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MEDIA RELEASE

YOUTH MENTAL HEALTH: RIGHT LEVEL OF CARE, FIRST TIME

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A MODEL of care emphasising early access to assessment for young people needing mental health care, and the ongoing provision of stage-appropriate and effective, multidisciplinary interventions, has been proposed by a group of researchers from the University of Sydney's Brain and Mind Centre.

In a Supplement published today by the *Medical Journal of Australia*, Professor Ian Hickie and colleagues described three core concepts central to the "highly personalised and measurement-based care model":

- a multidimensional assessment and outcomes framework that includes: social and occupational function; self-harm, suicidal thoughts and behaviour; alcohol or other substance misuse; physical health; and illness trajectory;
- clinical stage -- differentiating immediate treatments from secondary prevention strategies; and,
- three common illness subtypes (psychosis, anxious depression, bipolar spectrum) based on proposed pathophysiological mechanisms (neurodevelopmental, hyperarousal, circadian).

In an accompanying editorial, published in the *MJA* itself, Professor Hickie wrote that the model had many evidence-based components and had been co-designed with young people and their families, "it remains to be demonstrated whether, compared with either existing child and adolescent or adult service models, it results in improved clinical and social outcomes".

"If this youth model of care is more effective, the challenge will be to deliver it at sufficient scale to have real population-level impacts in regions where specialist clinics are not available, so that it connects with populations who are at high risk or traditionally under-represented in care," he wrote.

The measurement-based component of the model would be achieved by "linking individual care to the use of more sophisticated real-time health information technologies that can enhance immediate and continuous clinical decision-making".

"This new model emphasises not simply early access to assessment but also rapid and ongoing provision of stage-appropriate and effective, often multidisciplinary team-based, interventions," wrote Professor Hickie.

"It argues for the need to move beyond stepped care, where care typically proceeds from less intensive to more intensive, only after failure to respond to the initial offering, to staged care with the aim of delivering the right level of care, the first time."

Professor Hickie concluded that in order to achieve the Morrison Government's agenda of expanding youth services and reducing youth suicide, required proper resourcing of the Primary Health Networks.

"If PHNs were resourced appropriately and able to access relevant modelling capabilities, health information technologies, information and clinical decision-making systems, and link these with genuine partnerships between young people and their families, it would then be possible to respond much more effectively to the agenda outlined by the Morrison Government," he wrote.

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