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Improving outcomes for anxiety disorders

SUBMISSION TO THE PRODUCTIVITY COMMISSION - MENTAL HEALTH

Improving outcomes

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Centre for Emotional Health Submission to the **Australian Government Productivity Commission** into **Mental Health**

EXECUTIVE SUMMARY

CONSEQUENCES OF ANXIETY DISORDERS

- Anxiety disorders are the most common mental disorder in Australians and cost $10.4 billion a year
- Anxiety disorders almost always develop before depression and increase risk for suicide
- Research shows that anxiety disorders are stable, chronic and disabling
- Poor mental health literacy and stigma contribute to low help seeking for anxiety disorders

REDUCING THE BURDEN

- Effective treatments and preventions for anxiety disorders are available and demonstrate long lasting effects on later mental health
- Significant barriers to evidence-based care include stigma, poor mental health literacy, and access to quality treatments.
- There is a substantial gap between scientific evidence and what is delivered in practice with less than 3% of children receiving evidence-based care for anxiety disorders.
- To improve the mental health of Australians, we need to take anxiety disorders seriously.

RECOMMENDATIONS

1. Provide education and stigma reduction programs for students, parents, teachers and health professionals about anxiety disorders in young people.
2. Improve access to personalised and integrated evidence-based treatment for children and young people with anxiety disorders.
3. Increase funding for school psychologists and training in evidence-based interventions for anxiety.
4. Introduce screening of emotional health problems in schools to allow early identification.
5. Invest in research on anxiety disorders in children and young people.
6. Introduce reforms to track practitioner use of evidence-base care and monitor client outcomes.

Improving outcomes

CONSEQUENCES OF ANXIETY DISORDERS

Anxiety Disorders are the most common mental disorders, not only in children and young people but across the lifespan.[1] Anxiety disorders start early in life and have the earliest age of onset of any of the mental disorders.[2] In fact, the majority of individuals who develop anxiety disorders will have done so before they reach adulthood. Importantly, the presence of anxiety disorders in childhood predicts a range of later mental health problems such as depression, suicidal ideation and substance abuse. One large longitudinal cohort study investigating predictors of adult life satisfaction demonstrated that emotional health difficulties - like anxiety, fears and worries - are the strongest childhood predictors of poorer adult life satisfaction, resulting in poorer health, education, and social outcomes.[3]

Anxiety disorders exact a massive toll on Australia and Australians, with the annual costs to the Australian economy amounting to $10.4 billion a year.[4] Anxiety disorders alone account for the greatest disease burden for women aged 5-44 years.[5] Recent data from the United Kingdom has also shown the prevalence of anxiety disorders in children is *increasing*, rather than decreasing.[6]

Despite these staggering facts, anxiety disorders are frequently under-recognized and overlooked as serious mental health problems.

We need an urgent innovative solution to halt these patterns in Australian children and young people. One key part of this solution must be early intervention. We know that children whose emotional disorders are identified and effectively addressed early, when symptoms first begin, reap the benefits across their lifespan.[7] These outcomes are far-reaching - for the child, their family and for society more broadly, with projected savings to be as much as $7 for every $1 spent in the childhood years.[8,9] Interventions introduced later, in adolescence or beyond, need 35-50% more investment to be as effective as those in earlier years. Yet early identification and interventions for emotional disorders are not currently implemented in a systematic way, presenting a significant problem for the future of Australians.

Anxiety increases risk for suicide

Anxiety is directly linked to suicide. In one recent study, 58% of young people diagnosed with an anxiety disorder reported suicidal thoughts[10]. This is a far greater prevalence than would be expected in the normal population. The relationship between anxiety and suicide cannot be entirely explained by the link between anxiety and depression. Results from the Christchurch Health and Development Study (New Zealand) showed that anxiety disorders in adolescents were strongly associated with suicide, even after statistically controlling for other mental disorders. In this study, having an anxiety disorder increased the risk that a young person would attempt suicide by almost 6 times. Risk is further increased if the young person has more than one anxiety disorder, earlier onset of anxiety, and/or comorbid depression[11-13].

58% of young people with an anxiety disorder report suicidal thoughts

Why have anxiety disorders been ignored?

There are a number of factors, including poor mental health literacy, that influence the limited attention anxiety disorders receive both in terms of clinical practice and public health policy. Anxiety itself is a normal emotion, leading to misunderstanding surrounding the difference between normal and pathological fear and anxiety. The transient nature of some fears in early childhood may also lead parents and teachers to think that the problem will remit with time or maturation.

In contrast to these myths, a vast body of research has demonstrated that, for the majority of individuals, anxiety disorders are stable, chronic and disabling and need to be taken seriously[2]. Particularly when considering workplace productivity and engagement in education and training, prevention and early intervention for anxiety disorders need to be a central focus of the discussion.

Why are anxiety disorders relevant to workplace productivity and engagement in education?

A core feature of anxiety disorders is behavioural avoidance.[1] A natural reaction to fear and anxiety is to stay away from the situation or object that causes fear or worry. Although a natural reaction, this avoidance helps to maintain the anxiety and results in reduced engagement in school, education, the workplace, and social situations. Results from the second national child and adolescent mental health survey showed that adolescents with an anxiety

disorder had on average 20 days away from school each year, with an additional 5.7% of youth with an anxiety disorder who are unable to attend school at all.[14] In adulthood, the average number of days out of role (over a 30 day period) for an individual with an anxiety disorder is 4.4 days; equivalent to 53 days per year.[15]

REDUCING THE PREVALENCE AND IMPACT OF ANXIETY DISORDERS

Over the last 25 years, there have been significant developments in the treatment of anxiety disorders in children, adolescents, adults and older adults. Rigorous clinical trials demonstrate that cognitive behavioural treatments (CBT) are efficacious and have durable effects[16,17]. As a result, treatment guidelines recommend CBT as the first line of treatment. Despite existence of evidence-based care, significant barriers such as cost, stigma, poor mental health literacy, and lack of access reduce help-seeking, and prevent the majority of individuals with an anxiety disorder from receiving appropriate treatment. In fact, less than 3% of children with an anxiety disorder receive evidence-based care and even fewer are given access to evidence-based treatment tailored to their individual needs.[18]

There is also a very long lag-time, the longest of all mental disorders, between when anxiety starts and when treatment is started[19]. One study showed that the delay from the onset of an anxiety disorder to treatment was, on average, between 9 and 23 years depending on the type of anxiety disorder.[20]

The likelihood of access to effective treatments is further reduced by the significant gap between scientific evidence and what is delivered in practice. Practitioners provide a startling array of interventions that do not align with current best practice. School counsellors are often ill-equipped and time-poor to deliver evidenced based care. There is no monitoring of services provided by mental health practitioners and no outcome monitoring. As a result, there is significant variation in the content and integrity of interventions young people receive.

Less than 3% of children with anxiety disorders receive evidence-based care

Effective treatments and prevention for anxiety have been shown to have long lasting effects on anxiety and depression.[21] For example, The Centre for Emotional Health at Macquarie University has developed a suite of programs (known as 'Cool Kids') that have undergone rigorous scientific evaluation and are effective in both reducing anxiety and depression. Other research conducted at the Centre for Emotional Health showed that depression can in fact be prevented: Four year old girls whose parents received a brief prevention program were significantly less anxious and depressed as 16 year olds, compared to girls who didn't receive the intervention[22]. In fact, none of the adolescent girls in the intervention group had high depressive symptoms, compared to 16% in the control group. This study shows that treating anxiety early in life can have a long-term impact on youth mental health.

Despite the availability of effective prevention and early intervention, most children do not receive evidence-based care and this is likely contributing to the continued high rates of anxiety disorders and related sequelae. Data from the 2015 Australian Child and Adolescent Mental Health survey shows that only 42% of young people with an anxiety disorder were known by school support staff and only 30% were receiving help from a psychologist and 8.6% from a psychiatrist. Based on data from other sources, This demonstrates that a significant proportion of young people with anxiety disorders are not seeking help. For those who do seek help, the likelihood of receiving the right help is low.[18] Given the absence of research in personalised approaches to mental health care for anxiety disorders, we also have limited knowledge of how to deliver the right care to the right child at the right time.

WHAT CHANGES MIGHT DELIVER IMPROVED MENTAL HEALTH OUTCOMES?

Particularly when it comes to early onset disorders like anxiety, policy makers need to consider the long-term benefits of providing both prevention AND intervention for children and young people with anxiety disorders or those at high risk of developing anxiety. A number of psychological prevention and intervention programs have demonstrated their efficacy in not only reducing anxiety but significantly reducing depression and suicide risk. To reduce mental ill health in Australians, we need to start paying attention to children and young people with anxiety disorders, and provide evidence-based services that can be easily accessed to reduce the barriers to effective care.

Improving outcomes

RECOMMENDATIONS

1. Provide education and stigma reduction programs for students, parents, teachers and health professionals about anxiety disorders in young people.

2. Improve access to personalised and integrated evidence-based treatment for children and young people with anxiety disorders at key points of transition. This includes improving access and affordability of therapist-supported online treatment programs (e.g., broaden current MBS to include online treatment for children outside rural areas). This also includes broadening current MBS support for parent-only interventions for a child's mental health issue (when the evidence-base supports this approach) as currently the MBS is not available for parent-only interventions. For preschool children with anxiety, the current evidence suggests that parent-only treatment is efficacious.

3. Increase funding for school counsellors and training in evidence-based interventions for anxiety to increase the likelihood of children receiving the right care at the right time.

4. Introduce screening of emotional health problems in schools to allow early identification.

5. Invest in research on anxiety disorders in children and young people to improve and personalise treatment and treatment outcomes.

6. Introduce reforms to track practitioner use of evidence-base care and monitor client outcomes (see Improving Access to Psychological Therapies, UK https://www.england.nhs.uk/mental-health/adults/iapt/)

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