Priority area 2:
Prevention and early intervention

Outcome

People have a better understanding and recognition of mental health problems and mental illness. They are supported to develop resilience and coping skills. People are better prepared to seek help for themselves, and to support others to prevent or intervene early in the onset or recurrence of mental illness. There is greater recognition and response to co-occurring alcohol and other drug problems, physical health issues and suicidal behaviour. Generalist services have support and access to advice and specialist services when needed.

Summary of actions

- Work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience.

- Implement targeted prevention and early intervention programs for children and their families through partnerships between mental health, maternal and child health services, schools and other related organisations.

- Expand community based youth mental health services which are accessible and combine primary health care, mental health and alcohol and other drug services.

- Implement evidence based and cost effective models of intervention for early psychosis in young people to provide broader national coverage.

- Coordinate state, territory and Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework to improve efforts to identify people at risk of suicide and improve the effectiveness of services and support available to them.

- Provide education about mental health and suicide prevention to front line workers in emergency, welfare and associated sectors.

- Expand the level and range of support for families and carers of people with mental illness and mental health problems, including children of parents with a mental illness.

- Develop tailored mental health care responses for highly vulnerable children and young people who have experienced physical, sexual or emotional abuse, or other trauma.

Cross-portfolio implications

To support a collaborative whole of government approach, these actions will require the health sector to work collaboratively with departments and agencies representing areas such as community services, child and family services, aged care, alcohol and other drugs, housing, justice and Aboriginal and Torres Strait Islander partnerships.

Indicators for monitoring change

- Proportion of primary and secondary schools with mental health literacy component included in curriculum

- Rates of contact with primary mental health care by children and young people

- Rates of use of licit and illicit drugs that contribute to mental illness in young people

- Rates of suicide in the community

- Proportion of front-line workers within given sectors who have been exposed to relevant education and training *

- Rates of understanding of mental health problems and mental illness in the community *

- Prevalence of mental illness *

These indicators require further development

The importance of promotion, prevention and early intervention (PPEI) in mental health has been recognised in previous plans. *Promotion, Prevention and Early Intervention for Mental Health: A Monograph* and the subsequent National Action Plan on Promotion, Prevention and Early Intervention in Mental Health remain key documents informing action in this area. In recent years there has been development of a stronger evidence base to support models of intervention in children and young people—especially in areas such as early intervention in psychosis, and school and family based interventions for challenging behaviours. But we also need to recognise the importance of relapse prevention and early intervention for people who experience recurrent episodes of illness, to minimise the distress and disruption experienced by the consumer and their families and carers. Prevention and early intervention activities are therefore best considered from three perspectives: early in life, early in illness and early in episode. The primary care sector has a particularly important role to play in prevention, both in promoting behaviours that support good mental health, and in the management of chronic or recurring illness to lessen the negative impact of illness.

Primary prevention endeavours to avoid the development of an illness, generally through population based health activities, mental health promotion and reduction of known risk factors such as exposure to child abuse, sexual assault and domestic violence. Secondary prevention aims to prevent progression through recognition of emerging symptoms and early intervention. Tertiary prevention targets the negative impact of an illness through continuing treatment and rehabilitation. Prevention activities can also be considered across universal, selected and targeted areas. Responsibility for prevention is shared by individuals, families and the community.

Mental health needs to be seen as important for the whole population, with better awareness of factors that support resilience and coping strategies including self care, community connectedness and engagement. Not all mental illnesses can be prevented. However, the impact and subsequent disability can be lessened by early and effective intervention. While prevention and early intervention are relevant at all ages, it is recognised that there is increased risk of mental illness at some life stages, in certain groups within the Australian community, and in association with critical life events. For example, intervention directed to parents and infants in the perinatal period to encourage positive attachment, and in early childhood to support appropriate social interaction and engagement, has been shown to enhance resilience.

Recognising children who are showing disturbed behaviour and intervening in school and family environments can lessen the risk of subsequent conduct disorder and propensity to substance dependence. Some groups experience multiple areas of disadvantage and vulnerability. For example, children in care may have experienced parental rejection, inconsistent care or domestic violence. Young people in youth justice are often disengaged from their families or other social supports, and have engaged in risk taking behaviour including substance use. There should be a particular priority given to addressing the multiple needs of such groups, including their mental health needs.

Mental health problems are also more likely to occur in association with disability, including intellectual disability, and with physical ill health. Serious mental illnesses such as schizophrenia and anorexia nervosa may first become apparent during adolescence and early adulthood—a time critical for the establishment of relationships, family and vocation. Intervening early in the onset of a dementing illness, or depression with onset in old age, will assist in sustaining independent living or maintenance in familiar surroundings.

If a person has experienced a mental illness, better knowledge about the illness will assist them and their family and carers to be aware of warning signs of relapse and the steps to take to intervene early. This can circumvent the development of an episode of illness and the associated personal and social disturbance. Additional effort through re-orienting the service system can bring substantial improvement to individual and community outcomes.

National actions

Work with schools, workplaces and communities to deliver programs to improve mental health literacy and enhance resilience.

Mental health promotion includes a range of strategies and activities which aim to have a positive impact on mental health through improved living conditions, supportive, inclusive communities and healthy environments. It may be targeted to addressing negative behaviours such as bullying, or to supporting and respecting the rights of others. Promotion activities can be run at a local level, in particular services such as child care centres or schools, or delivered through mass media campaigns (e.g., *VicHealth*). The media are also important partners in delivering information to improve the mental health literacy of the general community.

Better understanding and recognition of mental health problems and illness will help to lessen discrimination and stigmatisation, increase help seeking and promote supportive and inclusive communities. This needs to include the spectrum of mental health problems and mental illnesses, including those that are less common such as schizophrenia and other psychoses, and the more common anxiety and mood disorders. The *National Survey of Mental Health and Wellbeing 2007* found that, amongst those people who met the criteria for a mental illness who may have benefited from accessing

services, the most frequent reason they did not do so was that they did not believe they had a need for this help.

Schools are important not only for improving mental health literacy but also for supporting resilience and developing coping skills. Examples of programs that address such issues in schools are *KidsMatter* and *MindMatters*. School based programs should be consistent in their approach. National initiatives such as *beyondblue* have had a significant impact in improving the understanding and awareness of depression and related disorders, and how to access treatment and care. Workplaces are also important settings for building resilience and fostering coping strategies.

Implement targeted prevention and early intervention programs for children and their families through partnerships between mental health, maternal and child health services, schools and other related organisations.

It is recognised that different developmental stages will need different service responses. For example, the early years of life are crucial in establishing attachment and resilience to later life stressors. Supporting parents who have a mental illness and their children will lessen the risk of later development of mental health problems. The *National Perinatal Depression Initiative* recognises that depression is common in the perinatal period and that maternal wellbeing is critical for early attachment. Good parenting, support to children in schools and families in contact with child protection services through better linkages and engagement across community and specialist mental health services will lessen the risk of future mental health problems. There need to be formal links between generalist and specialist services to provide support and advice, and to facilitate referral for treatment and care when needed.

Expand community based youth mental health services which are accessible and combine primary health care, mental health and alcohol and other drug services.

It is known that adolescence and early adulthood are times of transition and challenge. They are also the time when there is the greatest risk of emergence of mental health problems and mental illness, and yet young people are often reluctant to seek assistance. How and where we provide services to young people needs to be reconsidered. This may involve greater use of Internet based technology, and joining up mental health, primary care and alcohol and other drug services.

There should be the development of nationally consistent principles to guide the establishment of youth focused services that are relevant and accessible and support better engagement. There should be close links between youth focused components of care delivery, and capacity to assist those presenting with a range of problems. Where services to respond to the early onset of psychotic illness have already been established, these need to be linked in with other youth mental health supports.

Implement evidence based and cost effective models of intervention for early psychosis in young people to provide broader national coverage.

Early intervention is critical in minimising the impact of mental health problems over the life of a person. Effective and accessible clinical and non-clinical intervention for young people with early psychoses will improve their capacity to manage their illness over their life (and reduce their risk of social exclusion and homelessness) and reduce the cost to the community and the health system.

About 50,000 Australians experience severe and persistent mental illness including psychosis, and of these it is estimated that up to 10,000 young people would benefit from

early psychosis interventions. For young adults, mental illness accounts for almost half of their total ill health, and young people in their teens and twenties lose over three times as many disability adjusted life years per person to mental illness compared to the rest of the population.

Provide education about mental health and suicide prevention to front line workers in emergency, welfare and associated sectors.

Many groups who work in the community will come into contact with people at all stages of mental illness and recovery, including individuals who may be suicidal. Supporting these groups to better understand and recognise mental illness and to know how to react to individuals during an acute episode of illness or suicidal behaviour will improve earlier intervention and bring better outcomes for individuals and their families. Workers that are particularly important include police, ambulance, child protection workers, correctional services staff, employment support officers, pharmacists, residential aged care workers and teachers.

Mental Health First Aid is an example of a program that provides greater awareness and understanding of mental health issues. Other similar programs have been developed by organisations such as *beyondblue* and Lifeline. For example, Lifeline has developed a two-day, practical interactive workshop in suicide first aid called *Applied Suicide Interactive Skills Training (ASIST)* that helps people recognise when someone may be at risk of suicide, explores how to connect with them in ways that understand and clarify that risk, increase their immediate safety and link them with further help. Again, while education regarding mental health problems should incorporate those issues and problems which are common, front line workers also need to be able to recognise and respond appropriately to those who present with more complex problems, including personality disorders and psychoses,

as well as having an appreciation of issues facing particular groups such as refugees. Those who are responsible for developing and providing training to front line workers need to be competent in the area of mental health and suicide prevention, or ensure that appropriate training staff are available to provide such input.

Education and training should also include consideration of the impact of substances such as alcohol, prescribed medication and illicit substances. It should also include education about the relationship between mental illness, substance abuse and increased risk of suicidal behaviour, and training should emphasise the role that various workers should play in recognising and responding to people at higher risk of suicide.

Coordinate state, territory and Commonwealth suicide prevention activities through a nationally agreed suicide prevention framework to improve efforts to identify people at risk of suicide and improve the effectiveness of services and support available to them.

While there has been considerable attention to suicide prevention activities, there has not always been good coordination between actions at a jurisdictional level. Suicide prevention strategies need to consider what services are already in place and how best to complement rather than duplicate programs, and how to make sure that successful programs are generalised across the service system rather than delivered as a time limited project. Consistent and sustained education and support should be in place to ensure that relevant professionals are aware of the signs and periods of increased risk, and how to put in place strategies to reduce this risk. Where there are particular populations at risk (for example, prisoners), there needs to be consistent terminology and clear communication across different areas of service provision and professions.

Specific support mechanisms should be

developed to help people at high risk of suicide including the development of a nationally consistent set of suicide risk assessment tools for use in primary and community care appointments for all persons who have significant risk factors such as mental health problems including depression or substance abuse disorders. In addition, policies and practices should be developed and implemented that promote improved continuity of care for individuals who are at higher risk of suicide following discharge from inpatient psychiatric hospitalisation or from emergency departments following a suicide attempt. There should also be greater availability of a range of after hours services in the community for people who are at risk of suicide.

Expand the level and range of support for families and carers of people with mental illness and mental health problems, including children of parents with a mental illness.

Some mental illnesses carry a high risk of relapse. Often families and carers are in the best position to recognise and support a person early in relapse to get back into treatment and back on the road to recovery. But this can place a considerable burden on family members and sometimes the most effective way to support a person at risk of relapse will be to support the family system around them. Recognition of the needs of young carers, and of families with younger children, is important when considering the types of respite and support required. Families and carers in rural, regional and remote areas may feel particularly isolated in such situations. Provision of respite and access to support should ensure equitable access by all communities.

Children of parents with a mental illness are at greater risk of themselves experiencing mental health problems. Early intervention can reduce this risk. The *National Framework for Protecting Australia's Children 2009–2020* recognises the

need to address major parental risk factors that are associated with child abuse and neglect, including mental illness. Targeted programs have begun to address this issue. The next step is to embed capacity to identify and respond to these issues across the service system, including family welfare and child protection agencies, general practitioners and other health professionals working with families and young children, and specialist mental health services.

Develop tailored mental health care responses for highly vulnerable children and young people who have experienced physical, sexual or emotional abuse, or other trauma.

Addressing mental health issues of highly vulnerable children and young people is a critical aspect of an integrated response to improve their life chances. Children and young people who have experienced family violence, sexual abuse and other trauma are more likely to develop mental health problems than those who have not. Highly vulnerable children and young people can be identified in a range

of settings, including homeless services, drug and alcohol services, child protection, out of home care and youth justice. Children and young people are often reluctant to engage in treatment and mental health services have not always provided an adequate response.

The *National Framework for Protecting Australia's Children 2009–2020* emphasises the importance of enhancing access to appropriate support services for recovery, where abuse and neglect has occurred, and improves support for young people leaving care. A new level of collaborative service provision is now required. Tailored service models for these groups could include flexible, community outreach teams linked to clear referral pathways; dedicated positions in specialist mental health services linked to statutory services; inclusion of family therapy in treatment plans; intensive therapeutic services for children and young people in care; and models for greater involvement from general practitioners and other health professionals working with families with young children.