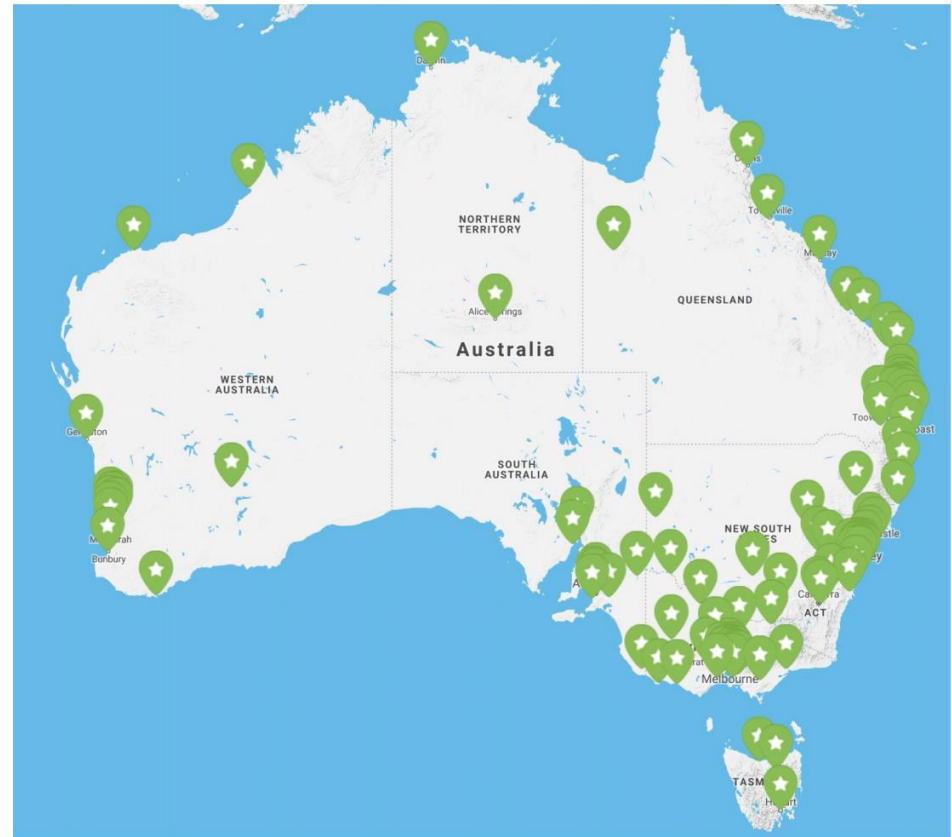
Declaration of interest

None.



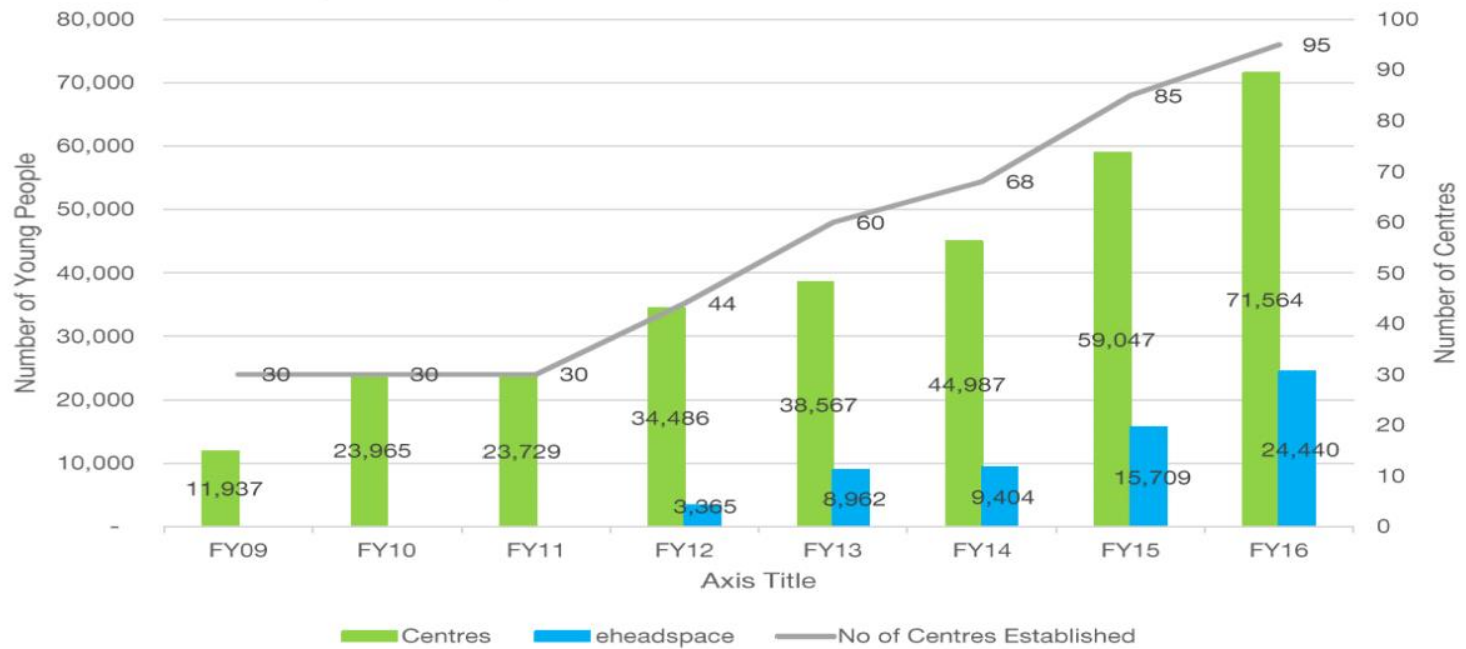


From 10 sites
in 2007



Rapid growth

Number of unique Young People accessing headspace centres & headspace compared to number of centres established





Accessible

Centres:

N=74,804 (2013-2015)

60% female

23% aged 12-14, 34% aged 15-17

14% LGBTIQ (vs. 1-3% population)

9% Aboriginal or Torres Strait Islander (vs. 4% population)

7% CALD (vs. 25% population)

headspace:

over 60,000 registrations, 150 yp each day

79% female

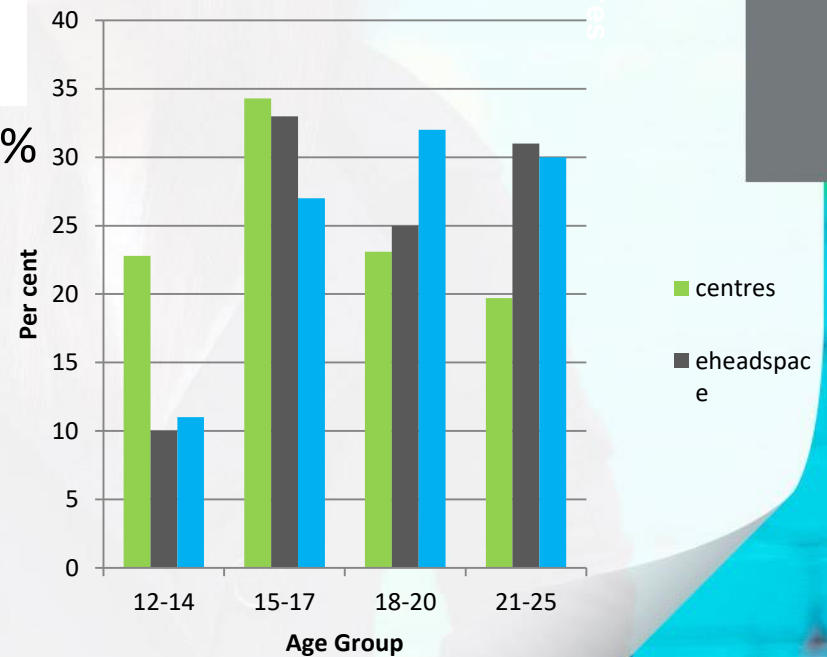
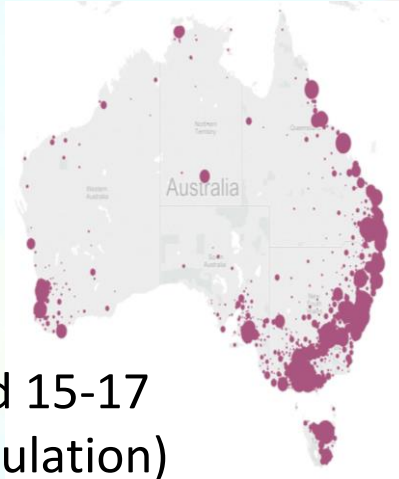
10% aged 12-14, 33% aged 15-17

School support

- one third of all secondary schools in Australia

Early psychosis program

55% male (preliminary data)



since
headspace
started

2 million

Over the past 11 years almost 2 million services have been provided to young people through headspace centres, and via online and phone counselling services eheadspace (as of 30 June 2017).

355,000

Over 355,000 young people have used headspace centres and eheadspace (as of 30 June 2017).

100+2

headspace has 100 centres and 2 funded outposts across Australia (as of 1 September 2017).

1 in 4

young people are living with a mental health disorder. (Mission Australia Youth Survey, 2016)

1/3

Suicide accounts for one third of all deaths of young people (ABS, 2016)

school support

1,149

headspace School Support worked with 1,149 schools in the 16/17 financial year.

7,429

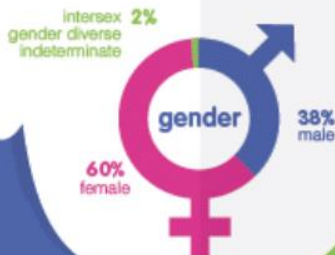
With 7,429 occasions of service, headspace School Support has helped schools strengthen and empower their communities to manage and respond to the impact of suicide.

220

Since it started in August 2016 (to 15 June 2017) the headspace Digital Work and Study Service has helped 220 young people with their work and study challenges.

headspace

headspace, the National Youth Mental Foundation, provides early intervention mental health services to 12-25 year olds.



demographics



age

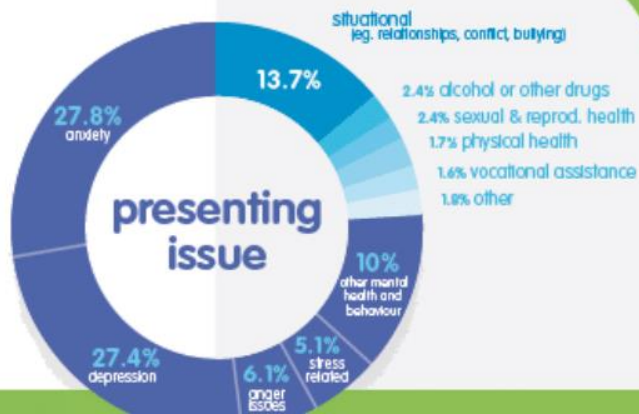


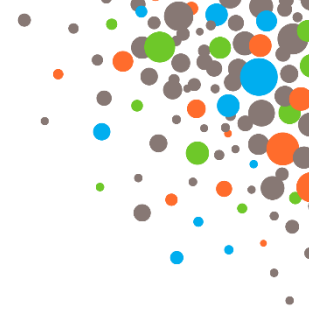
state overview



New Clients
64%

presenting issue





Supporting implementation of 'Youth Enhanced' mental health services

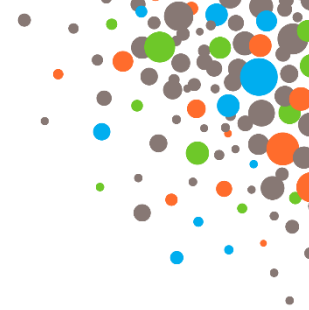


The National Centre of Excellence
in Youth Mental Health

Project background

- 2014: National review of MH system
- 2016: Aus Govt make funding available for PHNs to commission mental health services for ‘missing middle’
- 2016/17: Orygen commissioned to support PHNs with the task

Context of 'youth enhanced'



Australian Government



Primary Health Networks



Primary MH services

State & Territory Governments



Local Hospital Networks



CAMHS/AMHS



-Mild/moderate MH problems

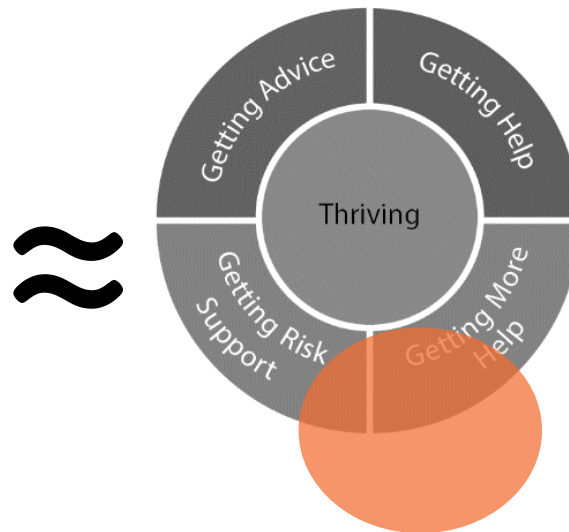


- 'Missing middle': complex or severe MH problems

-Under resourced, high threshold for entry
-Severe MH problems

The 'Missing Middle'

- Young people whose mental health concerns are more complex or severe than would ordinarily be managed at a headspace but who are also not able to access state mental health services.



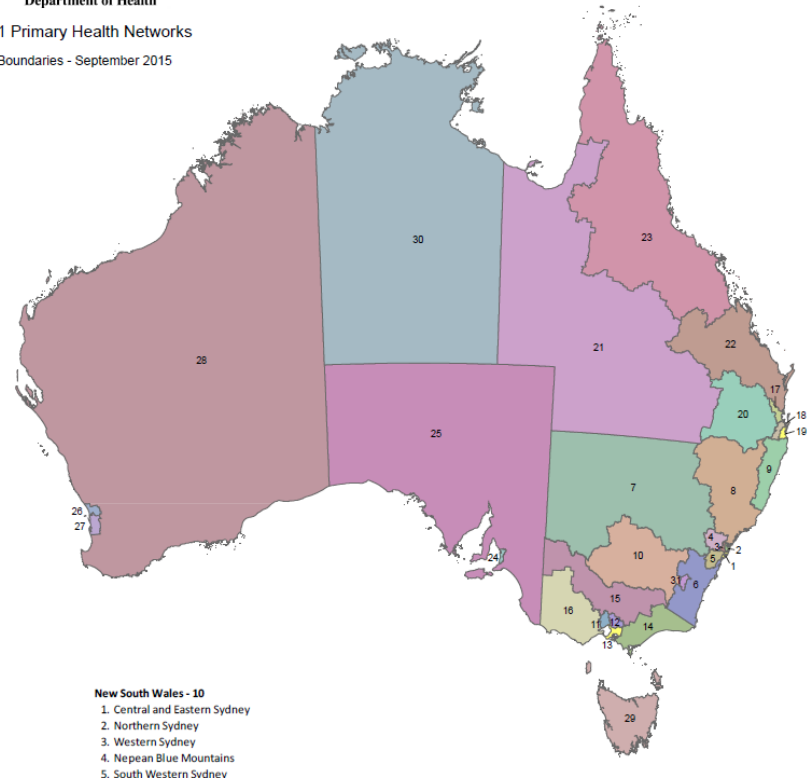
Nb. THRIVE is not a framework or language currently used in Australia

Primary Health Networks (PHNs)

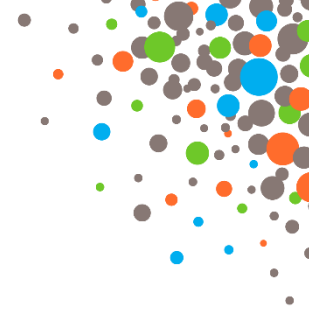
- 31 independent orgs funded by Aus Govt
- Set up in 2015 to improve quality and coordination of regional healthcare
- ‘Right care, right time, right place’
- Responsible for commissioning youth enhanced services



31 Primary Health Networks
Boundaries - September 2015



Challenges to developing youth enhanced services



- Unchartered territory:
 - Commissioning mental health new to Australia
 - Not much evidence for primary mental health care for young people with complex needs
- Pressure on PHNs to take action quickly
 - Little time to plan, commissioning services that lack well articulated models or theoretical underpinning
 - Monitoring & evaluation not thought through
 - Short funding cycles
- Balancing regional innovation with evidence base
- Variability amongst PHNs
 - Funding
 - Processes
 - Interest/knowledge of YMH
- Workforce
 - Lack of numbers and contracts can't compete with CAMHS/AMHS

Orygen's PHN support team

- Team: 1x manager, 4x advisors with service development/clinical background, 3x admin
- Aim: Improve capability of PHNs to commission 'youth enhanced'
- Extended remit in 3 PHNS to improve capability of services
- 'Critical friends'
- Work streams:
 - Identifying and communicating evidence
 - Program design and commissioning
 - Program monitoring and evaluation
 - Program implementation

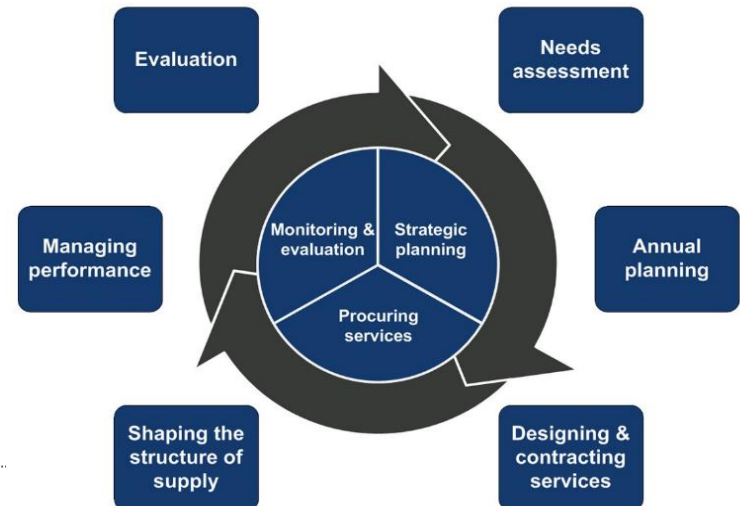


Figure 4: PHN Commissioning Framework

Identifying and communicating evidence

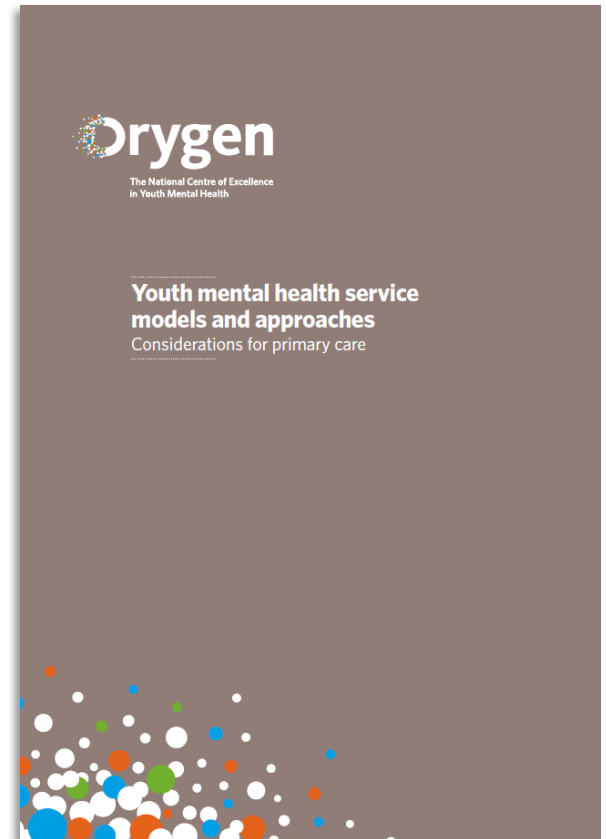
- Lit review
- Develop community of practice
 - newsletter
 - website
 - national forums
- Currently researching culturally appropriate service models
 - Aboriginal and Torres Strait Islanders
 - Culturally and linguistically diverse (CALD)
- Documenting youth enhanced service models



'Youth enhanced' service elements

Service elements to consider in regional models:

- YMH principles (e.g. yp friendly, yp-centred, yp participation, EBP)
- Care coordination
- Psychological interventions
- Outreach
- Medical treatment
- Functional recovery
- Engagement of family and other supports

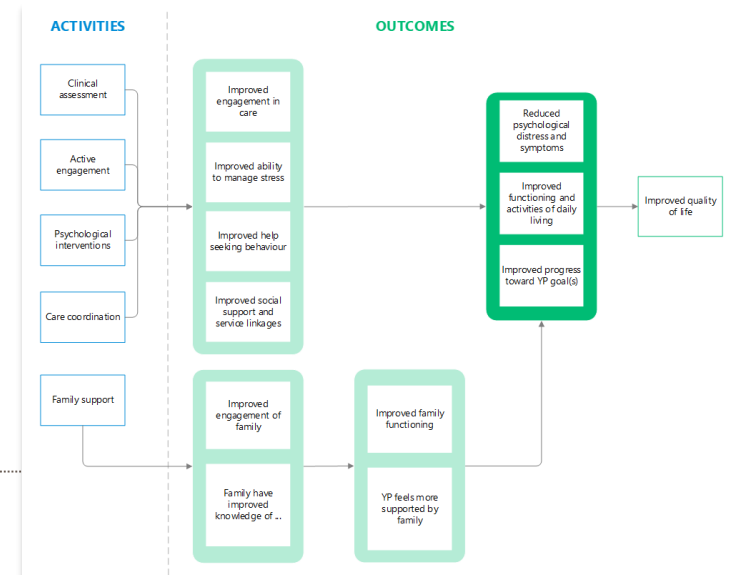
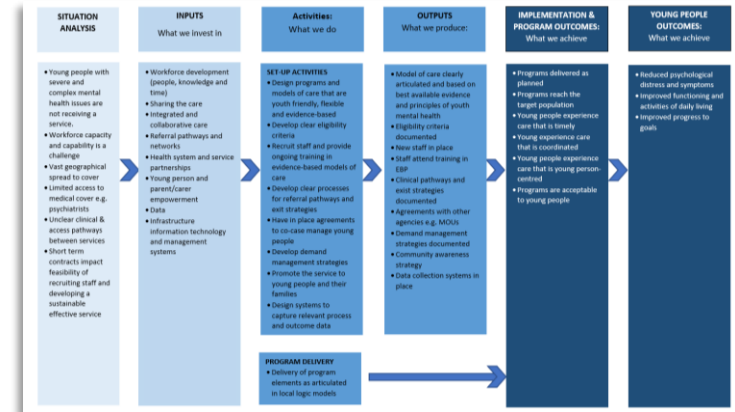


Program design and commissioning

- Consult with PHNs about service model development
- Input into tender development and review
- Facilitate community workshops
- Facilitate logic modelling workshops

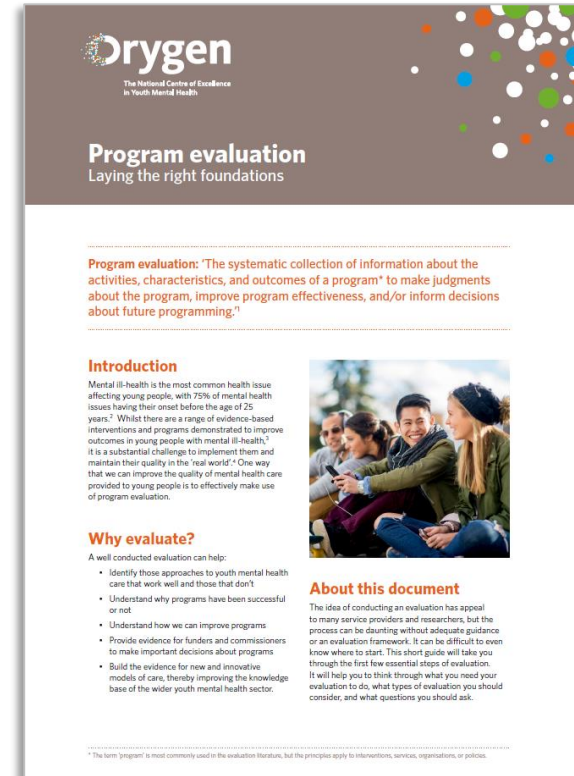
Developed resources:

- YMH prevalence tool
- Co-designing with YP: the fundamentals (in development)



Program monitoring and evaluation

- Input into design of M&E frameworks and outcomes frameworks
- Advice on routine outcome monitoring
- Outcome measures survey
- Logic modelling workshops with services
- Input into the development of evaluation tenders and review
- Developed resources:
 - Guide to scoping an evaluation
 - Example monitoring framework



Implementation support

- Facilitate access to workforce development opportunities
- Consult with PHNs and services about how to strengthen implementation
- Developed resources:
 - Introduction to implementation science



Supporting implementation in Tasmania

- Working with 2 youth enhanced services & PHN
- Implementation support workshops
 - Operational issues, model considerations, outcome monitoring, workforce development, access to psychiatry
- Telehealth pilot: secondary consultation

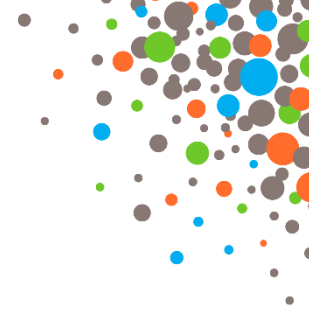


Future plans

- Continued government funding for youth enhanced services & Orygen's support (July 2019-June 2021)
- Plan to provide direct support for more youth enhanced services
- Extending community of practice
- Workforce development: identifying core competencies
- 'Hot housing' of PHNs and their commissioned services

Extending the community of practice



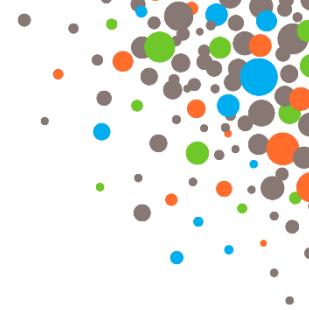


Joint project with the World Economic Forum (WEF)

Background to the Project

- Partnership between Orygen and the World Economic Forum is part of the Forum's system initiative *in shaping the future of health and healthcare*
- Four key deliverables:
 1. A global model of youth mental health care with flexibility that can be adapted across a range of countries with variable resourcing capacities.
 2. An investment framework indicating the level of public and private investment required across different resource environments.
 3. An economic briefing for governments supporting investment in this field of work.
 4. A toolkit to support local advocates of youth mental health in their efforts to engage public and private sectors to invest.

Timeframe



Activity	By When
Draft YMH Model	End April 2019
Consultations regarding draft model	May to September 2019
Economic modelling	May to October 2019
Investment framework	October 2019
Economic briefing	October/November 2019
Advocacy toolkit	December 2019
Launch of model and resources	Late 2019

Youth engagement

- Two young people appointed to Project Steering Group
- Youth Partnerships Facilitator recently appointed
- Working with the Forums Global Shapers Network to engage young people from a range of different counties and contexts.
- Will work to engage young people primarily online, to provide input into the model being developed.

Youth Mental Health in Bosnia Herzegovina



What does mental health look like for young people in Bosnia Herzegovina?

- Family connections and childhood experiences. Impact of parents separating and divorce.
- Financial issues a significant contributor to poor mental health.
- Pessimism about the future (both their individual prospects of staying in Bosnia and the potential for another war)**
- Perception of injustices and other political concerns.
- Negative consequences of drug use.

**Greater optimism and positive perceptions of mental health from young people in the rural area. What concerned them was finishing schools and getting into university



If young people were having mental health issues in Bosnia, where would they seek help?

- There is still significant stigma so many young people wouldn't seek help. If they did it may be from a school psychologist or social worker.
- Peer support important either from their friendship group or from others who are of a similar age and experiences.
- Rural group more likely to speak to family (and perceived that older generations have greater mental health needs than they do).
- Urban group felt more like their mental health concerns would be dismissed by parents.
- Both groups did not trust online sources of information or help.



What would a good response to youth mental health in Bosnia look like?

- Address issues of stigma and judgement as a priority.
- Focus on education and awareness: building young peoples skills and literacy about mental health issues (so they can help each other).
- Build peer support – people who have been through similar issues who can provide advice or friendship networks.
- Build trust between outside organisations and schools/students.
- Provide a phone line for someone to talk to could be useful (they have a similar service for domestic violence but not mental health).





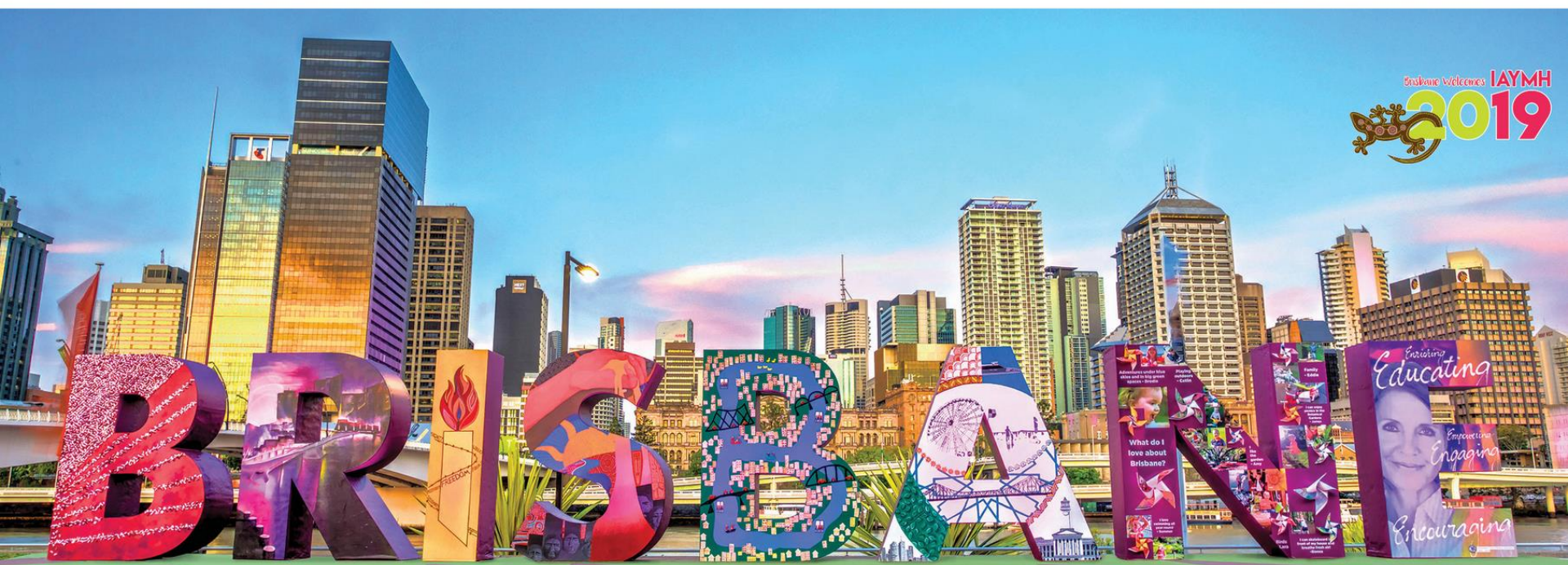
The 5th International Conference on Youth Mental Health

Brisbane, Queensland, Australia

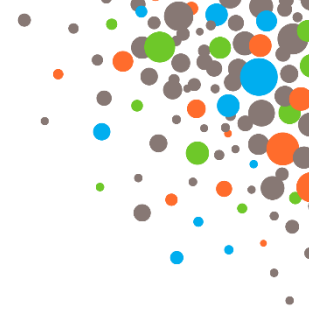
26th to 28th Oct 2019 | Brisbane Convention and Exhibition Centre

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Question Time