YOUTH MENTAL HEALTH COVID AND THE NEW WORLD ORDER

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VICTORIA’S MENTAL BREAKDOWN
DIAGNOSIS RECOVERY AND REDESIGN
Victorian Premier Daniel Andrews promises royal commission into mental health

Updated 24 Oct 2018, 8:06pm
75% of mental health problems have their onset in young people aged 12 to 25
The developmental trajectory for young people has changed
Current health and other services not adequate
Peak need for care, worst time for access
Loss of lives, futures and “mental wealth”
Psychological distress in young people up from 18.7% in 2012 to 24.2% in 2018

Depression and anxiety on the rise
WITH INCREASED SOCIETAL DEVELOPMENT COMES A LONGER TRANSITION TO INDEPENDENCE
SOOO ..... THE PROBLEM WE ARE TRYING TO SOLVE IS

• Young people with mental ill-health are not able to access the quality, evidence-based services they need, when they need them

• This drives poor outcomes including reliance on welfare, early mortality due to severe physical health issues, and death by suicide

Solution

• Build and deliver a comprehensive, evidence-based youth mental health service centred around young people’s needs that is scalable nationally and internationally
Treat 6000 young people per year in primary and tertiary care settings (and IPU). Specific early psychosis, mood disorder and BPD programs. Our clinical programs embrace mental health, alcohol and other drugs, and educational services, with an emphasis on functional recovery.
ORYGEN: TRANSLATIONAL RESEARCH AND INOVATION

- 500 staff
- 80 studies
- 6000 patients
Youth Mental Health Programs

headspace - Australia
From Australian communities to Prime Ministers: Sustained universal support for headspace
GLOBAL PROGRESS
The Economist

Aussie rules
What Australia can teach the world

Trump and the caravan
How to protect Brazil’s democracy
The case against gender self-ID
Drone deliveries take off
Beyond brand
Inside youth mental health
Mental illness as a source of morbidity has a cost. Direct and indirect costs of mental ill-health are estimated to amount over 4% of GDP, more than that of cancer, diabetes and chronic respiratory disease combined. Mental illness costs are expected to more than double by 2030.

Global cost of mental health conditions in 2010 and 2030. Costs shown in billions of 2010 $USD

<table>
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<th>Low- and middle-income countries</th>
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A Global Framework for Youth Mental Health: 
Investing in Future Mental Capital for Individuals, 
Communities and Economies

May 2020
Countries that participated in consultations or surveys with the project

Also contributed to the survey:
- Mauritius
- Maldives
- Barbados
- Palestinian Territories
- American Samoa

**LOCAL CONTEXTUAL FACTORS**

These could include culture, funding, political will, popular will, existing infrastructure and availability and skill level of workforce among many possible others.

**KEY PRINCIPLES**

- Rapid, easy and affordable access
- Youth specific care
- Awareness, engagement and integration
- Early intervention
- Family engagement and support
- Continuous improvement
- Prevention

**LOCALLY OPERATIONALISED YOUTH MENTAL HEALTH MODEL**

(consistent with principles, ambitious and innovative within the resources available)

**YOUTH FACING AGENCIES** ↔ **PRIMARY CARE** ↔ **SPECIALIST CARE**
THE PANDEMIC AND MENTAL HEALTH
How COVID-19 is affecting young people

COVID-19 is a generation-defining disruption, which will have a multifaceted, disproportionate, long-term impact on young people's lives.

- Social isolation and disconnection from support networks
- Disproportionate job losses and loss of income
- Increased risk of family and domestic violence
- Disruption to education

- Lack of access to technology and internet in rural and regional areas
- Further strain on mental health
- Lack of support for international students and young people on temporary work visas
- Young people having to move back home due to job losses

- Disabled young people excluded from financial and educational supports
- Aboriginal and Torres Strait Islander young people disconnected from Elders, country and culture.

- Transition to online services
- Missing out on rites of passage

- Sexual health clinics closed
- Young women disengaging from organised sport

- Increased cyberbullying
- Telehealth services established

- Young people experiencing homelessness placed in hotel accommodation temporarily

- Information inaccessible to young people
- Many young casual workers ineligible for JobKeeper

www.yacvic.org.au/covid-19/
FUTURE MENTAL HEALTH IMPACTS: THE ‘SECOND WAVE’

Modelling by Orygen [31] has shown that an additional 82,000 young Victorians aged 12-25 years could experience mental health disorders than would have been expected had the COVID-19 pandemic not occurred.

This represents a 32% increase. More broadly, it is projected that an additional 370,000 Victorians aged 4-84 years (including the 82,000 aged 12-25) could experience a mental health disorder when the COVID-19 mental health curve peaks in mid-2023.
NEW INCIDENCE POST-COVID
Post-COVID: Scenario 1 (Conservative) - Unemployment rate 11.1% (total population) and 24.0% youth unemployment
Fisher et al. [2] surveyed 13,829 adults across Australia to quantify the magnitude and severity of mental health problems in the first month of restrictions (April-May). They found that approximately a quarter of the whole population were experiencing mild to moderate symptoms of depression (26.5%) or anxiety (24.5%). Mental health problems were found to be at least twice as prevalent as in non-pandemic circumstances. Among those most likely to have symptoms and low optimism were young people, individuals experiencing loss of employment, and members of marginalised minorities.
EVIDENCE FROM AUSTRALIA/UK

In mid-April, UNICEF Australia [4] surveyed over 1,000 young people aged 13-17 years across Australia. Only 45% said they were coping well, compared to 81% in January 2020. 47% reported that COVID-19 had negatively impacted their levels of stress and anxiety. 67% were worried about their education being disrupted or held back.

A survey of 2002 young people aged 13-24 years found that 40-50% of respondents felt significantly more anxious and 50-60% were worried about their parents/family. Younger age was associated with higher levels of anxiety. For females, increasing age was associated with an increase in levels of depression, COVID-19 related anxiety, and COVID-related trauma [11].
HEADSPACE SURVEY N=3575 (MID MAY)

74% stated their mental health is worse than pre-COVID
86% reported a negative effect on their mood, wellbeing or sleeping
77% reported a negative effect on their work study or financial situation
50% stated COVID had reduced their confidence in achieving goals
Positive impacts in 28% eg more compassionate and empathy
SEVERE MENTAL ILLNESS

SMI
Evidence suggests a small but important number of patients will develop coronavirus related psychosis [13], with a number of cases already reported [14, 15].

Previous disasters and economic recessions all show a rise in relapse rates for serious mental illness and psychotic disorders in particular [16-19].

Suicide

Seems to be no immediate impact of the pandemic on completed suicide rates.

There is evidence of a 33% increase in self harm presentations in young people at ED’s and an especially dramatic increase in presentations at RCH ED.

Evidence of new suicide clusters notably in Geelong, Sydney and quite possibly elsewhere.
MEDIUM-TERM MENTAL HEALTH IMPACTS LINKED TO ECONOMIC COLLAPSE

Common mental disorders
There is consistent evidence that economic recessions and mediators such as unemployment, income decline, and unmanageable debts are significantly associated with poor mental wellbeing and increased rates of common mental disorders, as well as substance-related disorders [21].

Severe mental illness
In the US, the 2008 economic downturn was associated with a rise in major depression (from 2.3% in 2005/6 to 3.5% in 2009/10 to 3.8% in 2011/2) [22]. This is supported by findings showing a profound and detrimental influence of the economic crisis on the mental health of the Greek population, especially on the prevalence of major depression which increased from 3.3% to 8.2% [23]. Young people were among those who displayed an increased odds of major depression following the crisis [23]. During economic depressions the outcome for schizophrenia is substantially poorer [24].

Suicide
Increased suicide rates following economic crises have been reported in the UK [25, 26], US [27], Italy [28], Greece [29], and across Europe and the Americas [30].
THANK YOU