

From early intervention to the 'too hard basket'

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headspace

National Youth Mental Health Foundation

headspace.org.au

Overview

- **Introductions... headspace**
- **Early intervention**
- **'Ultra High Risk' and 'At Risk Mental State'**
- **Engaging young people**
- **'Too hard basket'**



What is the problem?



Patrick McGorry 2010



What do we know?

- Mental health problems and/or problematic alcohol and substance use is the most important health issue affecting young Australians.
- The health burden** - Overall, mental health and substance use disorders account for 60-70% of the burden of disease among 15-24 year olds.
- 50% of young people will experience a period of mental ill health during this time
- ‘Biggest killer up to the age of 40 is suicide.’

What do we know?



- 1 in every 4 young people experience a mental or substance use disorder in any given year (AIHW, 2007)
- A high proportion of young people experience more than one mental or substance use disorder (Teesson et al., 2000)
- The peak period of onset of mental and substance use disorders is during adolescence and early adulthood (Kessler et al., 2005).
- 75% of mental and substance use disorders start before the age of 25

- High suicide rates in early to mid adulthood are related to untreated mental health problems in the late teenage and early adult years.
- Currently only one in four young people experiencing mental health problems actually receives professional help
- Even among young people with the most severe mental health problems only 50% receive professional help.

Only **13%** of young men and **31%** of young women access the mental health care they need



Early Intervention



There are different ways that Early Intervention is defined:

Some use the term for early childhood interventions or “early in life”

Mental health testing planned for three-year-olds as part of early intervention program

([The Courier-Mail May 13, 2011](#))

“Mental health expert Professor Patrick McGorry said disorders such as autism and attachment problems could manifest as young as three.”

"As young as three, we know that infants can present signs of emerging behavioural disorders which, if they're not caught in time, they're not treated, can become a very serious problem in primary school and develop into quite serious mental illness in adolescence."

Early Intervention



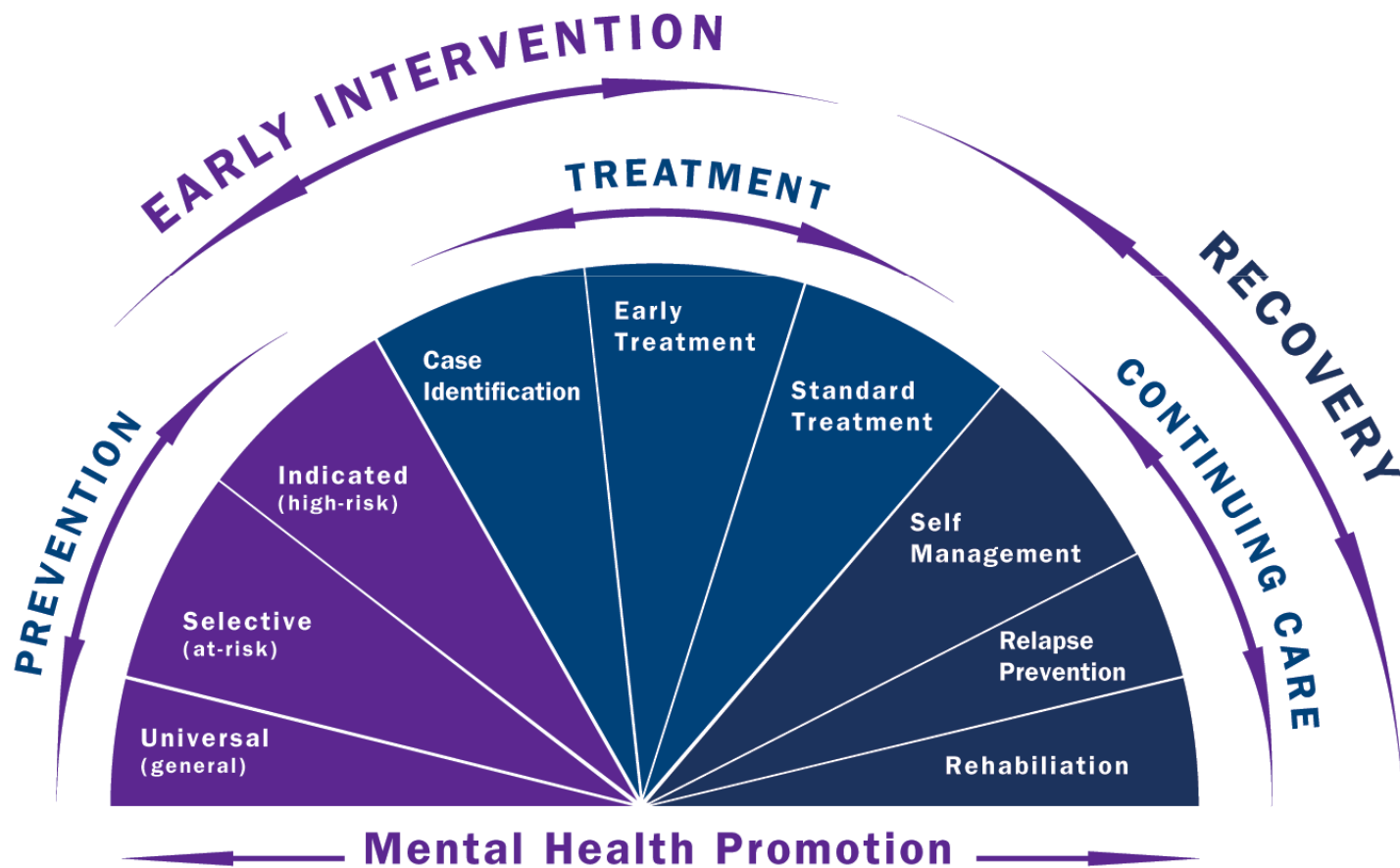
2. Others link to relapse prevention in established illness

3. “Early diagnosis and optimal care of the early years following a diagnosis“ : Orygen Mental Health

What do you think early intervention is?

Is this the same as what you think it should be?

Early Identification





What is it?

Selected prevention - at risk

Indicated prevention – high risk

Case identification – through screening and assessment

Early treatment – for first episodes

Who is it for?

Birth /Early Childhood

General

At risk

High Risk

Early Adolescence

General

At risk

High Risk

Later Adolescence

General

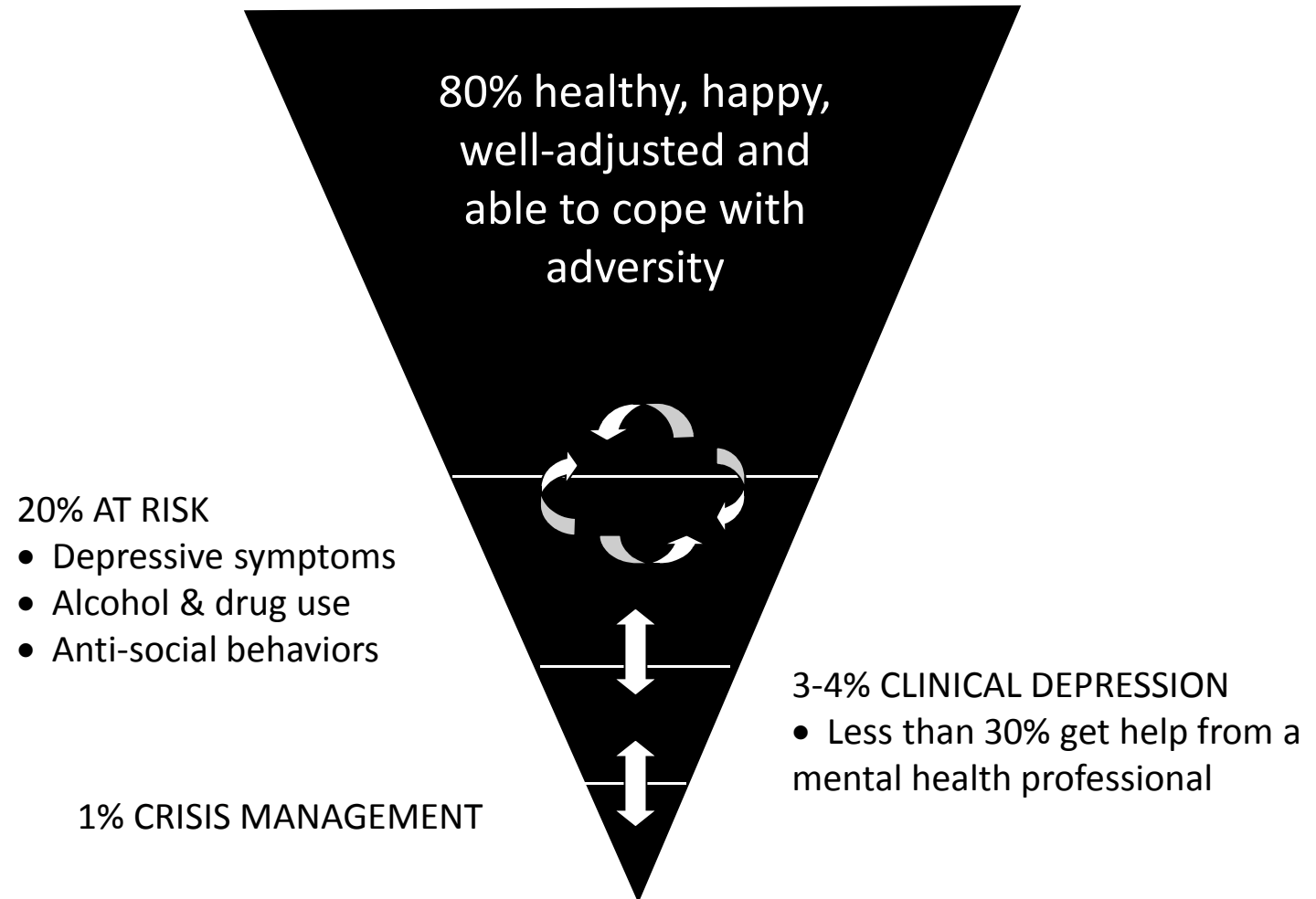
At risk

High Risk

Adulthood (25+)



Snapshot of youth mental health





Ultra High Risk and At-Risk?



Risk & protective factor framework

- Helps us to better understand young people at risk of health problems and to guide appropriate interventions
- Risk factors increase the likelihood that an individual will develop health or psychosocial problems
- Protective factors diminish the likelihood of these problems occurring
- Similar risk and protective factors impact on different mental health outcomes



- Risk and protective factors may be found in individual, peer, family, school and community contexts
- Each individual brings a set of characteristics to daily interactions colouring the nature and tone in a positive or negative way
- Protective factors balance and buffer risk factors (Hawkins 1992)
- The more risks that can be reduced and the better the balance between risk and protective factors, the less vulnerable the young person is to developing health and social problems (Hawkins, Catalano & Miller 1992)

Risk factors

Biological

- Exposure to toxins in pregnancy
- Family history
- Head trauma
- Birth complications

Psychological

- Learning disorders
- Maladaptive personality traits
- Abuse and neglect
- Difficult temperament

Social

- Inconsistent care giving
- Poor family discipline
- Family conflict
- Death of family member
- Academic failure
- Inadequate education
- Bullying
- Community disorganisation
- Discrimination
- Exposure to violence

Protective factors for adolescent mental health

Biological

- Normal physical development
- Good physical health
- Good intellectual functioning

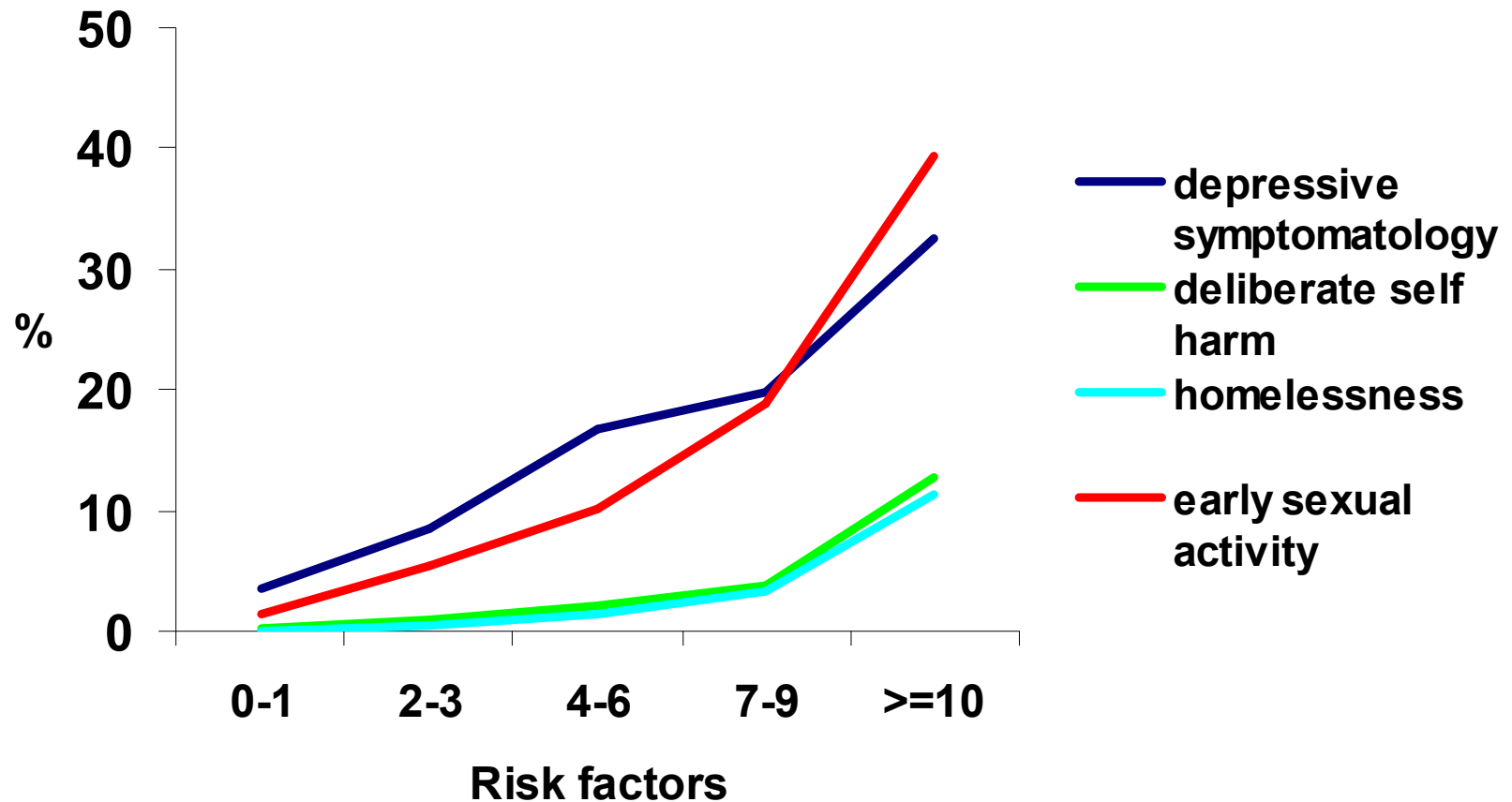
Psychological

- Ability to learn from past experiences
- Good self-esteem
- Problem-solving ability
- Stable temperament

Social

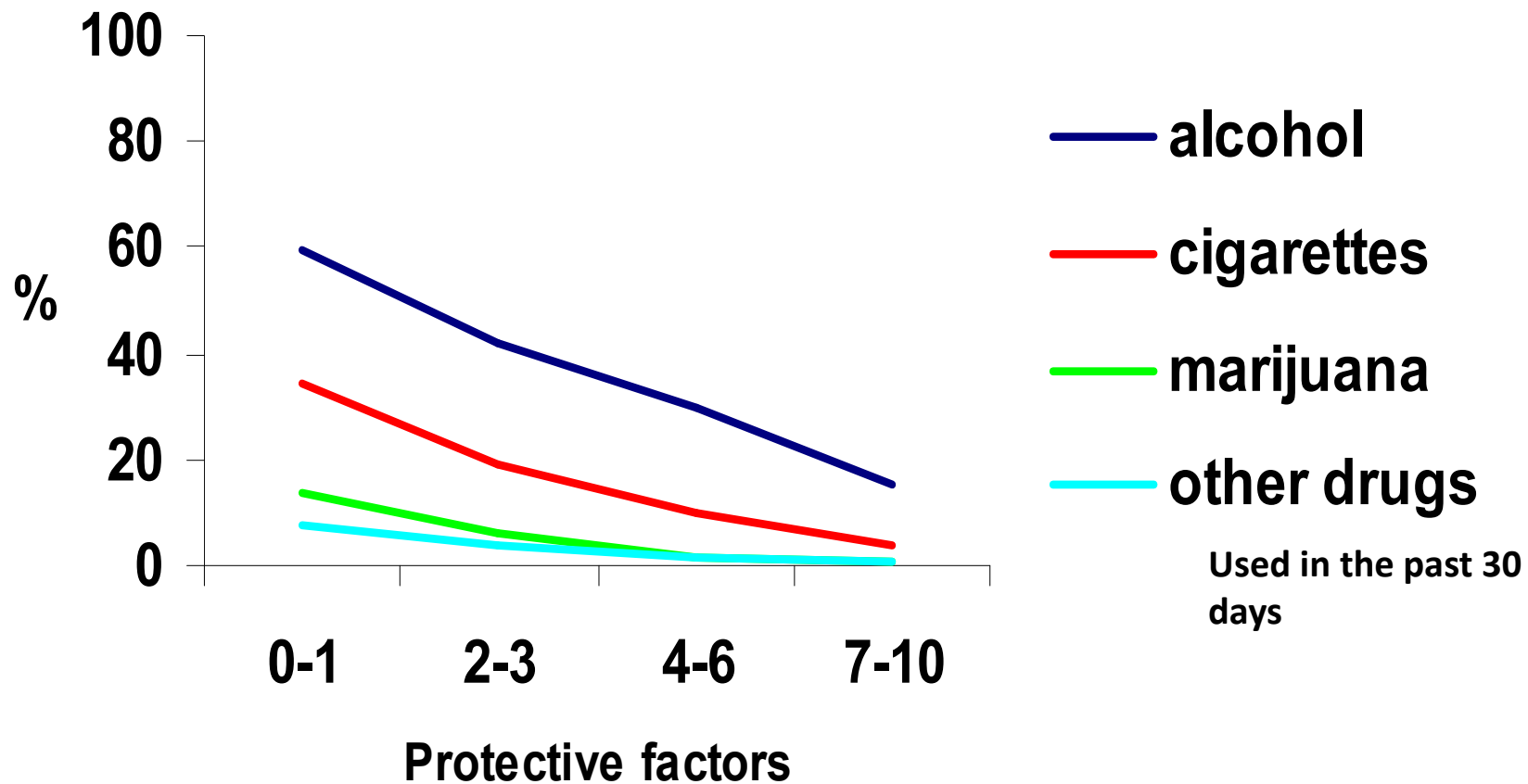
- Family attachment
- Positive involvement in family
- Rewards for involvement
- Opportunities for involvement in school
- Academic achievements reinforced
- Identity with school
- Community Connectedness
- Opportunities for leisure
- Positive role models

Cumulative effect of risk factors



Bond et al. (2000)

Cumulative effect of protective factors



Bond et al. (2000)

Look carefully...



**What have we learnt from Early
Psychosis Research?**

**Can it be applied to other mental
health issues?**

Preventative intervention



Preventative intervention can occur in the three key phases of early psychosis:

The "at-risk" phase, when symptoms are subtle and can be confused with adolescent development issues

The period of frank symptoms of psychosis that remains untreated, which may compound the issues of risk and the development of prolonged disability

The critical period after the onset of the first psychotic episode, which can be up to five years in duration, when treatment needs to be comprehensive and phase-specific

‘Something is not quite right’



‘Psychotic illnesses rarely present out of the blue. Almost always, these disorders are preceded by a gradual change in psychosocial functioning, often over an extended period. This is the period during which the individual may start to experience a change in themselves, but have not yet started experiencing clear-cut psychotic symptoms. This is the prodromal phase of the illness, which is known as the "at risk mental state" phase.

Changes in this phase vary from person to person and the duration of this phase is also quite variable, although it is usually over several months. In general, the at risk phase is a fluctuating and fluid process, with symptoms gradually appearing and changing over time.’



Some of the changes seen during this phase include:

- Changes in affect such as anxiety, irritability and depression
- Changes in cognition such as difficulty in concentration or memory
- Changes in thought content, such as a preoccupation with new ideas often of an unusual nature
- Physical changes such as sleep disturbance and loss of energy
- Social withdrawal and impairment of role functioning, which can include deterioration in school or work performance

‘Something is not quite right’



“These may be brief and intermittent at first, escalating during times of stress or substance abuse and then perhaps subsiding, before eventually becoming sustained with the emergence of clear-cut psychosis.

Clearly many of these changes are quite non-specific and can result from a number of psychosocial difficulties, physical disorders and psychiatric syndromes.

However, it is clear that persistent or worsening psychological changes in an adolescent or young adult may herald the development of a mental health disorder such as psychosis and this possibility needs to be kept in mind, particularly if other risk factors are present.” (EPPIC)

Developmental disruption



- isolates the person from others and disturbs peer relationships
- personal and social development will be put on hold, or may even slip backwards
- Impairment of school and work performance damage to future vocational prospects and consequent financial insecurity.
- strained or severed relationships with family
- increased psychological morbidity amongst family members. substance abuse may begin or intensify
- the risk of suicide is increased

Biological toxicity



“There is also evidence to suggest that delayed treatment may cause the illness to become more biologically entrenched and less responsive to treatment. It appears that in some way psychosis may be biologically toxic. Indeed, longer periods of untreated psychosis have been related to slower recovery rates and reduced chances of full recovery, greater relapse rates and lower levels of social and occupational functioning. These effects appear to be independent of other prognostic factors. By contrast, early diagnosis and treatment leads to improved recovery and outcome.” (EPPIC)



Yung et al 2004

104 young people

'Ultra High Risk'

34.6% developed psychosis in 12 months

Predictors:

Poor functioning, long duration of symptoms, high levels of depression and reduced attention, a combination of family history of psychosis, and recent experience of 'subthreshold' psychotic symptoms

Yung et al, 2004



Risk factors for psychosis in an ultra high-risk group: Conclusion

“Within our symptomatic high-risk group, therefore, it appears possible to identify those individuals who are at particularly high risk of developing a psychotic disorder such as schizophrenia. Given the very high PPV (positive predictive value) and low false positive rate with this two-step process, it may be justifiable to target these individuals for intensive monitoring of mental state and even low-dose neuroleptic medication or other biological and psychosocial treatments depending on clinical condition. This indicated prevention approach could be further developed and preventive strategies in the psychoses”

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Co-occurrence of risk behaviours

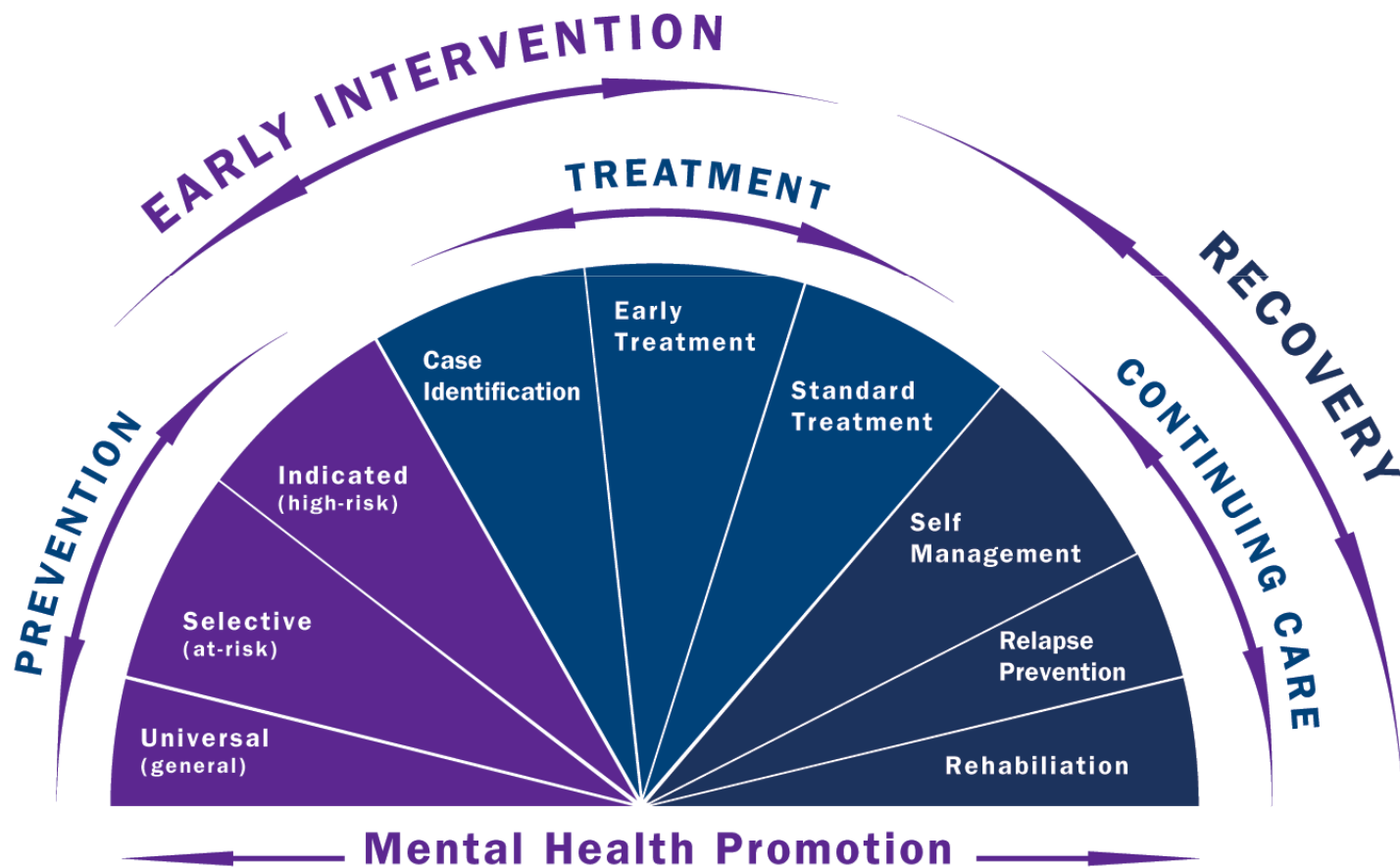


Where there is one health risk behaviour, search for others.

A regular smoker in adolescence is:

- 2 times more likely to diet severely
- 3 times more likely to have a mental disorder
- 7 times more likely to be a heavy alcohol drinker
- 9 times more likely to have unprotected sex
- 19 times more likely to use cannabis weekly
- **The Victorian Adolescent Health Survey, Centre for Adolescent Health (1996)**

What does this mean?



Engagement



- Disorders have a 'trajectory' or 'stage'
 - Intervene as early as possible for better outcomes
- Many young people do not seek help, or seek help late
 - Change knowledge, attitudes and behaviour
- Many young people feel uncomfortable with existing services
 - Create youth specific services
- Mental disorders can have major psychosocial complications (e.g. school drop out)
 - Need a holistic focus (symptom and social recovery) through multidisciplinary team and service links

Barriers to accessing help early



INDIVIDUAL:

Concerns about stigma, disclosure of “embarrassing” mental health issues, and lack of confidentiality (Booth et al., 2004)

Negative attitudes toward seeking assistance from professionals and the belief that individuals should be able to solve their own problems (Sawyer et al., 2000)

A lack of knowledge of mental health problems and available professional assistance (Jorm et al., 2007)

Barriers to accessing help early



SERVICE LEVEL:

Lack of available mental health services

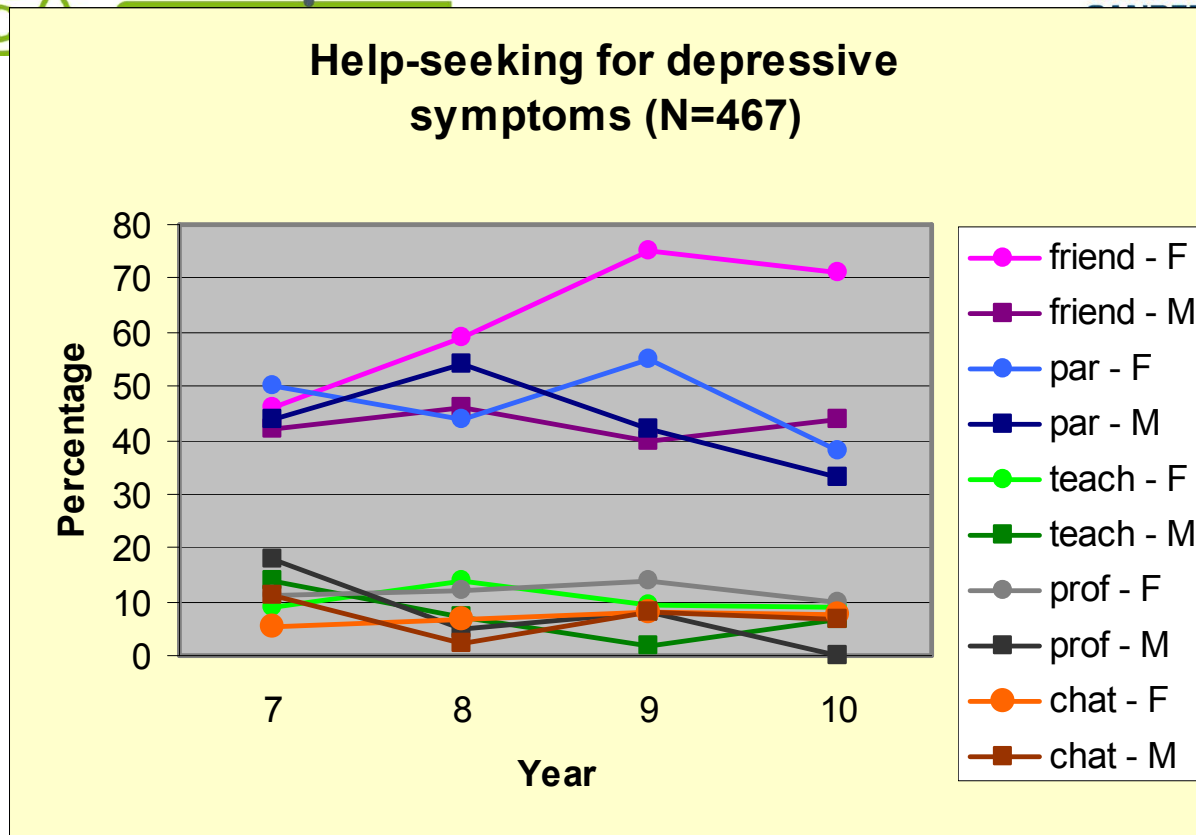
A fragmented and complex mental health service system (MHCA, 2005)

The failure of services to meet the developmental and mental health needs of young people (McGorry et al., 2007; Tylee et al., 2007).



What are the facilitators?

Help seeking



For example

The Green Men

Someone else to talk to?



Engagement



Individual:

- Talking more openly about mental ill-health in our homes, schools and workplaces
- Become more knowledgeable by doing a YMHFA
- Know where/who the Youth friendly practitioners are
- Listening (someone else to talk to): stigma
- Patience and monitoring
- Family, family, family
- Mentors

System:

- Community Awareness- when to seek help
- Ehealth- eheadspace
- Youth Friendly services
- Outreach

Too hard basket



Resources



1. Training:

- YMHFA
- Managing Challenging Behaviour
- Identifying Early Psychosis

2. Evidence Summaries

3. Myth Busters

4. Factsheets - downloadable from website

5. Website - www.headspace.org.au

6. Website - www.eheadspace.org.au

7. Your local headspace

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