

Alert on Australian youth mental healthcare and youth suicide

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Headspace and Better Access have been challenged by Australian psychiatry researchers to integrate more seamlessly with public health systems and state and local databases to make wholesale inroads into

cutting mental health problems in young people.

The experts warn that outsourcing of multidisciplinary mental health services to non-governmental organizations needs to complement and work efficiently with mainstream public [service](#) services, clinicians and services across the board.

In particular, the Consortium of Australian-Academic Psychiatrists for Independent Policy and Research Analysis (CAPIPRA) clinicians highlight the lack of psychiatric leadership and management of suicide risk in both organizations.

In a new article in the *Australian & New Zealand Journal of Psychiatry*, Flinders University Professor Tarun Bastiampillai and CAPIPRA colleagues call for all headspace centers around Australia to have specialist psychiatrists in their staffing model, to provide clinical leadership, supervise complex cases and provide better overall clinical oversight of centers.

In 2019, [suicide was the main cause of death](#) for Australians aged 15 to 49 years. AIHW and ABS statistics (2020) indicate youth self-harm hospitalization and suicide rates are rising.

"While we are seeing more telehealth and online delivery, there is evidence of a 10% increase in Medicare referrals, so our [mental healthcare services](#) need to rise to this challenge and produce the best outcomes for our younger generations."

"It also doesn't seem clear that subsequent care is coordinated with public mental health services, both at a local and national level," says Flinders University Professor Bastiampillai, who has academic status at Monash University.

The new article agrees with a 2020 Australian & New Zealand Journal of Psychiatry study (Jorm and Kitchener) that notes a large increase in the use of mental health services by young people aged 12-25 years since the introduction of Medicare Better Access and headspace services in 2006-2007.

While other factors may be contributing to worsening youth mental health in recent years, both research groups conclude there has not been a detectable reduction in the prevalence of psychological distress despite a large increase in expenditure on the provision of mental health services in Australia.

The new *Australian & New Zealand Journal of Psychiatry* article says that "the performance of headspace and Better Access may be somewhat limited."

In spite of consuming considerable resources Headspace and Better Access healthcare interventions may have limited efficacy in relation to some important sociological determinants of youth mental health, researchers say, particularly if patients do not receive a "minimally adequate" duration of psychological treatment, Professor Bastiampillai says.

"In summary, the lack of psychiatrists in leadership, clinical governance and clinical involvement within headspace centers means that complex cases presenting in crisis and suicidal ideation are often referred to public mental health services and emergency departments and these referrals likely contribute to the rise in self-harm presentations to the emergency departments," the latest article concludes.

"Accordingly, there should be further innovative research into the most appropriate Australian youth mental healthcare model, and clinical outcomes, in addition to ongoing evaluation of Better Access and

headspace."

Concerns have been raised that health and economic impacts of the COVID-19 pandemic may increase suicide rates in some countries, however early indications suggest a leveling of [suicide rates](#) as communities unite against the pandemic threat.

Overall, the researchers say headspace has expanded rapidly due to successful political advocacy on behalf of the youth early intervention model, with limited coordination in terms of governance, planning and implementation with existing mental [health](#) services,.

"Other countries should be wary of large youth programs that operate outside mainstream mental healthcare because of similar dangers such as poor co-ordination with existing government-funded services, duplication of care, the substantial consumption of resources, and limited evaluation of outcomes."

More information: Tarun Bastiampillai et al, Commentary on Jorm and Kitchener 2020: Rising Australian youth suicide rates despite headspace and Better Access, *Australian & New Zealand Journal of Psychiatry* (2021). [DOI: 10.1177/00048674211009614](https://doi.org/10.1177/00048674211009614)

Anthony F Jorm et al, Increases in youth mental health services in Australia: Have they had an impact on youth population mental health?, *Australian & New Zealand Journal of Psychiatry* (2020). [DOI: 10.1177/0004867420976861](https://doi.org/10.1177/0004867420976861)

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