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Reforming youth mental health

Across the lifespan, young people aged 12–25 years face the greatest risk of the onset of potentially serious mental and substance abuse disorders, with a peak prevalence between 18–25 years of one in 4 in a 12 month period.^{1,2} This phase of life with its extended developmental challenges is sensitive to the impact of illness. In the past, the major challenges were physical illness, particularly infectious diseases such as tuberculosis. In modern times, at least in developed countries, these threats have receded while a complex blend of psychiatric disorders and psychosocial problems has taken their place.³

Psychotic disorders represent only a subset of this spectrum, yet they have the potential to severely disable, result in serious collateral psychosocial damage and, of course, they can kill, through suicide and premature death due to illness. Early diagnosis and comprehensive sustained treatment during the critical period of the first few years postdiagnosis has now been shown to improve the outcome for psychotic disorders.^{4,5} The challenge of early diagnosis is perhaps greater in young people, where emerging psychosis must be distinguished from comorbid blends of mood, substance abuse and personality disorder, as well as self limiting episodes of disturbance. Even when the diagnosis of psychotic disorder is clearcut, access to specialist care is often delayed and problematic. Furthermore, the quality, comprehensiveness and sustainability of essential multidisciplinary care for patients and their families falls well short of what not only scientific evidence, but also commonsense and basic humanity, demands. The result is that cohort after cohort of young people have been consigned to much worse outcomes and quality of life than a developed nation such as Australia should accept.

The neglect of the mentally ill has once again become a major national issue. It seems certain that substantial investment in mental health will follow. However, if health outcomes are to improve, this needs to be complemented by greater expertise in diagnosis and treatment and a stronger focus on early intervention and sustained tenure of care. The articles in this issue of *Australian Family Physician* on the recognition and management of early psychosis are intended to convey both a more positive perspective and also describe a range of clinical strategies that may

be helpful to doctors in a range of settings.

New models of care are also urgently needed for young people. This overdue reform is now underway. In addition to the current range of general practice settings across Australia, a new model of youth mental health care for those aged 12–25 years, will be progressively developed over the next 3–4 years (in up to 30 sites nationally) as a result of the Federal government's welcome investment in the National Youth Mental Health Foundation. The foundation will be established and implemented by a national consortium led by ORYGEN Research Centre in partnership with the Australian Divisions of General Practice, Brain and Mind Research Institute, and the Australian Psychological Society. A major focus of the foundation will be the creation of a service platform that will bring together youth friendly doctors, psychologists, drug and alcohol clinicians, vocational and educational counsellors, and complemented by a broader network of youth oriented agencies. Better access via co-location of services where possible, improved coordination, multidisciplinary continuing care and a strong preventive and vocational focus will be key features of the service platforms. This initiative will ensure that the care of many young people with psychotic disorders, as well as those with the more common forms of mental and substance abuse disorders, is enhanced. In addition to activities that build upon primary care, targeted growth and reform of the public mental health system is urgently required to focus more appropriately on this peak period of new demand for acute and specialised care. If this potent blend of greater clinical skill, system reform and financial investment can be achieved, then young people with emerging mental disorders can expect a better deal and better health and social outcomes in the coming years.

References

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