



NSW Association for Youth Health Inc (NAYH)

PO Box M178, Missenden Road NSW 2050
Ph: 02 9351 0956 Fax: 02 9351 0955
www.nayh.org.au

Email: eo@naah.org.au
ABN: 411 2093 2447

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NSW Association for Youth Health Position Paper

Mental Health Early Intervention

1.0 Background

The NSW Association for Youth Health Incorporated (NAYH, previously known as the NSW Association for Adolescent Health) is the peak body committed to working on behalf of the youth health sector in NSW to promote and advocate for the health and well being of marginalised young people aged 12 to 25 years.

NAYH works closely with youth health services in NSW and the majority of NAYH's work focuses on providing the youth health sector with support and training, research and advocacy, policy and resource development, and community sector networking.

NAYH acknowledges that health is much more than simply the absence of illness and disease, and recognises the impact that social and environmental factors, such as: poverty; gender; housing and homelessness; cultural and ethnic background; family functioning; and geographical location and connectedness with school or community, significantly impact on the health and well being of young people.

More information about youth health and NAYH can be found at www.nayh.org.au

The Association has developed the following position paper to articulate the specific issues that arise in relation to mental health early intervention. Also included are suggested recommendations and strategies for youth health services providers in NSW to support best practice when working in the area of young people and early intervention.

It is recommended that this Paper be read in conjunction with the NAYH Position Paper: *Best practice in health service delivery in youth health.*

2.0 Definitions

2.1 Marginalised young people

For the purpose of this paper, the term '*marginalised young people*' refers to all young people aged 12 to 25 years who are:

- Socio-economically disadvantaged;
- Aboriginal or Torres Strait Islander;
- Culturally and linguistically diverse;
- Refugees;

- Homeless or at risk of homelessness;
- Gay, lesbian, bisexual, transgender or intersex;
- Living with a disability;
- Socially isolated;
- Living in regional or rural areas;
- Experiencing current or emerging mental health issues;
- Experiencing drug and alcohol or emerging drug and alcohol problems;
- Experiencing dual diagnosis;
- At risk of, currently in, leaving or have left out of home care;
- In contact with the criminal justice system;
- Affected by being a victim of crime;
- Have responsibility to care for a family and/or others with a long term illness, disability, mental illness or drug and alcohol problem (that is, young carers);
- Living with a history of abuse, neglect and trauma; and
- Experiencing family breakdown.

2.2 *Young People, Youth and Adolescent*

The terms 'young people', 'youth' and 'adolescent' are common terms used to describe individuals aged from 12 to 25 years. The World Health Organisation¹ defines 'young people' as those aged 10 to 24 years, 'youth' as those aged 15 to 24 years and 'adolescent' as 10 to 19 years. Please note, throughout this Paper, the terms 'young people', 'youth' and 'adolescence' are used interchangeably and refer to all individuals aged 12 to 25 years.

2.3 *Mental health, mental health problem, and mental illness*

This paper refers to the definition of Mental Health as stated by The World Health Organisation¹. Mental Health is not just the absence of mental disorder. It is defined as a state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community¹.

Mental health problems are extremely common, and can occur in response to everyday stressors. They are often transient, and remit once the stressor has been eliminated. Mental illness however, is more serious and refers to a health problem which affects how a person feels, thinks, behaves, and interacts with other people².

2.4 *Early Intervention*

Early intervention refers to interventions targeting people displaying the early signs and symptoms of a mental health problem or mental disorder, and people developing or experiencing a first episode of a mental disorder. Early Intervention has been described as the “fuzzy interface” between indicated prevention and case identification. It occurs early in the pathway to a mental disorder, at the point where there are signs and symptoms suggesting an at-risk mental state or indicating a first episode of mental

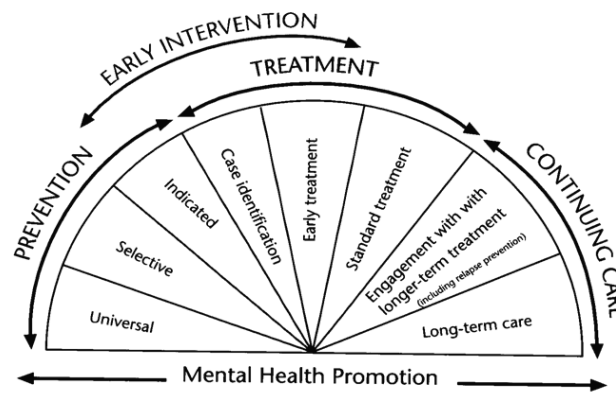
¹ The World Health Organisation (www.who.int)

² What is Mental Illness? Department of Health & Ageing: www.health.gov.au

illness³ (Figure 1). Applying this definition assumes that mental disorders develop along a pathway, or trajectory, with gradually increasing frequency and severity of symptoms⁴.

Early intervention is crucial in health service provision, as often there is a delay between the first signs of a mental health problem and treatment. The longer the illness is left untreated, the greater the disruption to the individual's social, mental and physical health⁵. The way that young people feel about themselves can be adversely affected, particularly if treatment is prolonged. Other problems may occur or intensify, such as unemployment, depression, substance misuse. In addition, delays in treatment may lead to slower and less complete recovery. If a mental health problem is detected and treated early, many of these problems can be prevented⁶.

Figure 1. **Early Intervention and Mental Health Promotion**



Source: adapted from Mrazek and Haggerty (1994)

The above figure illustrates the spectrum of mental health interventions⁷. While case identification and early treatment are important aspects of early intervention, targeted or indicated prevention programs are equally important. Indicated prevention involves providing assistance for young people who are in situations which, in the absence of intervention, are known to almost always produce some degree of mental disturbance. For example, young people who are victims of abuse, or refugees in detention. This model of early intervention involves identifying and screening young people who are clearly at risk, and are likely to have already developed the very early signs of a mental health problem.

Recently, the way in which prevention is defined has evolved to account for the varying levels of prevention across a continuum.

As such, the current model of prevention and early intervention relevant to Youth Mental Health places more emphasis on models of *prevention*, by increasing the spectrum to

³ Hunter E. New directions and opportunities in mental health: mental health promotion and prevention. **Aboriginal and Islander Health Worker Journal** 1999. 23(5): 5-12

⁴ Coie JD, Watt NF, West S, Hawkins JD, Asarnow JR, Markham HJ, Ramey SL, Shure MB, Long B. The science of prevention: A conceptual framework and some directions for a national research program. **American Psychologist** 1993, 48: 1013-1022

⁵ Kosky R., Hardy J. Mental health: is early intervention the key? **The Medical Journal of Australia** 1992. 3: 147-158

⁶ McGorry PD, Hickie IB, Yung AR, Pantelis C, Jackson HJ. Clinical staging of psychiatric disorders: a heuristic framework for choosing earlier, safer and more effective interventions. **Australia and New Zealand Journal of Psychiatry** 2006, 40: 616-622

⁷ Mrazek PJ & Haggerty RJ (eds) (1994) **Reducing risks for mental disorders: Frontiers for preventive intervention research**. Institute of Medicine. National Academy Press, Washington DC

encompass what was *previously* defined as early intervention. Figure 2 illustrates how this current view of prevention compares with earlier definitions of prevention and early intervention shown in Figure 1.

Figure 2. **Types of Prevention**

Type of Prevention	Goal	Mental Health Promotion
Primary Prevention	To limit the incidence of disease and disability in the population by measures that eliminate or reduce causes or determinants of departures from good health, control exposure to risk, and promote factors that are protective of health ⁸ .	Universal prevention Selective prevention
Secondary Prevention	Reduce the progression of disease through early detection, usually by screening at an asymptomatic stage, and early intervention ⁶ .	Indicated prevention Case identification Early treatment
Tertiary Prevention	To improve function including minimization of the impact of well established disease, and prevention or delay of complications ⁶	Standard treatment Engagement with longer term treatment Long-term care

As such, early intervention can be defined as *secondary prevention*. In addition to including specific early intervention methods, secondary prevention also encompasses early detection by screening at an asymptomatic stage. By utilizing this definition, traditional methods of early intervention can be expanded to include screening young people before symptoms become apparent.

Recommendation:

- *Develop and implement programs aimed at increasing awareness of risk factors associated with poor mental health.*
- *Develop and implement early screening methods/tools to assist in determining who is “at risk”.*
- *Promote these programs through the broader community*

Programs oriented toward early intervention (or secondary prevention) aim to prevent the development of mental health problems or a diagnosable mental disorder by enhancing a person’s protective factors and reducing their risk factors (or the impact of their risk factors), as well as helping them to deal effectively with their current level of symptoms. These interventions occur shortly after a need has arisen, aiming to reduce distress, shorten the episode of care and minimise the level of intervention required. By doing so, early intervention, or secondary prevention, aims to reduce dependency and disability by identifying people with emerging signs and symptoms of mental health problems and mental disorders early³.

Tertiary prevention helps young people develop or build on the skills they need to manage their illness and continue functioning in other aspects of their lives (eg, with work, school, family or friends).

⁸ The Language of Prevention. National Public Health Partnership 2006. Melbourne: NPHP

Tertiary prevention focuses on the care of the whole person, rather than just treating symptoms. By working with young people to prevent the problems associated with mental illness other helpful supports can be put in place.

Recommendation:

- *Develop and implement programs aimed at enhancing protective factors and reducing risk factors.*
- *Develop and implement programs aimed at supporting young people to function and participate in the community.*

2.3 Rationale for Early Intervention

Research shows that 75% of mental health disorders begin before the age of 25 years. Most mental disorders; such as depression, substance abuse, anxiety disorders and psychosis have their peak period of onset during adolescence⁹, and mental disorders account for around 50% of the total disease burden among young people aged 12-25 years¹⁰.

By preventing problems associated with mental illness, or catching them early before long term damage occurs, young people do not have to use health services for longer than they need to. Early intervention also reduces the likelihood of relapse, in that once the young person learns the relevant skills to manage their mental health problem they can use these skills if/when the “early warning signs” are detected in the future^{3 11}.

The disruptive and disabling effect of the first episode of a disorder can be exacerbated by the more general life phase issues associated with mid to late adolescence. In addition to the obvious psychological impact of a mental disorder, the impact on functioning can be extremely distressing. According to Kosky and Hardy², adolescence is the period of greatest potential for learning and productivity. The onset of a mental disorder at this time can result in unemployment and frustration, which is often a consequence of interruptions to education and work experience. The onset of even a relatively mild mental health problem at this time can have profound effects through crucial psychosocial changes. For example, mental health problems can reduce educational and vocational attainments, which can have ongoing consequences in adulthood¹². Having a major mental disorder at this time can also cause serious immediate and ongoing problems, with substantial disruptive effects on identity formation and the establishment of adult roles².

The implication for NSW Youth Health Services is that despite the diversity in service structures across NSW,

⁹ Australian Bureau of Statistics 1988 (www.abs.gov.au)

¹⁰ Australian Institute of Health & Welfare 2007 (www.aihw.gov.au)

¹¹ Davis C, Martin G, Kosky R, O; Hanlon A. Early intervention in the mental health of young people: A literature review. **Australian Early Intervention Network for Mental Health in Young People** 2000, A Project of AusEinet

¹² Kessler RC, Foster CL, Saunders WB, Stand PE. Social consequences of psychiatric disorders: 1 educational attainment. **American Journal of Psychiatry** 1995, 152: 1026-1032

an early intervention approach must be incorporated as a best practice approach in assisting marginalised and at risk young people. By establishing an early intervention framework, many of the negative consequences listed above can be avoided, thereby providing an opportunity for a quicker and less disruptive recovery.

Recommendation:

- *An early intervention approach is considered best practice in youth health service provision to marginalised and at risk young people.*

3.0 Current Environment

3.1 The National Mental Health Strategy

Australia's National Mental Health Strategy, endorsed by Australia's Health Ministers in 1992, highlighted an emerging awareness of the need for prevention and early intervention. In addition, on advice from the Early Intervention working party, three major national projects in early intervention were established:

1. Early Intervention in psychotic illness (Early Psychosis Prevention and Intervention Centre – EPPIC, Orygen Youth Health)
2. Early Intervention in anxiety disorders (Griffith Early Intervention project)
3. Early Intervention for the Mental Health of young people (AusEinet)

In June 1997 the Commonwealth of Australia dedicated \$1.95 million from *the National Mental Health Strategy* to the establishment of the Australian Early Intervention Network for Mental Health in Young People (AusEinet).

AusEinet was established to co-ordinate a national approach to early intervention for mental health in young people.

The project has three streams;

1. The development and maintenance of a national early intervention network for mental health in young people.
2. The reorientation of service delivery towards early intervention.
3. The identification and promotion of good practice in early intervention.

It is important that these principles be adopted at a NSW state level, across all sectors working with and representing youth.

The *National Mental Health Strategy* has received further support over recent years. The Fourth National Mental Health Plan (November 2009) identifies the importance of targeted prevention and early intervention through partnerships between Mental Health, Maternal and Child Health Services, schools and other related organizations.

As such, this plan advocates for a collaborative whole of government approach in the prevention and treatment of mental health¹³

¹³ The Fourth National Mental Health Plan: An agenda for collaborative government action in mental health 2009-2014 (<http://www.health.gov.au>)

3.2 *NSW Youth Health Policy 2011-2016: Healthy bodies, healthy minds, vibrant futures.*

The most recent *NSW Youth Health Policy 2011-2016* advocates for early intervention through a number of priorities which focus on investing in programs and services that are based on sound evidence about what works.

The policy also identifies the importance of reducing risks to young people, and intervening early when young people need support and assistance. It makes specific reference to the evidence that has emerged about the value of government investment in preventing the development of long term medical conditions, and the costs and benefits of early intervention.

The Policy highlights the fact that these principles have been embedded in services for maternal and child health and wellbeing, and recommends that these principles be applied to activities in youth health¹⁴.

3.3 *Funding & Capacity*

When considering the recommendations set out by the *National Mental Health Strategy* and *NSW Youth Health Policy 2011-2016*, it is important to consider the relevant issue of funding and the related capacity of youth health service providers in NSW to work towards developing and implementing an early intervention strategy.

Translating this policy into practice poses a challenge, given that the majority of youth health service providers in NSW have experienced a decline in resources. NAYH recommends that all levels of governments adequately fund and resource service providers to carry out early intervention strategies when addressing mental health.

As such, the capacity for youth health service providers in NSW to invest additional resources into the development and implementation of an early intervention strategy is extremely limited.

Recommendation:

- *Re-distribute current resources to support the execution of early intervention programs in youth health settings*
- *Investigate alternative funding sources, such as developing partnerships with other service providers and tertiary/research organizations.*
- *Provide an evidence base to illustrate the benefits of early intervention for marginalised and at risk young people.*

¹⁴ NSW Department of Health: *NSW Youth Health Policy 2011-2016: Healthy bodies, healthy minds, vibrant futures*. 2010 (http://www.health.nsw.gov.au/policies/pd/2010/PD2010_073.html)

4.0 *Role of youth health services providers*

According to Falloon et al¹⁵, early detection of problems or potential problems is of value only if effective intervention strategies are available. Early intervention strategies should be best practice for that phase of the disorder, and not merely the translation of standard treatments developed for later stages of the disorder¹⁶. As such, it is important that youth health service providers in NSW develop and implement evidence based programs that focus on early intervention.

Youth health service providers in NSW play a vital role with regard to early intervention. By directing resources towards early detection and intervention of mental health problems, many of the social and vocational consequences of more established mental health problems can be significantly minimized. The longer term impact is that resources currently targeting young people with more chronic mental health problems can eventually be re-directed towards those in the early stages of a disorder. This process may take some time, as more chronic mental health problems decrease as the number of young people benefiting from early intervention approaches increases.

Generally, early intervention strategies are less invasive, short-term and more successful than interventions targeting more severe and chronic mental health problems where social, educational and vocational disability are entrenched. As such, a best practice approach is for youth health service providers to focus on developing and implementing early intervention strategies. There are a number of strategies and recommendations that youth health service providers in NSW can utilize to achieve this end.

4.1 *Outreach Services*

Effective early intervention requires outreach services, whereby services actively seek out people in need. Services need to reach out to people where they live, work, learn and play rather than waiting for them to seek help from traditional centre-based services. A number of Australian studies have shown that young people, in particular, generally avoid professional help services and that outreach services are preferred¹⁷.

4.2 *Eliminate/Reduce risk factors*

An early intervention treatment approach is holistic and considers the person within their social and cultural environment¹⁸. Additional screening may be used to identify the risk factors that are affecting the person's mental health. Interventions can then be put in place related to these risk factors. Where possible, interventions will attempt to eliminate or reduce the risks to a person's mental health. These might include inadequate or unsafe housing, relationship problems, and legal or financial difficulties⁶.

¹⁵ Falloon, IRH, Kydd RR, Coverdale JH, Laidlaw TM. Early detection and intervention for initial episodes of schizophrenia. *Schizophrenia Bulletin* 1996, 22(2):271-282

¹⁶ McGorry PD, Edwards J, Mihalopoulos C. EPPIC: An evolving system of early detection and optimal management. *Schizophrenia Bulletin* 1996, 22:305-326

¹⁷ Commonwealth Department of Health and Aged Care. Promotion, Prevention and Early Intervention for Mental Health – A monograph 2000. **Mental Health & Special Programs Branch, Commonwealth Department of Health and Aged Care**, Canberra

¹⁸ Rickwood D. A discussion paper on early intervention in mental health. **Report for Mental Health Branch, Commonwealth Department of Health and Aged Care** 2000.

Where these risk factors can not be avoided, treatment aims to assist the individual to develop better ways to cope to reduce the impact of the risk factors on their mental health⁴.

4.3 Enhance protective factors

Protective factors also need to be considered. If people can be supported to improve their resilience and build upon their current strengths, this may enhance their ability to cope with the stressors they inevitably encounter in their daily lives^{3 11}. Improving access to social support and a sense of connectedness within the community are particularly important protective factors to enhance.

4.4 Improve Mental Health Literacy

Improving the mental health literacy of a person showing the early signs and symptoms of mental health problems and mental disorders is an important strategy for early intervention^{6 2}. Increasing a person's knowledge of the determinants of mental health enables them to make choices and changes within their own life to better support their mental health. An understanding of the symptoms of different mental health problems and mental disorders enables them to seek help at the earliest signs of problems and thereby prevent the damage that can occur to their life by waiting for symptoms to become more serious.

4.5 Encourage Help-Seeking

Experiences and information that de-stigmatise mental illness and help-seeking behaviour promote early help-seeking, preventing the problems that can be caused by prolonged symptoms¹⁴. Providing information about the nature and effectiveness of diverse help-seeking avenues and treatment options enables people to be informed consumers of mental health services and to seek the help that they believe is appropriate for them at that particular time.

This type of mental health literacy is equally important for families and carers, and is a critical determinant with regard to whether a young person is likely to engage in help-seeking behaviour.

4.5 Provide active follow-up

Effective early intervention is unlikely to occur as a result of a one-off short term intervention. Mental health problems and mental disorders that develop over time, may be episodic, and are likely to recur^{12 11}. Consequently, intervention services need to have a longer term perspective and be able to follow up over time people who have been identified as being at increased risk of a mental health problem or mental disorder. This requires strategies to provide continued care and ongoing monitoring. Fundamentally, services need to be integrated across sectors to allow for collaboration and co-operation.

5.0 Workforce Development: Education and training

The expanded treatment focus of early intervention requires training and education for employees within the youth health sector.

Outreach services in all sectors need to be able to recognise the early signs and symptoms of mental health problems and mental disorders and know when, how and where to refer people for help. Training needs to focus on sharing information and creating a common dialogue. There is a need for a common language that includes all the different disciplines involved across all sectors working with youth. Terms need to be identified that are familiar to partnership services, and with which non-health workers are comfortable. This has been clearly demonstrated in the early intervention initiatives for psychotic disorders¹². Confidence and core knowledge need to be developed across the diverse range of services that are likely to come into contact with people experiencing the early signs of mental health problems and mental disorders.

Recommendation:

- *Provide broad based training with a focus on developing a common dialogue and understanding of early intervention across disciplines.*
- *Provide specific training and ongoing support to employees within the youth health sector on methods of early intervention specific to their target group.*
- *Provide resources for outreach services to provide early intervention.*

6.0 Co-ordination and Collaboration

The NSW Association for Youth Health advocates for a co-ordinated and collaborative approach by all services within the health and youth sectors, and between sectors, to improve the health and wellbeing of young people in NSW. In the context of early intervention, this means developing and implementing approaches that represent best practice both across and between sectors.

Recommendation:

- *Better co-ordination of services within the youth sector, across domains: health, employment, education.*
- *Increased sharing of knowledge and resources across the youth health sector.*
- *Targeted services and research projects which reflect better collaboration between services targeting young people.*

7.0 Useful contacts and websites

NAYH recognises the following partners in mental health and early intervention:

Beyondblue

www.beyondblue.org.au

Youth beyondblue

<http://www.youthbeyondblue.org.au>

Brain and Mind Research Institute

<http://www.bmri.org.au>

Australian Network for Promotion, Prevention and Early Intervention for Mental Health (Auseinet)

<http://auseinet.flinders.edu.au/>

Inspire Foundation

<http://www.inspire.org.au>

For more information, or for further contacts and websites, please visit the NAYH website, www.nayh.org.au.