



# Submission to the Mental Health Select Committee

Mater Young Adult Health Centre Brisbane

11 February 2022

## Summary of our recommendations

Adolescents and young adults with chronic and complex medical conditions exacerbated by mental health concerns face significant barriers in accessing appropriate care. Existing health services are fragmented and siloed between child and adult hospital services, between medical and psychiatric services and between hospital services and the wider community. This fragmentation of services leads to poorer health outcomes, poorer mental health and the inability of young people to fully engage and participate in their communities.

We recommend three key areas for improving the mental health outcomes for adolescents and young adults with chronic and complex medical conditions

1. Invest in community Young Adult Health Centres or Youth Precincts where health, mental health, education, and social services are provided under “one roof”
2. Fund and develop appropriate hospital services for young people.

This submission was prepared by:

- **Associate Professor Simon Denny**, consultant Adolescent and Young Adult Medicine Specialist and Director of Mater Young Adult Health Centre Brisbane
- **Mr Greg McGahan**, Senior Manager, Mater Young Adult Health Centre Brisbane
- **The Mater Youth Consultancy Group**. Adolescents and young adults with lived experience who advise, advocate, and assist the Mater in developing adolescent and young adult health services.

Correspondence should be directed to:

Dr Simon Denny, Mater Hospital.  
South Brisbane QLD 4101  
Ph. [REDACTED]  
Email. [REDACTED]

## **Mater Young Adult Health Centre Brisbane (MYAHCB)**

- MYAHCB was commissioned in 2015 with the vision of becoming a centre of excellence in adolescent and young adult healthcare.
- MYAHCB was developed to respond to the specific needs of adolescents and young adults with a focus on transition from paediatric services and developmentally appropriate care. All MYAHCB services and programs have varying degrees of mental health support embedded in them.
- MYAHCB has been nationally and internationally recognised as a leader in young adult health partly due to its holistic response to young people's needs.
- MYAHCB has developed and integrated the following clinical services:
  - A 21-bed young adult medical / surgical ward for young people aged 16-25. The ward admits on average 160 young people a month.
  - An Ambulatory service seeing an average 500 young people a month transitioning from paediatrics care with chronic health conditions. Clinics include diabetes, inflammatory bowel disease, rheumatology, after cancer care, kidney transplant, craniofacial, gynaecology, cystic fibrosis and urology.
  - A State-wide youth alcohol and drug service for young people aged 13-25. It provides 5 residential withdrawal beds and 5 extended stay rehabilitation beds, outreach services, drop in services, day programs and primary care intervention. The drop-in service alone will have over 2000 visits this year. The services are free, does not require a referral and takes a "no wrong door" approach to accessing services. It also provides vocational training to young people accessing its programs.
  - A private Emotional Health Unit, consisting of a 12-bed young adult inpatient unit, a day program (Recovery College) and specialist consulting suites.
  - The only Royal Australian College of Physicians, Adolescent and Young Adult Medicine training programme in Queensland (core A)
- MYAHCB has developed several programs to support clinical services and respond fully to the unique needs of young people. These include:
  - A Young Adult Support Unit which is embedded in the ambulatory service and offers mental health intervention to any young person attending the centre. The Young Adult Support Unit also provides day programs, art therapy and a pro bono legal clinic.
  - Mater Youth Consultancy program was established to ensure young people were involved in the codesign of buildings and programs. This program

continues and MYAHCB now also employs a small group of Youth Ambassadors as part of its management team.

- A Transition and Shared Care program has developed a range of information for young people around managing their health care and appointments, information sharing / confidentiality and accessing primary care.
- Research and Training has been embedded in the service. A Young Adult Grand Round program has been running since 2105 and the centre has 10 active Research projects underway. MYAHCB delivers an Introduction to young adult health course for General Practitioners and runs an Adolescent Health and Wellbeing ECHOs in partnership with QCH – 20 sessions in 2021<sup>1</sup>.

### Key mental health statistics for young people<sup>2, 3</sup>

- Young people between the ages of 10 to 24 years make up 911,000 (20%) of the total Queensland population.
- Between 20% and 30% of young people experience mental health and drug and alcohol use concerns and often these issues overlap
- The prevalence of mental health concerns among adolescent and young adults are increasing and are higher than any other age group. The COVID19 pandemic has exacerbated these concerns, especially among young people, but rates were rising prior to the pandemic
- Suicide leading cause of death for young adults in Australia
- Perinatal depression more common in mothers under 25<sup>4</sup>
- Most young people know someone with an eating disorder (84%)
- Approximately one-quarter of young people have used an illicit substance in the previous 12 months. Young people with self-reported mental health illness are more likely to have engaged in illicit use of drugs (including pharmaceuticals) in the last 12 months than people without (36% compared with 22%).

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<sup>1</sup> Project ECHO is an online, interactive model of case-based learning, delivered via Zoom. It is used to support and empower professionals working in health care, education and human services roles. ECHO encourages an environment of “all teach, all learn” as participants share knowledge, discuss cases, and develop new skills.

<sup>2</sup> [https://quickstats.censusdata.abs.gov.au/census\\_services/getproduct/census/2016/quickstat/3?opendocument](https://quickstats.censusdata.abs.gov.au/census_services/getproduct/census/2016/quickstat/3?opendocument)

<sup>3</sup> <https://www.aihw.gov.au/reports-data/population-groups/children-youth/overview>

<sup>4</sup> Schmidt RM, Wiemann CM, Rickert V, Smith EO. Moderate to severe depressive symptoms among adolescent mothers followed four years postpartum. *J Adolesc Health*. 2006;38(6):712–8.

- Indigenous & LGBTQI young people have higher rates of mental health concerns, substance use problems and are more likely to experience trauma, discrimination and abuse
- Internationally 50% of young people in mental health care don't transition from child / adolescent services to adult care<sup>5</sup>

### **The current needs of and impacts on the mental health service system in Queensland**

- The impact of mental health concerns is arguably highest during the adolescent and young adult period due to their impact on schooling, training, and employment
- Primary care and community health services are not equipped, trained or resourced appropriately to address mental health concerns among young people. This lack of primary care leads to referrals for specialist child and adolescent services which are increasingly overwhelmed
- Demand has overtaken capacity, especially among publicly funded health community mental health services
- There is a 'missing middle' whereby only adolescents and young people considered to have the most severe mental health concerns are able to access appropriate care. A significant number of youth with mild to moderate mental health concerns cannot gain or find access to appropriate services, leading to worsening of their symptoms and poorer outcomes. This is especially problematic for those who suffer with chronic health conditions as services within medical settings are frequently non-existent.
- There are increasing numbers of vulnerable Adolescent and Young Adults requiring services for issues such as eating disorders, functional disorders, and chronic health conditions with co-existing anxiety, and depression. These young people receive suboptimal care due to siloes between mental health services and medical services.
- Mental health conditions substantial increase the complexity of medical conditions during the adolescent and young adult period with worse outcomes, dropping out of care and failure to engage in tertiary health services.

*“Young people with complex health and social issues experience multiple barriers that prevent them from accessing appropriate care. Traditional health and social services are often siloed and require young people to access care independently resulting in fragmented and ad-hoc care, often without follow-up.”*

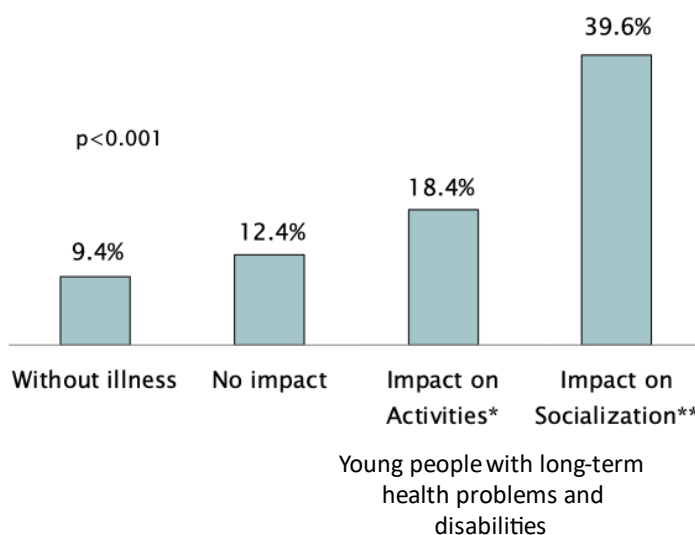
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<sup>5</sup> Paul, M., Ford, T., Kramer, T., Islam, Z., Harley, K., & Singh, S. P. (2013). Transfers and transitions between child and adult mental health services. *The British Journal of Psychiatry*, 202(s54), s36-s40.

### Overlap between Chronic Medical Conditions and Mental Health

- Emotional disorders are more common among young people with chronic diseases, especially when they impact of the ability of young people to engage in normal activities such as socialising with friends<sup>6</sup>

Prevalence of depressive symptoms among students with chronic health problems

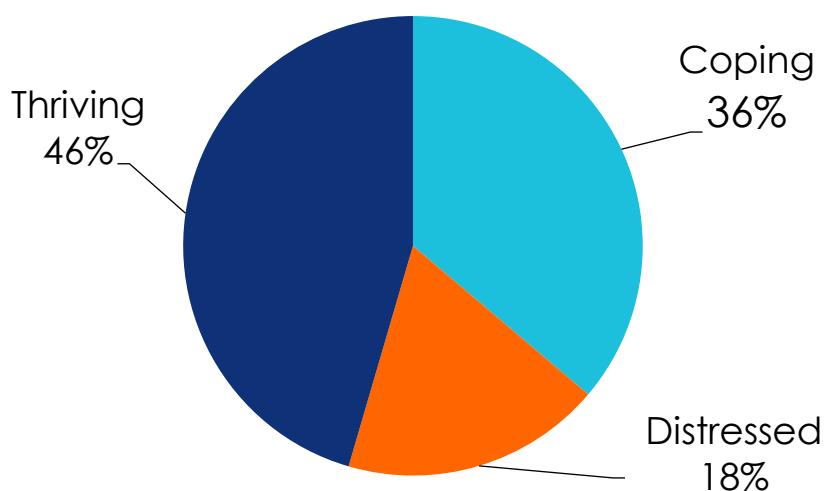


- Chronic medical conditions come with their own daily and occupational challenges especially when considering the youth. When chronic medical conditions are exacerbated by emotional disorders it becomes increasingly challenging. Youth facing both medical and emotional problems struggle to gain independence in society and an optimistic mindset. Severely impacting the ability of these young people to perform and engage in normal everyday activities such as socialising with friends.
- Emotional disorders are the strongest predictors of poorer health, education and social outcomes in adulthood. When identified and treated early, symptoms remit, and benefits transcend the lifespan.

<sup>6</sup> Denny, S., de Silva, M., Fleming, T., Clark, T., Merry, S., Ameratunga, S., Milfont, T., Farrant, B. and Fortune, S.A., 2014. The prevalence of chronic health conditions impacting on daily functioning and the association with emotional well-being among a national sample of high school students. *Journal of Adolescent Health*, 54(4), pp.410-415.

- Due to improved healthcare, children with life-long, and often life-limiting chronic diseases, now survive to adolescence and adulthood.<sup>7,8</sup> This means there is an increase in the numbers of young people with chronic and complex medical condition are presenting to adult health services. Specialist services for this emerging population within adult tertiary settings are largely non-existent.
- Among young people aged between 16 to 24 accessing medical services at the Mater Young Adult Health Centre, less than half were thriving. Over 50% of young people reported significant mental health, social or other psycho-social concerns impacting on their wellbeing<sup>9</sup>

**Emotional Wellbeing among young adults accessing the medical services at the Mater**



**Current gaps in Young Adult Mental Health Care**

<sup>7</sup> Smith, Malcolm, and Martha L. Hare. "An overview of progress in childhood cancer survival." *Journal of Pediatric Oncology Nursing* 21, no. 3 (2004): 160-164.

<sup>8</sup> Riley, K., S. Roth, M. Sellwood, and J. S. Wyatt. "Survival and neurodevelopmental morbidity at 1 year of age following extremely preterm delivery over a 20-year period: a single centre cohort study." *Acta Paediatrica* 97, no. 2 (2008): 159-165

<sup>9</sup> Denny S. Burden of Illness: overall results. Grand Rounds Presentation. Feb 2021. Mater Young Adult Health Centre.

- Young people in Australia experience high rates of mental health concerns, substance use disorders and involvement in the justice sector. Many of these issues are overlapping, but current services to support these young people are fragmented and difficult to access.
- Child and Youth Mental Health Services (CYMHS) has evolved with a developmental framework and a focus on systemic and family therapy whereas Adult Mental Health Services have developed with a primary focus on severe mental illness, symptom management, biological and psychological therapies. This divide has led to a situation where there is limited shared language, rigid boundaries and often differing perspectives in relation to which young adults require a service.<sup>10</sup>
- This health systems-related determinant of mental health transition has been identified as a significant barrier and is common across similar OECD countries (Canada, the United Kingdom, Australia, Ireland and the United States)
- While young people with severe mental illness are more likely to transition to AMHS those with neuro developmental disorders (e.g. Autistic spectrum disorders), functional disorders (e.g. conversion / somatoform disorders), comorbid physical problems and substance use disorders are less likely to receive a service. These gaps in service occur at a time when young people are most likely to need services.
- Analysis of the United Kingdom and United States systems indicate that upwards of 45% of youth stop receiving a service after they reach adulthood<sup>11</sup> and across the developed world those who do transfer across, don't engage well with adult services.<sup>12</sup>
- In the Queensland context the challenges of transition are evidenced by Recommendation 5 of the Barrett Commission of Inquiry which identified the need to engage an independent reviewer to review the alignment and transition arrangements between adolescent and adult mental health services.<sup>13</sup>

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<sup>10</sup> Singh SP, Evans N, Sireling L, Stuart H. Mind the gap: interface between child and adolescent mental health services. *Psychiatric Bulletin*, Volume 29, p. 292 – 294, 2005.

<sup>11</sup> Carver J, Capelli M, Davidson S, Caldwell W, Belair MA, Violet M. Taking the next step forward: Building a Responsive Mental Health and Addiction Service for Emerging Adults.  
[HTTP://mentalhealthcommission.ca/English/system/files/private/document/MHCC\\_ExecSummary\\_Feb2015\\_ENG.pdf](http://mentalhealthcommission.ca/English/system/files/private/document/MHCC_ExecSummary_Feb2015_ENG.pdf)Adults\_

<sup>12</sup> Singh SP, Toumainen H. Transition from child to adult mental health services: needs, barriers, experiences and a new model of care. *World Psychiatry*. October 2015, 14(3):358 – 361

<sup>13</sup> Barrett Adolescent Centre Commission of Inquiry, June 2016, Volume 1



- Young people often present with multiple issues impacting on their mental health and require a multidisciplinary and multi-agency approach. Unfortunately, this requires them to repeat their story and navigate multiple often complex referral pathways.
- Young adulthood is a time of ongoing neurological development, building capacity, risk taking behaviour, experimentation and social development. A significant mental health issue can add complexity to these normal milestones. As a result, the systemic and workforce issues above do not quite fit this cohort.

### **The need for Adolescent and Young Adult Medical workforce in Queensland**

- An Adolescent and Young Adult Medical workforce is needed within hospital services to address fragmented care, transition issues between child and adult services and complex biopsychosocial presentations such as eating disorders, functional disorders, and chronic health conditions with co-existing anxiety and depression.
- Compared to other Australian states, the Adolescent and Young Adult medical workforce is virtually absent in Queensland
- Most Adolescent and Young Adults health concerns requiring hospitalisation are complex, and inpatient encounters often result in a long length of stay with frequent and unplanned re-presentations to acute services.
- Transition from paediatric to adult care is currently disjointed and treatment occurs in environments not meeting developmental and psychosocial needs of young people resulting in poorer health outcomes and increased morbidity and mortality.
  - For example, adolescents with renal transplants experience high rates of graft loss following transfer to adult units;<sup>14</sup> a third of young people with type 1 diabetes develop serious complications and a quarter develop psychiatric complications;<sup>15</sup> young adults with inflammatory bowel disease experience almost double the rates of admission and surgery when transition services are not available;<sup>16</sup> and young people with sickle cell disease transitioning to

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<sup>14</sup> Watson, A. R. (2000). Non-compliance and transfer from paediatric to adult transplant unit. *Pediatric Nephrology*, 14(6), 469-472.

<sup>15</sup> Bryden, K. S., Dunger, D. B., Mayou, R. A., Peveler, R. C., & Neil, H. A. W. (2003). Poor prognosis of young adults with type 1 diabetes: a longitudinal study. *Diabetes care*, 26(4), 1052-1057.

<sup>16</sup> Cole, R., Ashok, D., Razack, A., Azaz, A., & Sebastian, S. (2015). Evaluation of outcomes in adolescent inflammatory bowel disease patients following transfer from pediatric to adult health care services: case for transition. *Journal of Adolescent Health*, 57(2), 212-217.

adult care have three times the risk of death compared to younger age groups<sup>17</sup>

- Exploring psychosocial factors and mental health screening is central to any well-designed transition program.
- Overall, poor management by physicians not trained in AYA health care leads to disengagement with health care providers, poorer patient outcomes and increased costs to health services from preventable mortality and morbidity and ineffective care.
- The Royal Australasian College of Physicians established the Adolescent and Young Adult Medicine Advanced Training Program in 2017, recognising the need to address the burden of health problems affecting this age group and of the need for health services to adapt accordingly.

The World Health Organisation<sup>18</sup> has outlined a framework that identifies the key elements of adolescent and young adult-friendly services:

- Services should take a developmentally and youth-centred approach that provide comprehensive and holistic care, addressing multiple issues in a seamless and integrated manner
- Entry into these services should be easy and flexible, including both self-referral and drop-in services. They should allow for re-entry into care and not limit entry based on a narrow set of criteria.
- Services should be accessible, located centrally and close to public transport or situated in communities and locations where young people meet, with extended hours of operation and be free or low cost

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<sup>17</sup> Quinn, C. T., Rogers, Z. R., McCavit, T. L., & Buchanan, G. R. (2010). Improved survival of children and adolescents with sickle cell disease. *Blood*, 115(17), 3447-3452

<sup>18</sup> Hetrick, S.E., Bailey, A.P., Smith, K.E., Malla, A., Mathias, S., Singh, S.P., O'Reilly, A., Verma, S.K., Benoit, L., Fleming, T.M. and Moro, M.R., 2017. Integrated (one-stop shop) youth health care: Best available evidence and future directions. *Medical Journal of Australia*, 207(S10), pp.S5-S18.

## Recommendations:

### 1. Invest in Young Adult Health Centres or Youth Precincts where health, mental health, education, and social services are provided under “one roof”.

- Internationally, integrated care situated in one location, so-called “One-Stop-Shop” models, have been proposed as a solution to address the complex multifaceted needs of young people with complex health and social concerns.
- Integrated care is where health and social services come together to provide holistic care in transdisciplinary teams. Evaluation of these sorts of services show that they are preferred by young people and produce better and more cost-effective outcomes than traditional care.
- Services can include primary care, mental health, substance use, legal, social and housing supports along with more specialised services where appropriate. They also can include education and vocational supports and opportunities for young people that are otherwise at risk of disengagement from training, education or employment.

### 2. Fund and develop appropriate hospital services for young people.

- Investing in youth appropriate hospital services would allow for improved transition services for young people and their families who are living with chronic health and mental health conditions as they move from paediatric to adult care.
- Youth appropriate hospital health services would include dedicated in-patient space for young people, outpatients’ facilities and outreach. These teams then develop the skills and expertise to address youth health concerns, including mental health needs.

“Youth-specific models of care address one of the major design flaws in the current health system, splitting services between paediatric and adult services. This split often results in many young people falling through the gap. Research has shown that young people prefer integrated and youth specific services rather those that are add-ons to child or adult services.”

### 3. Establish a specialist-led Queensland Adolescent & Young Adult Medicine workforce.

- Fund specialist Adolescent and Young Adult physicians to provide clinical support, leadership and education on a statewide basis across the youthspan to all health professionals in all aspects of the management of adolescents and young adulthood, to deliver the above recommendations.

**Underpinning all these recommendations is the need for consumer codesign of health services with young people providing lived expertise, advise and leadership.**

Yours sincerely



Paula Foley

Chief Operating Officer – Mater Hospitals Brisbane, Springfield and Mothers  
Mater Health

Dr Simon Denny



Director, Mater Young Adult Health Centre Brisbane  
Mater Health

Attachment 1:

10 February 2022

**Email:** [mhsc@parliament.qld.gov.au](mailto:mhsc@parliament.qld.gov.au)

Committee Secretary  
Mental Health Select Committee  
Parliament House  
George Street  
Brisbane Qld 4000

Dear Sir

Mater Youth Consultancy supports the Mater Young Adult Health Centre Brisbane in their submission to the Mental Health Select Committees.

Mental health issues are common in young adults and we support any move to improve access to care and youth focused services. As a Youth Consultancy we advocate for better services, participate in codesign and evaluation of services and have been operating since 2014.

Many of our group have lived experiences of transitioning from paediatric care to adult care and know this journey can be difficult, particularly at a time when young people are most likely to develop a mental health condition. Transition also requires a skilled workforce that understands and can engage with young people and training programs should be codesigned with young people. Good transition programs should respond at young peoples health, education, psychosocial needs and ideally be delivered in one place that is easy to navigate.

Yours faithfully,



Claire Lee & Tori Clough on behalf of the  
**Mater Youth Consultancy**