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Please accept this submission from the School of Psychology

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in response to the Productivity Commission Draft Report on Mental Health

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Note:
Project Air Strategy for Personality Disorders
is located at the School of Psychology, University of Wollongong and is primarily supported by the NSW Ministry of Health. http://www.projectairstrategy.org
Views expressed here are not to be taken as the view of the NSW Ministry of Health but the School of Psychology, University of Wollongong

Executive summary

We welcome the opportunity to respond to the Productivity Commission Draft Report on Mental Health. We commend the Commission in undertaking this important piece of work.

This submission focuses on reform area 1: Prevention and early intervention from mental illness and suicide attempts and responds to information request 3.1.

Intervening early in the lives of vulnerable infants, children and young people, supporting vulnerable families, enhancing wellbeing in school settings and providing timely and evidence based treatment for children and young people with mental health disorders are key in our responses to youth mental health. Key in responding to mental health in children and young people is making use of the school environment to intervene early. However a challenge in achieving this is the limited resources available for **primary school students and their families,** despite increasing demands. Additionally there is one group of young people experiencing mental health difficulties that is often overlooked in the mental health field which is **young people with emerging personality disorder**. The benefits of early identification and intervention for personality disorder are becoming increasingly apparent (Chanen et al., 2015; Grenyer, 2013). Research indicates that indicated prevention, the treatment of sub-clinical emerging symptoms, stepped care, the early diagnosis and treatment of symptoms regardless of age, for personality disorder are **viable treatment options that are clinically and cost effective** (Chanen, Sharp & Hoffman, 2017). Despite this, there remains a significant research-to-practice gap, with many clinicians still hesitant to diagnose and treat personality disorder in adolescents (Sharp & Fonagy, 2015).

In light of this we highlight to the inquiry three specific recommendations:

- Recommendation 1: there is a need to focus on emerging problems in primary school children and through the transition to high school

-Recommendation 2: there is a need to consider young people with emerging personality disorder

- Recommendation 3: there is an urgent need for improved health care responses to personality disorder given the established cost-benefit - particularly of stepped care approaches with an early intervention focus

Recommendation 1: there is a need to focus on emerging problems in primary school children and through the transition to high school

Our experience and work with schools has confirmed that although the management issues brought to our attention are from young people in later years of high school (15 - 18 years of age), all staff have identified that emotional dysregulation and interpersonal difficulties, including self-harm problems, generally can be detected in years 4 to 6 of primary school and through the transition to high school (e.g. ages 8-14) (Daraganova, 2016).

Schools provide a great option to intervene universally and in a targeted way (Grenyer et al., 2016). Research shows that **half of all mental health disorders manifest before the age of 14**. Schools are recognised as important locations for addressing student wellbeing, because of the reach and familiarity to students and families, the opportunities they afford for mental health promotion and prevention and the link between wellbeing and learning outcomes.

Education staff have established relationships with students and are therefore in a pivotal position to notice changes in students' behaviour and provide appropriate action to support young people. In our observations of working with schools and education staff, we have identified the following areas in regards to the provision of high quality training and education, as well as approaches taken by primary and high schools:

1. Training and professional development for education staff in *primary schools* is required as there is an increase of mental health issues self-harm and suicidal behaviours occurring in primary schools identified by staff through our research.

2. An increased focus on the *transition from primary school to high school* is needed for students at risk. This will require better communication, further student welfare resources and school counsellor services for students at risk.

3. There remains a need to *increase resources for student well-being*. This includes ensuring sufficient school psychologists are available at all schools, but also the availability of social workers to respond to situational issues and access to more intensive and complex support through partnerships with health professionals.

Recommendation 2: there is a need to consider young people with emerging personality disorder

Models of borderline personality disorder (BPD) now support a lifespan perspective and purport the emergence of BPD during adolescence which can be distinguished from typical adolescent development (Chanen, 2015; Videler et al., 2019; Winsper, 2018). These theories have supported the view that BPD can be reliably diagnosed in adolescence, despite previous reluctance by health care systems to provide a diagnosis prior to adulthood (Chanen, 2013).

Given the severe consequences of BPD, it is important to consider early intervention as early as possible. One of the eight diagnostic criteria for borderline personality disorder (BPD) is chronic suicidality (American Psychiatric Association 2013). Zanarini et al. (2008) found 60% of adults with BPD report multiple suicide attempts, and approximately 10% will die by suicide (Courtet, 2016). Further, a diagnosis of BPD is associated with difficulties with functioning in occupational and social spheres (Gunderson et al., 2011) including difficulties with education, employment, and relationships.

Early intervention and diagnosis prior to the age of 18 has been shown to be conducive to improving outcomes (Chanen & Thompson, 2014).

Service provision to this group is an issue. In our paper in the Australian & New Zealand Journal of Psychiatry we have argued:

> The NHMRC clinical practice guidelines (National Health and Medical Research Council, 2012) makes two pertinent recommendations; first young people with emerging symptoms should be assessed for possible BPD; and second, adolescents should receive structured psychological therapies. Yet despite this clear guidance, there is ongoing reluctance from health professionals in diagnosing individuals with BPD prior to the age of 18 years. This has potential to not only limit the types of services individuals can access but also delays access to effective treatment. Primary care that is well connected to schools and families provide good opportunities to identify, intervene, and source additional support for individuals with these emerging problems (Project Air Strategy for Personality Disorders, 2015). Mental health staff working with adolescents similarly have the skills to assess and treat young people with emerging symptoms if they are trained in contemporary personality disorder treatment. (Grenyer, Ng, Townsend, & Rao, 2017).

There are some clear and evidence based steps that need to be taken for young people with personality disorder and there are examples of such work including the Project Air Strategy working collaboratively with Health and Education to support this work.

- Recommendation 3: there is an urgent need for improved health care responses to personality disorder given the established cost-benefit - particularly of stepped care approaches with an early intervention focus

At the heart of the Productivity Commission's work is efficiency and effectiveness. Providing evidence-based treatments leads to significant cost-benefits. We are concerned the initial report is light on recommendations for personality disorder, particularly given their impact on health services - about **one quarter of presentations to Emergency and Inpatient Units are from people with a primary diagnosis of personality disorder** (Lewis et al 2019). A recent review of all published data world-wide showed that in addition to benefits to patients from increased wellbeing and higher productivity and relationships, **costs to services reduced when well treated.** The mean cost saving for treating BPD with evidence-based psychotherapy across studies was USD $2,987.82 per patient per year (Meuldijk et al 2017) . For example, a study conducted in the Netherlands (*N* = 1740) found that the direct medical costs per patient with a personality disorder were AUD$10,760 (€7,398) per year, while the indirect cost per patient with a personality disorder and a paying job was an additional AUD$10,309 (€7,088) per year (Soeteman et al 2008). The total days lost because of absence from work or inefficiency at work was found to be 47.6 per patient per year. BPD was associated with increased direct and indirect costs. **Intervening early will prevent this spiral of health care and societal costs.**

Australian National Survey of Mental Health and Well-Being data shows 4.8% of the Australian full-time workforce has a personality disorder, with a personality disorder being predictive of work impairment (Lim, Sanderson, & Andrews 2000). A current mental illness was associated with an average of one lost day from work, and three days of reduced performance in the month prior to the survey. Lost work productivity due to mental disorders, such as personality disorders and substance-related disorders, contributes a loss of AUD$2.7 billion each year.

The high societal costs of personality disorders suggest **the importance of prioritising the development and implementation of early intervention for personality disorder.** Research has established a significant cost benefit of implementing appropriate psychosocial treatments for people with BPD (Stevenson & Meares 1999). One year of psychotherapy was associated with an average decrease in inpatient costs of AUD$21,431 per patient with BPD. Findings suggest a suitable psychotherapy treatment course for BPD will save at least AUD$8,000 per patient a year following therapy.

New therapeutic approaches have demonstrated improved outcomes through psychological therapy. Stepped Care provides a new opportunity to "do more with less" i.e. provide timely and effective services tailored to patient need (Grenyer 2014). Evaluation of the Project Air Strategy Stepped Care model, in a randomised controlled trial, demonstrated that developing stepped care brief interventions (Gold Card Clinics) that sit between acute and community services lead to shorter bed days, patients were **1.3 times less likely to re-present to the emergency department or re-present within 28 days**, and the direct cost savings of implementing the approach were USD$2,720 per patient per year compared to services not implementing this stepped care model (Grenyer et al 2018).

Brief Intervention Clinics, within a stepped care approach, provide a month of rapid followup psychological therapy to help those in crisis requiring immediate skill development and brief psychotherapy intervention. Many of these clinics are specifically for adolescents. Recent evidence from one Clinic published by Project Air demonstrated that retention rates in the clinic were high, with 84% attending the first session and clinical outcomes demonstrating

improvement in symptoms **and large reductions in suicidal risk**, and growth in quality of life indicies (Huxley et al 2019).

Information Request 3.1

Project Air Strategy for Schools is a collaboration between the NSW Department of Education, NSW Ministry of Health and the Project Air Strategy based at the University of Wollongong. Project Air Strategy for Schools provides a comprehensive set of resources which have been developed to assist schools to better recognise and respond to young people with complex mental health problems, suicidal ideation and self-harm.

To date we have collaboratively established two low cost interventions to support responding to young people with complex mental health needs. The first equips school counsellors to deliver accredited training to teachers in their local schools to support young people with complex mental health issues, and the second provides a treatment manual to help school counsellors and child and youth workers in education and health to work collaboratively to support young people with complex mental health issues, including personality disorder, trauma history, self-harm, suicidal behaviour and difficulties with affect, identity and relationships.

1. **Project Air Strategy for Schools: A mental health professional learning initiative for secondary school staff**

This course was developed to enhance understanding and response to students with complex mental health needs. The training assists all school staff, especially teachers to better recognise, understand and respond to students with complex mental health problems, including self-harm, suicide, trauma and emerging personality disorder. The goal is to help teachers better understand the challenges in their students and where to refer for assistance. This course is a total of 4 hours (2 x 2 hour sessions) face to face with a variety of individual and small group activities. Completing Project Air for Schools will contribute 4 hours of QTC Registered Professional Development addressing 6.4.2 and 7.2.2, from the Australian Professional Standards for Teachers towards maintaining Proficient Teacher Accreditation in NSW Identifier RG01227. The training package includes a PowerPoint presentation, a guide for working with young people with complex mental health needs, fact sheets, a training film, and web-based resources.

The early outcomes of this work has been published and showed providing school counsellor/psychologist led approaches helped class teachers identify and respond to youth in distress. Results indicated improvements in class teachers' knowledge and attitudes towards self-harm and complex mental health presentations in students. The intervention also improved the capacity of schools to plan and implement strategies to reduce the impact of mental health problems on the young person and their peers (see https://rdcu.be/8h8n).

Townsend ML, Gray AS, Lancaster TM, Grenyer BFS. (2018). A whole of school intervention for personality disorder and self-harm in youth: A pilot study of changes in teachers' attitudes, knowledge and skills. Borderline Personality Disorder and Emotion Dysregulation.
(2018) 5:17 https://doi.org/10.1186/s40479-018-0094-8

The NSW Child Death Review Team Reports for 2016-17 (p. 27) and 2017-18 (p. 111) cites Project Air Strategy for Schools as an important schools based initiative to prevent suicide deaths of young people. Furthermore, the NSW Government submission (2019) to the Productivity Inquiry into Mental Health promotes Project Air Strategy for Schools as a universal best practice model for early intervention and prevention.

2. Working with Young People with Complex Mental Health issues

The second intervention was designed to assist clinicians working with young people with complex mental health issues, including personality disorder, trauma history, self-harm, suicidal behaviour and difficulties with affect, identity and relationships. A guide for clinicians, along with a collaborative professional development for school counsellor and psychologists and community mental health practitioners, has been developed that outlines a clinical intervention for young people with complex mental health presentations.

In 2018 six workshops were offered in local health districts. A total 143 school counselling service staff and 82 community mental health staff participated in either the pilot workshop or one of the five full-day workshops. Feedback from attendees indicated that 98% would recommend the professional development workshop to a colleague, and 89% were satisfied or very satisfied with the training. Further training regarding the intervention is being rolled out in 2020.

This work can be accessed through an e-learning program consisting of - 3 modules, 4 hours of training.

- Module 1 – Introduction to working with complexity
- Module 2 – Engaging the young person, assessment and risk management
- Module 3 – Principles of psychotherapy and relational thinking.

Access at https://documents.uow.edu.au/content/groups/public/@web/@project-air/documents/doc/uow259044.pdf

Supporting the online e-learning training program, there are guidelines and a webinar with school and community clinicians - Access project resources https://www.projectairstrategy.org/UOW225734.html

Conclusion

There are many chances to intervene early across childhood and adolescence and we need to build on these opportunities. Reducing the number of children and young people experiencing distress from mental illness and self-harm, reducing the number of children and young people who die by suicide or attempt to end their life will require targeted interventions for children and young people most at risk. Intervening early, using measured stepped care approaches carries significant cost-benefits for the community, health services and individuals involved. We highlight areas that have not had so much focus, including the needs of children in primary school and a focus on self-harm and emerging personality disorder.

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