

# Changing the Landscape

By Justin Scaini

Up until halfway through my second year of university, I was oblivious to the importance of mental health. It was something I never thought about, something that was never talked about with me, and something that, as far as I was concerned, had no impact on my life. As a result of that, I was ignorant. Stigma came from me.

How could this be? How could I be so naïve about something that is so important to us all? There are countless mental health organizations and committees across Canada that are yelling and screaming at the top of their lungs for awareness to be raised and stigma to be shattered, yet something wasn't clicking with me. It wasn't until I spontaneously decided to audition and was cast in a mental health training video that I learned about what mental health was all about and what a mental illness actually is. To this day, I don't know what induced me to audition for that video, but that decision has shaped the past few years of my life as I have worked passionately to change the landscape of mental health in Canada.

After reflecting on how I could be so oblivious about something so important to all of us, it hit me. The current methods of raising mental health awareness didn't resonate with me. The messages, the approach and the way it was communicated didn't grab my attention. I realized that if this was the case for me, there must be countless others in my shoes who are completely clueless about how important mental health is to everyone's overall wellbeing and quality of life. I needed to change this.

I began a mission to fundamentally change how young people think about mental health in Canada. I wanted to find ways to effectively communicate with everyone and get all young people engaged in this topic of mental health. It's the only way we are truly going to shatter the stigma. My team and I dreamt of developing a universal understanding of mental health, and to do this, we needed to dream big. We needed to find a way to collaborate amongst an entire country of young people to create one, loud, unified voice for mental health. The answer – UNLEASH THE NOISE.

## **Emerging adulthood: A new feature of 21<sup>st</sup> Century Society**

By Prof Jeffrey Arnett

Fifty years ago, most young people in developed countries married and became parents in around age 20, and relatively few continued their education beyond secondary school. Today, “30 is the new 20,” as a popular American saying goes, and the transitions to a stable adult life take place closer to age 30 for most young people. Consequently, a new life stage has opened up in between adolescence and young adulthood. Dr. Arnett has proposed the term “emerging adulthood” for this new life stage, and described it as a time of identity explorations, instability, self-focus, feeling in-between, and possibilities. It is a time when rates of a variety of mental health problems increase, including major depression, anxiety disorders, and substance abuse. There are many reasons for this pattern, but Dr. Arnett will focus on identity issues and the lack of stable social relationships. However, emerging adulthood is also a time of resilience and “second chances”—more so than adolescence or any other life stage—because during emerging adulthood it is possible to leave one’s family of origin and reshape one’s life before it is set into the entrenched patterns of adulthood.

## **Finally – a system of care that bridges the gaps and puts the client first!**

**By Chris Tanti**

The national youth mental health foundation of Australia, headspace, has achieved much within a relatively short period of time. From humble beginnings and the establishment of 30 centres headspace with the support of the Australian government will expand the number of centres by 2014 to 90 nationally, continue to talk young people online through eheadspace, and work with schools in order to set up systems to prevent suicide and support school staff and families in the event of a suicide. headspace has spearheaded the most major structural and systemic reform of youth mental health since deinstitutionalisation. The success of the model is based on sound principles of governance, considerable community communication, consultation and input, the participation of young people in the implementation, design and ongoing support of the clinical model by primary care and tertiary services and bipartisan support from the major political parties. Headspace is a comprehensive tier one model that specialises in the provision of mental health care for young people. The only criteria for entry is that the young person be 12 – 25 years of age. The paper will explore the key and individual elements of the model which when combined have created a system of evidenced based care.

# **Cost and cost-effectiveness in youth-onset mental illness and substance abuse**

**By Martin Knapp**

Decision-makers in mental health and related systems need to take appropriate account of economic questions and economic consequences. Most of them are very aware of that already, but they do not always know what information to seek or how best to use it. In this presentation I therefore want to focus particularly on the ways that economics can help to ensure that youth mental health services achieve their biggest impacts by making best use of their available resources. I will include some discussion of the challenges that arise during a period of prolonged economic recession, given that these can be especially difficult times for young people. I will look at the economic arguments for preventive and responsive interventions in the youth mental health area, summarising some of the available evidence.

# **Black, white or grey? Innovation, technologies and keeping pace with young people to support their mental health and wellbeing**

**By Jane Burns**

International research clearly indicates that the prevalence of mental disorders is high, comorbidity is common and the pathways that lead to illness are complex. Approximately half of the worldwide population meets the criteria for one or more mental disorders in their lifetime with 75% of mental disorders present before age 24 years and 50% before 14 years.

Mental health costs are the largest single source of cost related to non-communicable disease; larger than cardiovascular disease, chronic respiratory disease, cancer, or diabetes. The World Economic Forum (WEF) estimates that the global cost of mental illness was nearly \$2.5 trillion (two-thirds in indirect costs) in 2010, with a projected increase to over \$6 trillion by 2030.

If not addressed, the effects of mental ill-health can persist over an individual's lifetime and lead to further occupational, economic and interpersonal difficulties. Responding to the mental health needs of young people is critical if we are to ensure that they are able to contribute to the economy, lead fulfilling lives and participate actively in their communities.

Over the last five years new and emerging technologies have fundamentally changed the way young people communicate, connect and build communities, both online and offline. Critical to this shift is the emergence of smart devices including phones and tablets. This presentation describes a unique collaboration between young people, researchers, technologists, the not of profit sector and policy makers across 75 organisations in Australia, the United States, Ireland and in developing countries. The Young and Well CRC is a 'Cooperative Research Centre' funded by the Australian Government to explore the role of technologies and the impact they have on mental health and wellbeing.

# **The Spectrum of Mental Ill-Health in the General Population of Youth**

**By Kathleen R. Merikangas**

Mental disorders are widespread and lifelong conditions, about half of which start by age 14. This suggests that detection of the roots of such disorders as they emerge in childhood and adolescence could facilitate prevention of adulthood disorders and their devastating consequences. However, there are numerous challenges to the design and implementation of early intervention and prevention programs including: (1) the lack of specificity of early risk factors and manifestations of emotional and behavior problems in predicting the risk of transition to chronic mental disorders in adulthood; (2) use of arbitrary thresholds based on categorical diagnoses to define disorder onset; (3) focus on emotional and behavioral problems rather than more comprehensive models of physical and mental disorders, and their socioenvironmental context; and (4) limited evidence for effective interventions.

**This presentation will review existing international evidence and present new empirical data on the patterns of onset of the full spectrum of emotional, behavioral and cognitive disorders in large population-based samples from the U.S. Associations with medical symptoms and conditions will be examined across multiple population data sources to demonstrate the heterogeneity of patterns of risk and progression of these conditions in youth. Patterns of contact with service systems based on patterns of manifestations of these conditions and their sociodemographic and clinical correlates will be described in order to identify the most promising targets of opportunities for intervention in these conditions. The cross-national relevance of these findings for interventions to promote youth mental health will be discussed.**

# **The Evolving brain of the emerging adult**

**By Stephen Wood**

Although adolescence certainly begins with the onset of puberty and covers the teenage years from the age of 13 to age 19, it is not defined by specific events. In particular, the end of adolescence is much debated and is likely to be associated with taking on adult roles and responsibilities rather than a biological marker. The developmental changes through this period promote the skills necessary to take on these responsibilities and alter the way we interact with others, but they also make young people more vulnerable to problems of emotional or behavioural control. Indeed, there is a dramatic increase in rates of death and injury between childhood and adolescence, largely related to the emergence of mental disorder. Schizophrenia and depression typically appear after puberty, with an average age of onset for both of around 20 years. Substance use disorders follow a similar course, suggesting that adolescence is a key period that sets the stage for potentially a lifetime free from or full of mental ill health.

In this talk I will describe the major behavioural and biological changes in adolescence, and explain how they not only result in improved mental abilities but greater risk to mental health – and what we might do about them.

## **Creating Space for Young People in the UK**

### **Professor Max Birchwood in conversation with Ms Vicky Fowler**

In this session Max Birchwood, one of the pioneers of early intervention in psychosis and youth health, will be in conversation with Vicky Fowler, service user and youth ambassador for the Princes trust in the UK. Vicky will draw on her experience of care in the mental health system, showing that the culture of care, the impermeability of the traditional care silos and the failure to provide personal and social recovery support alienates the very young people at a critical stage. Vicky describes her own recovery pathway and argues powerfully for multi-dimensional, integrated care pathway for young people which does not stop at 18, with a strong focus on preventing NEET and on hope and engagement in low-stigma, youth friendly channels. She will describe her experience with the UK Princes Trust and the Birmingham Youth board and how she has helped to shape services for her peers.

## **Youth Mental Health: A Best Buy for Mental Health Reform**

**Patrick D. McGorry MD, PhD, FRCP, FRANZCP.**

Mental and substance use disorders are among the most important health issues facing society. They are by far the key health issue for young people in the teenage years and early twenties, and if they persist, they constrain, distress and disable for decades. Epidemiological data indicate that 75% of people suffering from an adult-type psychiatric disorder have an age of onset by 24 years of age, with the onset for most of these disorders – notably psychotic, mood, personality, eating and substance use disorders– mainly falling into a relatively discrete time band from the early teens up until the mid 20s, reaching a peak in the early twenties. While we have been preoccupied with health spending at the other end of the lifespan, young people who are on the threshold of the peak productive years of life, have the greatest capacity to benefit from stepwise evidence-based treatments and better health care delivery. A substantial proportion of young people are being neglected and consigned to the “NEET” scrapheap with disastrous human and economic consequences.

In recent years, a worldwide focus on the early stages of schizophrenia and other psychotic disorders has improved the prospects for understanding these complex illnesses and improving their short term and longer term outcomes. This reform paradigm has also illustrated how a clinical staging model may assist in interpreting and utilising biological data and refining diagnosis and treatment selection. There are crucial lessons for research and treatment, particularly in the fields of mood and substance use disorders. Furthermore, the critical developmental needs of adolescents and emerging adults are poorly met by existing conceptual approaches and service models. The paediatric-adult structure of general health care, adopted with little reflection by psychiatry, turns out to be a poor fit for mental health care since the age pattern of morbidity of the latter is the inverse of the former. Youth culture demands that young people are offered a different style and content of service provision in order to engage with and benefit from interventions. The need for international structural reform and an innovative research agenda represents one of our greatest opportunities and challenges in the field of psychiatry. Fortunately this is being explored in a number of countries and has the potential to spread across the world as a dynamic health reform front.

**The headspace story - next generation health and mental health care for young people**

## **Chris Tanti, CEO, headspace**

Across the western world, governments, policy makers, managers and clinicians congratulated themselves at the speed at which they closed institutions in order to provide services in the community. Inpatient units were mainstreamed and a web of community-based services emerged to support people with mental illness live fulfilling lives.

As a young clinician, I, like many others bought into the vision because I could visualise the enormous benefits that would flow to patients. We now know that not everything we hoped for happened.

In spite of our best efforts, people with mental ill health are now more than ever before over represented in our homeless populations and our prisons and have difficulty accessing assistance for even severe health problems. The extent of the changes fell short of reforms in other areas of health, such as in physical and intellectual disability where the emphasis on vocational and housing options was maintained. Worse still, as a result of funding constraints, what was in scope in terms of treatment also narrowed to the point where only the most complex and at risk presentations received the limited range of services on offer.

Then something happened in Australia that would have profound effects on the way we think about mental ill health. A vision began to emerge to create a single and simple entry point that was integrated with key community supports and provided them and their families with a clinically robust and easily accessible alternative to what was on offer previously.

The evidence to do something different was compelling. We knew mental health problems accounted for close to half of the burden of disease and three quarters of adults with mental ill health had felt its onset before the age of 24. As a result was almost inevitable.

When **headspace** first started in 2006 its brief was simple - establish 30 youth mental health one stop shops across Australia. This vision was funded by the Commonwealth Government, which in itself was a clear departure from the usual practice of state funding for mental health services.

**headspace** had an initial budget of \$55 million over four years to set up an early intervention youth mental health service that hadn't been attempted anywhere else in the world on that scale.

Little more than seven years later, **headspace** has a budget of \$500 million, 55 centres on the ground, growing to 90, an expanded brief to work with young people with first onset psychosis, a national online counselling service for young people and a school support program working with

secondary schools in order to prevent suicide and support schools in the event of a suicide. In other words **headspace** and its staff have had a very busy few years.

What started off as a great idea has progressed to be a comprehensive national system of care for young people 12 to 25. **headspace** has challenged the way Australians think about mental health care, stigma and community treatment. It is a system that at its very heart and at all levels is driven and critiqued by young people. Importantly (and somewhat counter intuitively) it involves key community organisations not previously involved in the provision of mental health care within its core service platform.

The **headspace** model is both as innovative as it is simple. The discussion will focus on the key success factors of the initiative and detail some of the significant achievements that are easily replicable.