



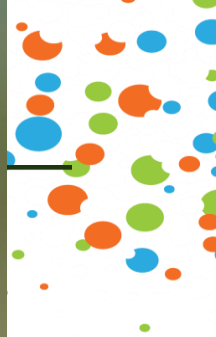
YOUTH MENTAL HEALTH: NATIONAL AND GLOBAL PROGRESS

Patrick McGorry
Orygen, headspace & University of Melbourne

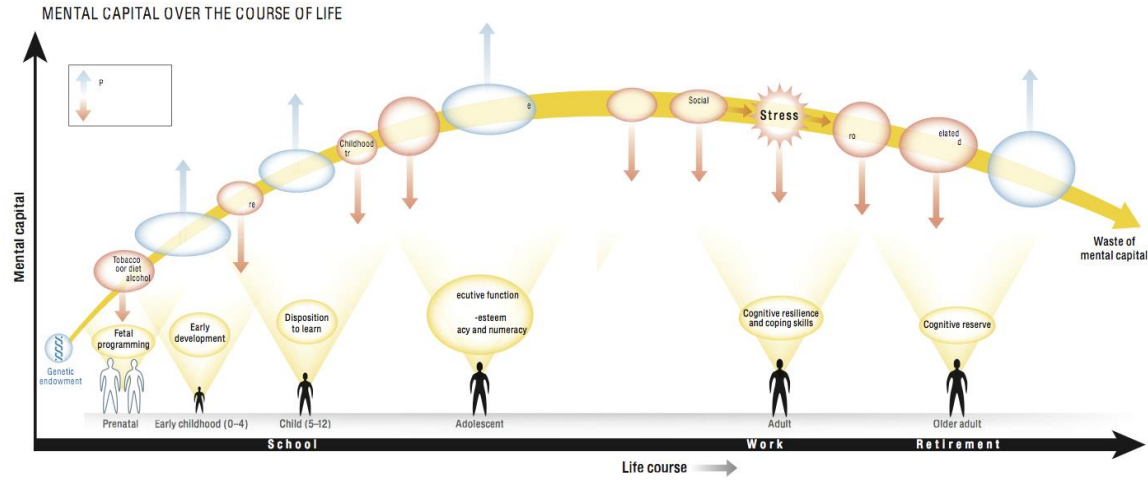


Mental
illness

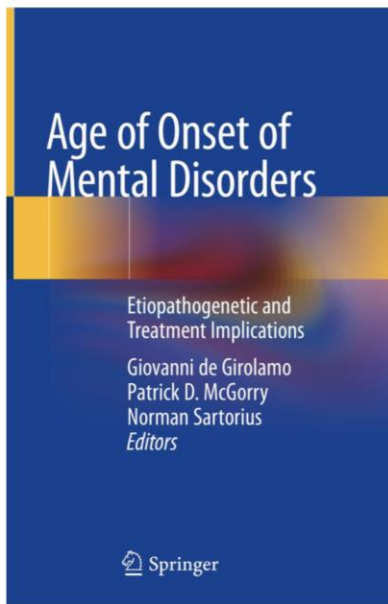
#1 threat
to young lives
and futures



DEVELOPMENTAL PERSPECTIVE: THE MENTAL WEALTH OF NATIONS



Beddington et al 2008 Nature



1st ed. 2019, XVI, 261 p. 30 illus., 24 illus. in color.

Printed book

Giovanni de Girolamo, Patrick D. McGorry, Norman Sartorius (Eds.)

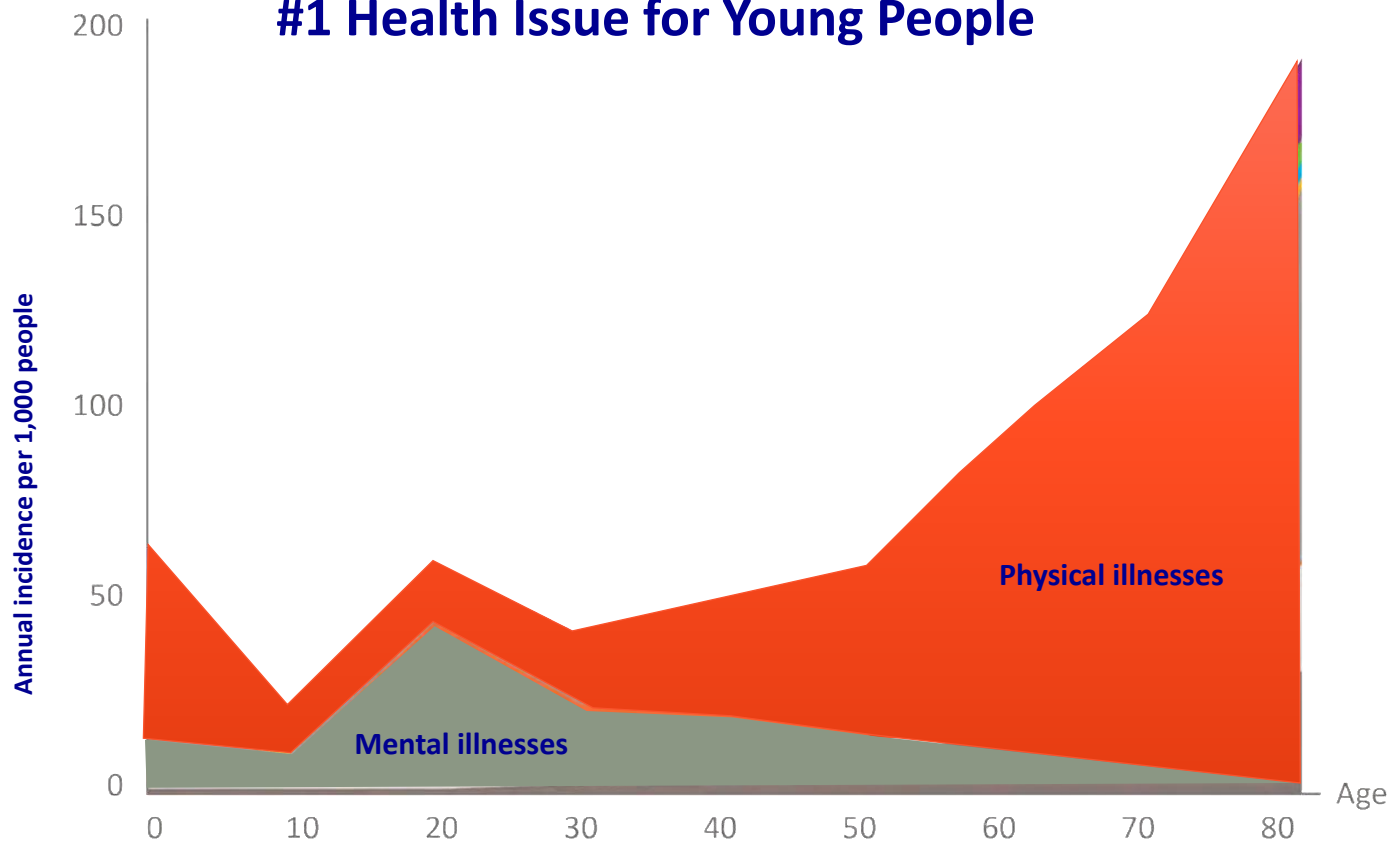
Age of Onset of Mental Disorders

Etiopathogenetic and Treatment Implications

- Brings together the available evidence regarding the age of onset of mental disorders and its significance
- Covers all the most important mental disorders
- Written by outstanding, well-known contributors and edited by leading experts

This book presents a thorough and critical review of current knowledge about the age of onset of mental disorders. The opening chapters offer information about the impact of the age of onset on the clinical picture, course, and outcome of physical illnesses, and about the neurobiological implications and correlates of different ages of onset. The impact and correlates of the ages of onset of all the most important mental disorders are then discussed in detail by internationally renowned scientists. The background to the book is the recognition that a better understanding of age of onset makes it possible to estimate the lifetime risk of disorders, helps to elucidate pathogenesis, and facilitates efficient, targeted clinical management. The book will be of value for clinicians, mental health professionals, mental health researchers, epidemiologists, and different stakeholders in the mental health field.

Global Burden of Disease: #1 Health Issue for Young People



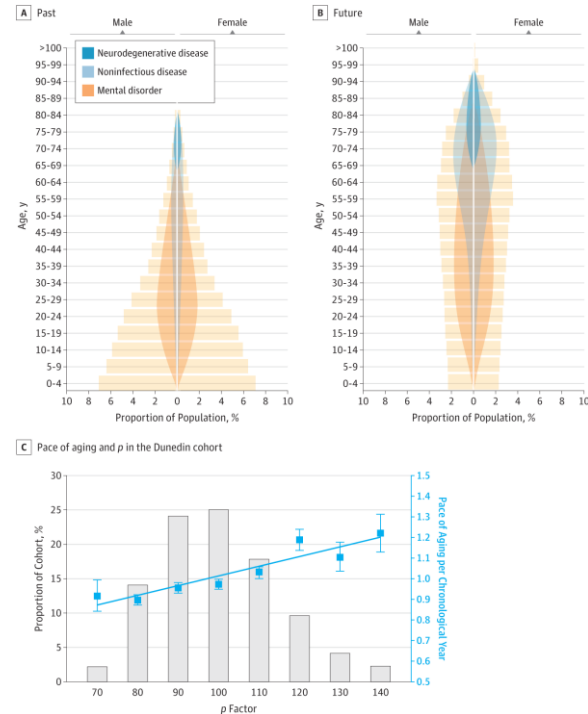
March 27, 2019

Psychiatry's Opportunity to Prevent the Rising Burden of Age-Related Disease

Terrie E. Moffitt, PhD^{1,2}; Avshalom Caspi, PhD^{1,2}

[» Author Affiliations](#)

JAMA Psychiatry. Published online March 27, 2019. doi:10.1001/jamapsychiatry.2019.0037



MOFFIT & CASPI 2019

“psychiatry is well situated to prevent disability among older people by doing something it does well: **treat young people**.

Risk-prediction research shows that the same people who have poor mental and cognitive health while young tend to have age-related diseases years later.^{1,2} Moreover, the timing is right.

Mental disorders peak in adolescence and young adulthood, whereas noninfectious diseases peak in midlife and neurodegenerative conditions peak in late life”

Clinical Staging in Psychiatry

Making Diagnosis Work for
Research and Treatment

EDITED BY
PATRICK MCGORRY
AND IAN HICKIE

CAMBRIDGE

Medicine

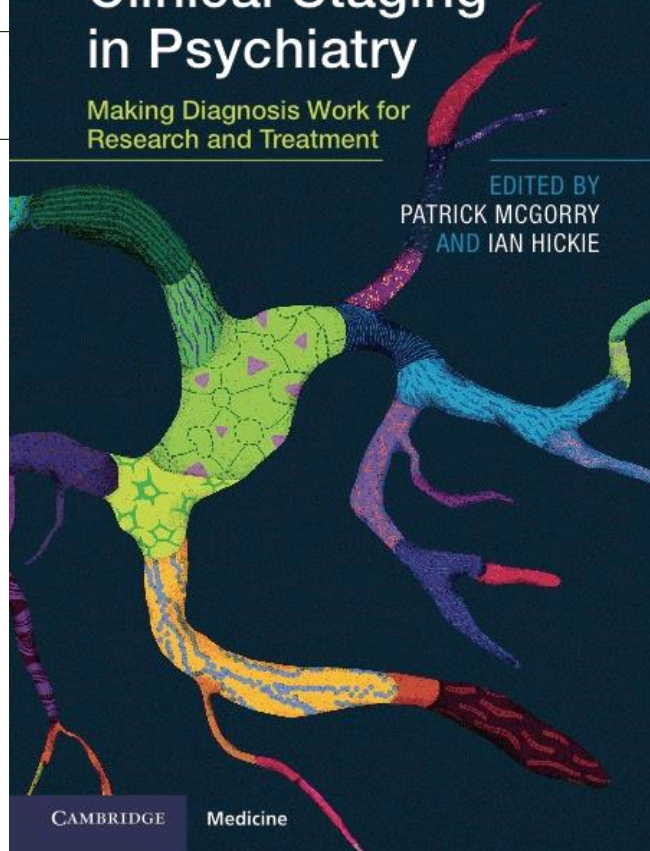
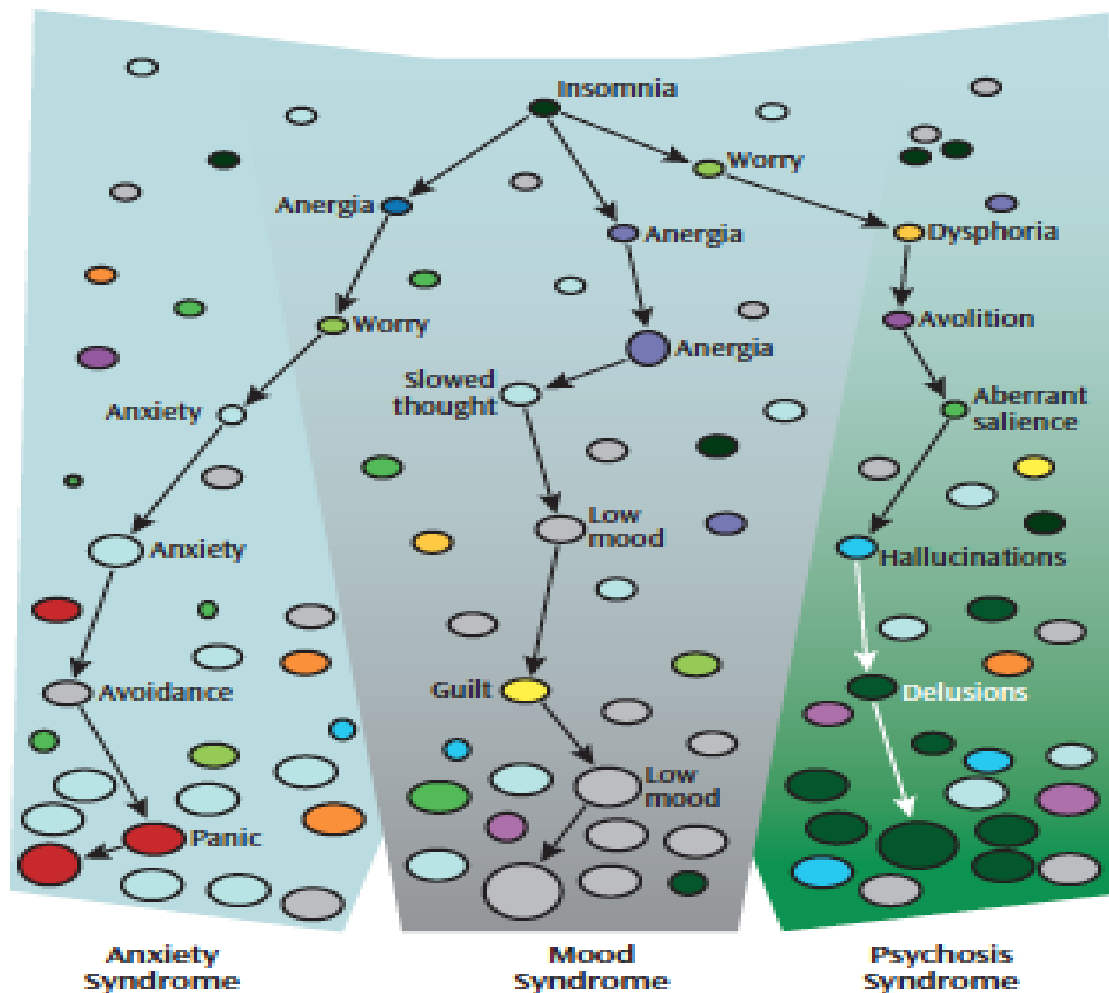


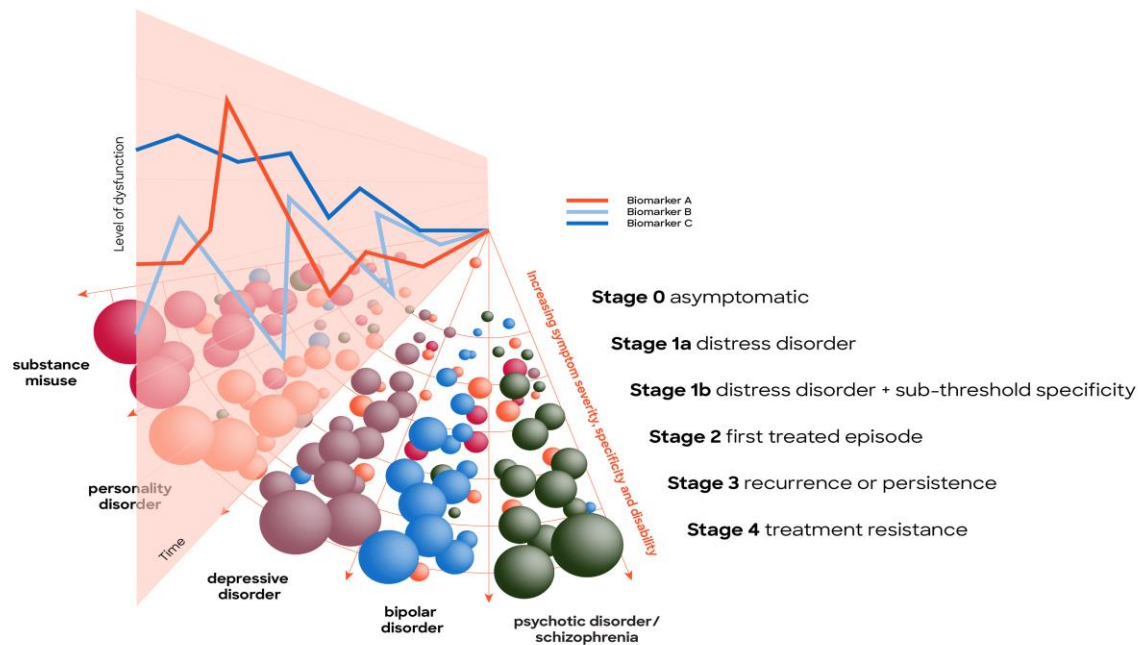
FIGURE 1. Staging Model of Causal Symptom Circuits^a

Stage of nonspecific
mental distress

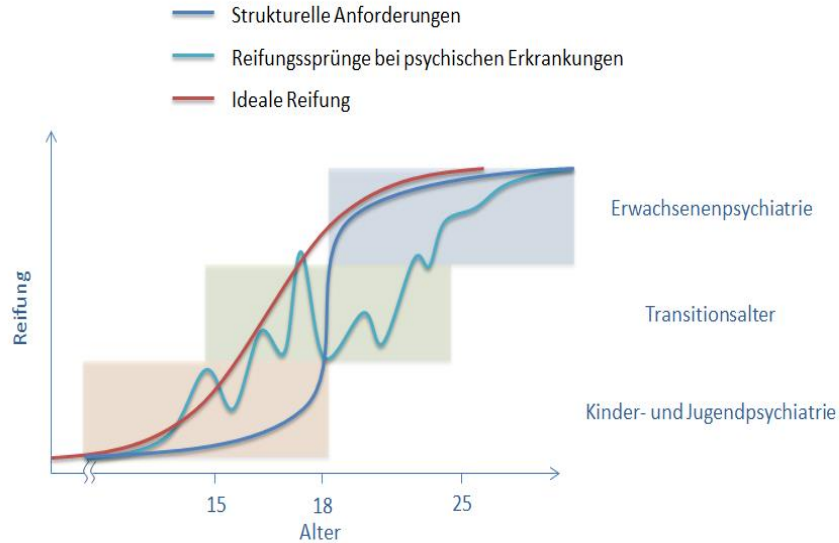
Early
treatment →

Stage of specific
mental syndrome





REAL MATURATION



Actual development in the context of mental ill-health in young people

Vital to acknowledge the impact of illness on developmental trajectories

Adolescent mental health 3



The new life stage of emerging adulthood at ages 18–29 years: implications for mental health

Jeffrey J Arnett, Rita Žukauskienė, Kazumi Sugimura

Since 1960 demographic trends towards longer time in education and late age to enter into marriage and of parenthood have led to the rise of a new life stage at ages 18–29 years, now widely known as emerging adulthood in developmental psychology. In this review we present some of the demographics of emerging adulthood in high-income countries with respect to the prevalence of tertiary education and the timing of parenthood. We examine the characteristics of emerging adulthood in several regions (with a focus on mental health implications) including distinctive features of emerging adulthood in the USA, unemployment in Europe, and a shift towards greater individualism in Japan.

Lancet Psychiatry 2014;
1: 569–76

This is the third in a [Series](#) of three papers about adolescent mental health

Clark University, Worcester,
MA, USA (J Arnett PhD);
Institute of Psychology

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

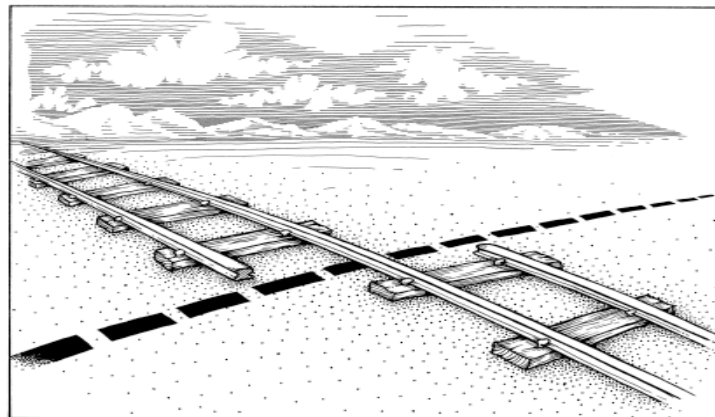
not referred to AMHS or not accepted by AMHS). Individuals with a history of severe mental illness, being on medication or having been admitted were more likely to make a transition than those with neurodevelopmental disorders, emotional/neurotic disorders and emerging personality disorder. Optimal transition, 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.

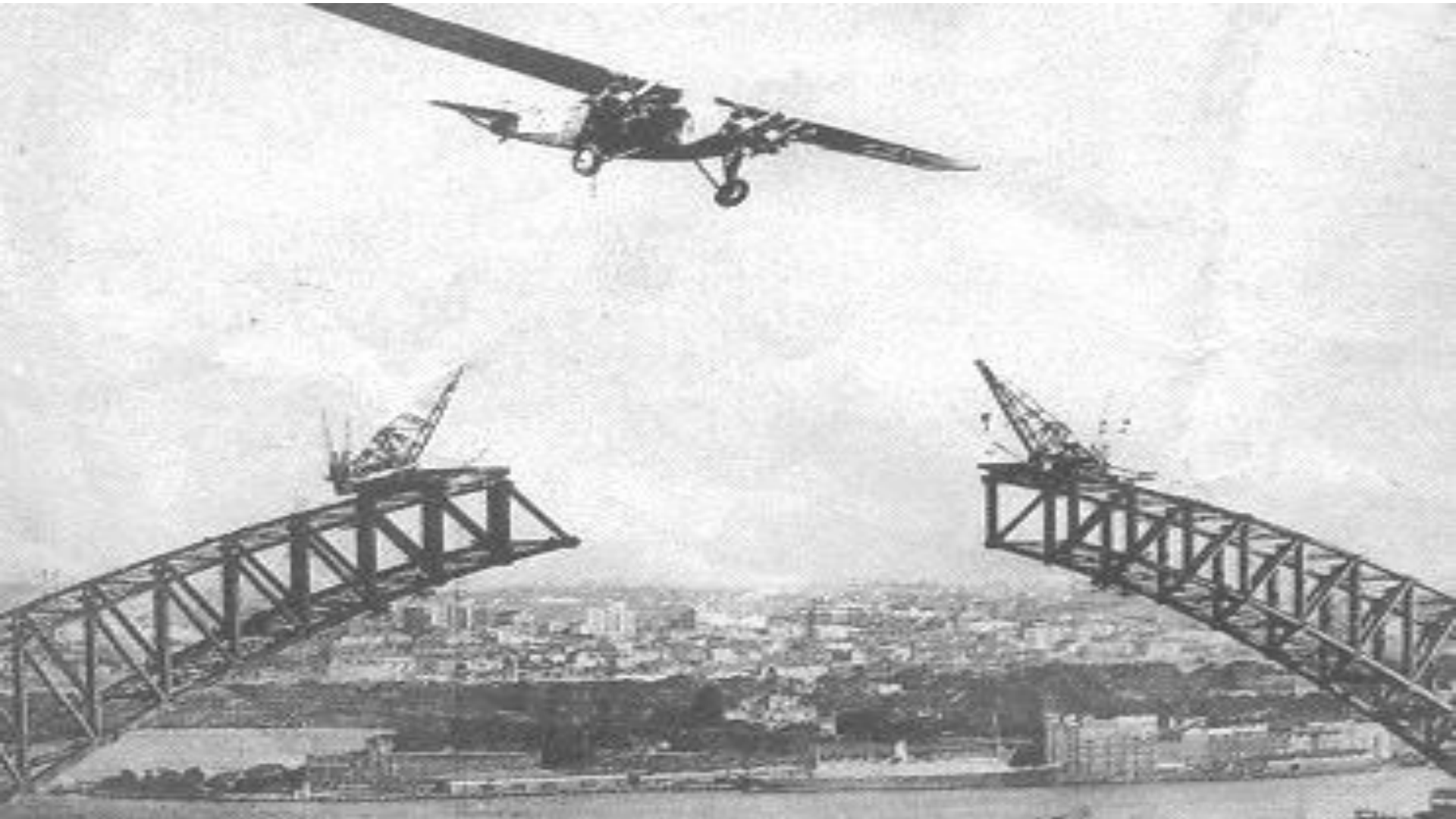
Conclusions

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.



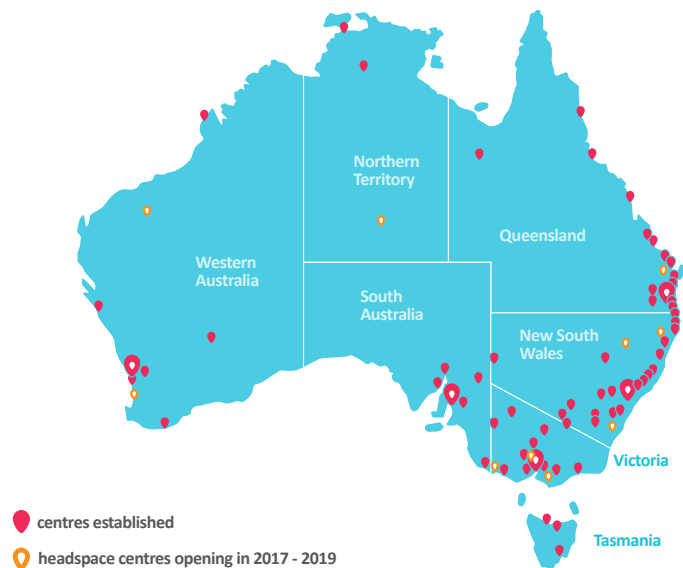






FROM 120 → 150 CENTRES BY 2023

AUSTRALIA





From Australian communities to Prime Ministers: Sustained universal support for headspace

Integrated Youth Mental Health Programs

headspace - Australia

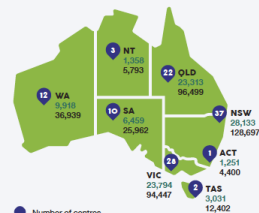


headspace in the community

FY 2019-20

headspace centres

There are 115 headspace services across metropolitan, regional and rural Australia.



- Number of centres
- Number of young people accessing headspace centres
- Number of services

97,257
young people accessed headspace centres

405,139
services provided to young people

Be You

6,569
Schools participating in Be You as a whole learning community

headspace in schools

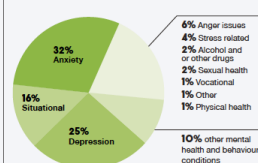
41,634
Students engaged (Schools Suicide Prevention Activities Program)

3,748
School principals, leadership support and trained

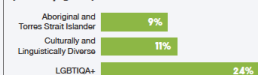
2,563
Educators, wellbeing staff supported and trained

* As at 30 June 2020 and inclusive of licensed headspace centres, satellites and outposts.

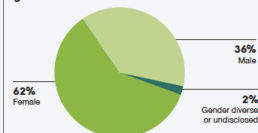
main issues



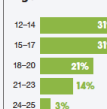
priority groups



gender



age



satisfaction

90%
of young people report being satisfied with headspace services in their communities

headspace digital services

FY 2019-20

eheadspace

eheadspace, our online and phone counselling service provided:



31,292
young people accessed online and phone counselling



78,187
services provided to young people

website

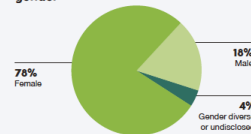
7,700,581
total page views

40%

increase in visitors to the headspace website

01:18
average time spent on page

gender



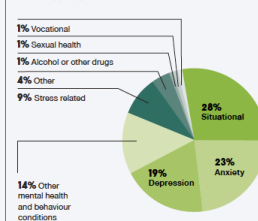
headspace Work and Study

660
Number of young people serviced

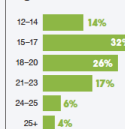
16,321
Number of services provided

95%
Satisfaction

main issues



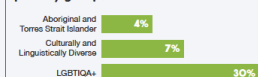
age



satisfaction

86%
of young people report being satisfied with eheadspace

priority groups



career mentoring with work and study

80
Number of young people serviced

344
Number of services provided

95%
Satisfaction

**at headspace,
we believe in the
power of youth.
our vision is that all
young Australians
are supported to
be mentally healthy
and engaged in
their communities.**

Each year, headspace provides early intervention mental health services to young people aged 12-25 and their families. Since establishment in 2006, headspace has supported over 600,000 young Australians, providing 3.6 million services that help them to strengthen their wellbeing, manage mental health, get through challenging times and get back on track. In 2019-20, headspace supported over 128,549 young people, via our headspace centres, phone, online and more recently, through telehealth due to the impacts of COVID-19. The headspace model understands that adolescence and early adulthood is a critical time in a young person's life, with research highlighting that more than 75% of mental health disorders begin before the age of 25. We provide a holistic approach to supporting young people early in life through four core areas: mental health, physical and sexual health, work and study support, and alcohol and other drugs.

headspace centre network

As at 30 June 2020 a national network of 115 headspace sites now operates across metropolitan, regional and rural areas of Australia. This includes a range of satellites and outreach services, tailored to the needs of the local community in which they operate.

headspace online services

ehadspace is our online and phone counselling service available for young people seven days a week, every day of the year. ehadspace supports young people who might not be able to access a headspace centre or prefer to get help online. Providing a secure and anonymous place to talk to a professional or peer means many young people who wouldn't ordinarily seek help in person are getting support and access to tools to manage their mental health when they need it.

128,549

headspace supported 128,549 young people through centres, online and phone services this year.



headspace TelePsychiatry

headspace TelePsychiatry provides young people aged 12 - 25, in eligible regional and rural areas, access to highly skilled psychiatrists via video consultations. These psychiatrists are experts in youth mental health and have experience working with young people from various backgrounds.

headspace Work and study

headspace Work and Study offers support to young people aged between 15 and 25 to plan a career, find employment or work towards further education. This is done in a highly accessible, confidential and youth-friendly environment. headspace Work and Study includes one-on-one support with a careers specialist. Our Career Mentoring service links young people with industry-specific mentors to support them in career planning and development. headspace Work and Study also supports the Individual Placement and Support (IPS) program run out of 24 headspace centres nationally to help young people with mental health concerns to work in regular jobs that they are both interested in and passionate about.

headspace Schools

headspace Schools supports, engages and partners with education and health sectors across Australia, to build the mental health literacy and capacity of workforces, children, young people, their families and wider school communities. Their programs and initiatives include their role as the service delivery partner for Be You for all primary and secondary schools nationally, the delivery of School Suicide Prevention Activities, which supports school staff and principal mental health and wellbeing, and various other programs supporting training and professional development for those working in schools.

headspace Early Psychosis

The headspace Early Psychosis program supports young people experiencing, or at risk of developing, psychosis. Based on evidence developed by Orygen, the program is delivered at 14 headspace centres and focuses on early intervention, and providing young people and their families with timely access to specialist support.



WORLD PSYCHIATRY (2020)

PERSPECTIVE

Creating headspace for integrated youth mental health care

International momentum in global mental health reform is building, responding to overwhelming evidence of unmet need in high, middle and low income countries alike, and powerful economic arguments that mental health care represents the best value for money. Yet adequate investment remains an elusive goal, with the treatment gap as wide as ever¹.

We have long argued that new paradigms that dispel stigma, open up early access, safeguard hope, and build expertise and quality based on the best available evidence, must be embraced and scaled up in real world settings². The growing success of prototypical evidence-based early psychosis models in many parts of the world has paved the way for a more definitive reform paradigm, one which links transdiagnostic early

decision-making, with social and vocational outcomes as the key targets.

- A single, visible trusted location, a “one stop shop” or “integrated practice unit”³ with providers organized as a dedicated team of clinical and non-clinical (e.g., peer worker) personnel providing the full spectrum of care around the young person and his/her family.
- Elimination of discontinuities at peak periods of need for care during developmental transitions, in particular demolishing the anachronistic and developmentally inappropriate “hard border” at age 18.
- Seamless linkages with services for younger children and adults.



Beyond brand: inside youth mental health

Integrated (one-stop shop) youth health care: best available evidence and future directions

Sarah E Hetrick¹, Alan P Bailey¹, Kirsten E Smith², Ashok Malla³, Steve Mathias⁴, Swaran P Singh⁵, Aileen O'Reilly⁶, Swapna K Verma⁷, Laelia Benoit⁸, Theresa M Fleming⁹, Marie Rose Moro⁸, Debra J Rickwood¹⁰, Joseph Duffy⁶, Trissel Eriksen¹¹, Robert Illback¹², Caroline A Fisher¹³, Patrick D McGorry¹

Mental health problems represent the largest burden of disease in young people.¹ Fifty per cent of mental disorders first emerge by the age of 14 years, and 75% by the age of 24 years.² Left untreated, these mental health problems have high rates of recurrence and cause negative outcomes for the individual, including reduced economic productivity, as well as societal costs.³⁻⁶ A range of risk behaviours coexist with mental health difficulties, including tobacco, drug and alcohol use; sexual risk taking; injury-related risk behaviour; violence; reduced levels of physical activity; and poor nutrition.⁷⁻⁹ Health behaviours laid down during adolescence and young adulthood tend to continue long term.^{8,9}

Despite this, access to mental health services for young people has been poor.¹⁰⁻¹³ Identified barriers to help-seeking for young people include internal factors, such as concerns about confidentiality, lack of knowledge about mental health disorders and available services and perceived attitudes of clinicians; and external barriers, including lack of access and financial costs.^{7,9} Historically, mental health services have not been developmentally sensitive or youth-oriented. Many services restrict access depending on age, diagnosis or comorbidities. Further, poor engagement of young people in child and adult psychiatric services has been endemic, and challenges in transitioning young people between and across these services has often been poorly dealt with.¹⁴⁻¹⁶ Together, these processes have caused a "crisis in care", where most young people with mental health difficulties do not get the care they need, resulting in high rates of distress, functional impairment and suicidality.¹⁷⁻¹⁹

Summary

- Although mental health problems represent the largest burden of disease in young people, access to mental health care has been poor for this group. Integrated youth health care services have been proposed as an innovative solution.
- Integrated care joins up physical health, mental health and social care services, ideally in one location, so that a young person receives holistic care in a coordinated way. It can be implemented in a range of ways.
- A review of the available literature identified a range of studies reporting the results of evaluation research into integrated care services.
- The best available data indicate that many young people who may not otherwise have sought help are accessing these mental health services, and there are promising outcomes for most in terms of symptomatic and functional recovery.
- Where evaluated, young people report having benefited from and being highly satisfied with these services.
- Some young people, such as those with more severe presenting symptoms and those who received fewer treatment sessions, have failed to benefit, indicating a need for further integration with more specialist care.
- Efforts are underway to articulate the standards and core features to which integrated care services should adhere, as well as to further evaluate outcomes. This will guide the ongoing development of best practice models of service delivery.

WEF AND MENTAL HEALTH

Davos 2019



Davos 2020



GLOBAL BLUEPRINT FOR YOUTH MH REFORM

ory
gen

WORLD
ECONOMIC
FORUM

COMMITTED TO
IMPROVING THE STATE
OF THE WORLD

A Global Framework for Youth Mental Health: Investing in Future Mental Capital for Individuals, Communities and Economies

May 2020



FIGURE 8
Countries that participated
in consultations or surveys
with the project



GLOBAL YOUTH MENTAL HEALTH

BRIEFING

WORLD
ECONOMIC
FORUM

COMMITTED TO
IMPROVING THE STATE
OF THE WORLD

ory
gen

IN BRIEF

Mental health is a major health issue for young people globally. 75 per cent of mental health issues have their onset before the age of 25, which has profound impacts on young people's development and capacity to participate and contribute economically and socially. Despite the acute need, service responses are often non-existent or limited and poorly co-ordinated even in most high-income settings. Youth mental health systems need to take a systematic, evidence-based approach, centred around early intervention. It is important to address the symptomatic, developmental and functional impacts of mental health in the stage of life between adolescence and early adulthood.

FOUR THINGS TO REMEMBER:

1. 87 per cent of the global population is impacted by mental ill-health either through their own experience or that of a family member or someone close to them.
2. Poverty, childhood trauma and violence significantly increase the risk of young people experiencing mental ill-health.
3. Accessing support and appropriate treatment early significantly improves a young person's recovery and capacity to lead a fulfilling and meaningful life.
4. From an economic perspective, adolescence and young adulthood is a key period during the life course when mental capital is formed.



Such an environment is likely to be consistent with the principles and goals of the following:
The Universal Declaration of Human Rights, The Convention on the Rights of Persons with Disabilities,
The Convention on the Rights of the Child, and the Sustainable Development Goals.

LOCAL CONTEXTUAL FACTORS

These could include culture, funding, political will, popular will, existing infrastructure and availability and skill level of workforce among many possible others.

KEY PRINCIPLES

Rapid, easy and affordable access	Youth partnership
Youth specific care	Family engagement and support
Awareness, engagement and integration	Continuous improvement
Early intervention	Prevention

LOCALLY OPERATIONALISED YOUTH MENTAL HEALTH MODEL

(consistent with principles, ambitious and innovative within the resources available)

YOUTH FACING AGENCIES

PRIMARY CARE

SPECIALIST CARE



chain, Starbucks.

MARKETING STRATEGY FOR INTERNATIONAL SUCCESS

- STANDARDIZATION STRATEGY**
 Anywhere the company operates, it offers identical food products such as the *McFlurry*, *McNuggets*, *McChicken*, *Happy Meal*, and *Filet-O-Fish*. The plan provides the company with a strong image.
- ADAPTATION STRATEGY**
 The strategy can be compared to localization. With this strategy, McDonald's adapts to the needs of the consumers as required by the cultures of specific countries.

USA

McDonald's does many new product trials and innovation in its home country, where it has the biggest audience. The company's advertising is typically skewed to children, where McDonald's produces about 250 ads annually.

JAPAN

McDonald's in Japan added menu items to cater to Japanese preferences. The company introduced *Green Tea Ice Cream*, *Rice Burgers*, *Seaweed Shaker Shrimp Burgers*, *Shrimp Nuggets* and *Teriyaki Burgers*.

CHINA

For China, instead of meat from chicken breast, McDonald's uses meat from chicken thighs in its chicken burgers because it's the locals' preference. The *Grilled Chicken Burger* is a meal offered during Chinese New Year, which is served with curly fries and a Chinese horoscope with the 12 animal signs.

GERMANY

Because Germans love to eat meat, its burgers combine *Nürnberger sausages* with beef. And it's a known fact that Germans love their beer with food, so McDonald's outlets in Germany also serve beer.

INDIA

McDonald's in India offers *Masala Grilled Veggie Burgers*, *McAloo Tikki*, the *McVeggie* and the *Maharaja Mac* which is the local version of the standard Big Mac. The *McCurry Pane* is one of McDonald's India's featured products. It is a baked menu item with curried vegetables.

SWITZERLAND

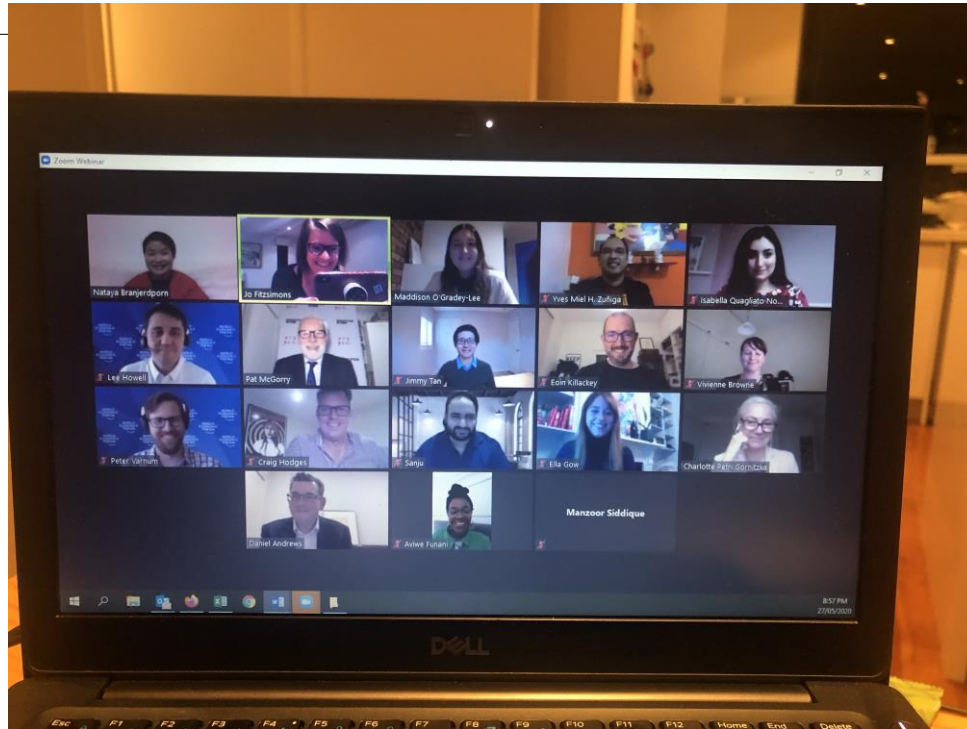
The *McRaclette* is only served in McDonald's outlets in Switzerland. It is a beef sandwich with *raclette cheese*, *unique raclette sauce*, *onions* and *gherkin pickles*.

MOROCCO

McDonald's offers a special menu for Ramadan. They call it *l'itar* (end of fasting) and the meal consists of a *Big Mac*, milk, *dates* and *traditional Moroccan soup*.

INDONESIA

The majority of the population in Indonesia is Muslim, therefore, McDonald's adapted to the eating needs of the population by replacing *pork* with *fish*. Since Indonesians prefer rice over bread, they serve *rice* as well, together with some spicy meals that locals prefer.





Building the momentum and blueprint for reform in youth mental health



Mental disorders have been well characterised as “the chronic diseases of the young”¹ and continue to disproportionately affect young people worldwide.² They are a major contributor to the overall burden of disease between 10 and 24 years of age,³ making them the leading cause of disability and premature death for this age group. Societies across the globe are heavily weakened by mental disorders. Projections suggest that by 2030, among the non-communicable diseases, mental illness will pose the greatest threat to worldwide economic growth.⁴ This threat to economic growth is a direct result of the timing in the lifecycle of mental

disorders; 75% emerge by 24 years of age,⁵ with the major syndromes, which so often persist and disable across adulthood, emerging during the transition from puberty to the mid-20s. This critical developmental period is especially important for completing education, securing employment, and growing social relationships. Consequently, the long-term effects on fulfillment of human potential and productivity are enormous, through poor economic and vocational outcomes.⁶ This erosion of so-called mental wealth⁷ demands an urgent response to mental disorders in young people at an individual, societal, and global level.



Published Online
April 16, 2019
[http://dx.doi.org/10.1016/S2215-0366\(19\)30050-1](http://dx.doi.org/10.1016/S2215-0366(19)30050-1)

THE FINAL REPORT



- Delivered March 2021.
- 12,500 contributions.
- Over 3,000 pages.
- Five volumes.
- 65 recommendations in addition to the nine from the Interim report.

A NEW SIX LEVEL SERVICE SYSTEM



Developmentally appropriate transitions will be applied between age-based systems and service streams

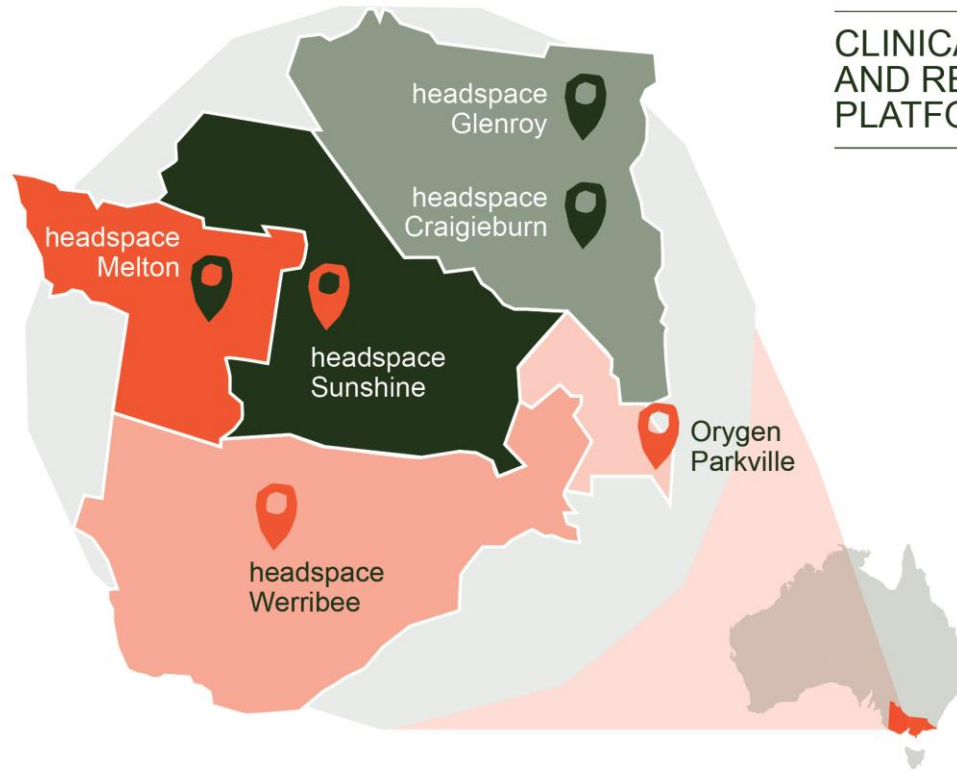




- Established by the end of 2022.
- Services for young people aged 12 to 25 (until a person's 26th birthday), age transitions applied flexibly by services in partnership with young people and their families, carers and supporters.
- Rigid geographic boundaries will be removed.
- Delivered through a partnership between a health service or hospital and a Non Government Organisation*



CLINICAL SERVICES AND RESEARCH PLATFORMS

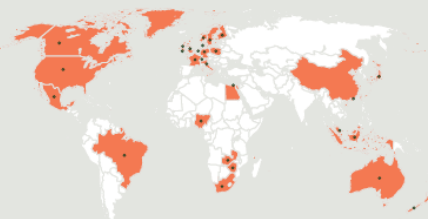


REACH AND REFORM

Partners with organisations in
28 COUNTRIES
across six continents.

Partnerships span research,
clinical service delivery,
and advocacy.

Developed the global framework
for youth mental health with
the World Economic Forum.



CLINICAL CARE

Provide in-person
mental health services to
**MORE THAN 4000
YOUNG AUSTRALIANS**
annually, with hundreds more
supported online.

ORYGEN
SPECIALIST
PROGRAM*



1036
New clients

327
Inpatient
admissions

ORYGEN
PRIMARY CARE
SERVICES (HEADSPACE)*

19743
Services provided
to young people

3702
Young people accessed
a headspace centre

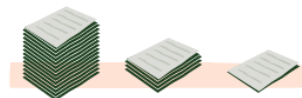
1627
Young people came to
headspace for the first time

RESEARCH IMPACT*

Research papers
published
251

Research
projects
58

Clinical
trials
18



FUNDING*

**INCOME OF
\$65.4 MILLION**
in 2019-20.

Funding is received from Australian
governments and charitable organisations
as well as the US National Institute of
Mental Health and the UK's Wellcome Trust.

STAFFING*

**603
EMPLOYEES**

302
clinical

165
research

136
operations

INCLUDING
11 PROFESSORS

* 2019-2020 FINANCIAL YEAR

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PARKVILLE VIC 3052
AUSTRALIA

**REVOLUTION
IN MIND** *orygen*

ORYGEN 2019

THE ORYGEN INCUBATOR

- New Models of Care
- Novel therapies
- 17 Professors of Psychiatry/Psychology produced since 2001 (11 still within Orygen)
- Increased clinical capacity
- Exponential Research Capacity:
- NHMRC Program Grants, CREs, NIMH grants x2, Wellcome, EU
- National roles: hYEPP, headspace, YES
- Global roles IEPA/IAYMH/WEF-Orygen Global
- Training and Education: UoM courses and RTO status

REVOLUTION IN MIND

ory
gen
