

Mental health and young people: a focus on management and medicines for anxiety and depression

Quality Use of Medicines Briefing Paper



June 2022

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Executive summary

Mental health of young people is a national health priority area

The mental health of young people is a national health priority area, with heightened concern arising from the COVID-19 pandemic. The majority of mental health problems start in childhood and adolescence – 75% of adults with a mental health disorder experience the onset of the problem before the age of 24 years. If left unchecked, mental health disorders lead to an increased risk of suicide. Today, suicide causes the largest loss of life for young people in Australia.

About this quality use of medicines (QUM) briefing paper

This briefing paper highlights some of the key issues in managing common mental health issues in young people aged 16–24 years in primary care. The main focus of this paper is on issues related to the role of medicines and non-medicine strategies for anxiety and depression. It is intended that this paper will be used by researchers, stakeholder organisations and policy-makers working in the mental health sector and medicines safety area.

NPS MedicineWise educational program

The insights shared in this paper were collected as part of the program design and development for the NPS MedicineWise national program titled *Mental health and young people: opportunities to empower and engage*. The program, funded by the Australian Government Department of Health, focuses on psychological distress, depression and anxiety in young people presenting to general practitioners within primary care. Additionally, the program highlights the importance of communicating and empowering young people about the different available management strategies, and reviewing and monitoring treatment options.

Key themes and barriers

Several themes and barriers were identified during the consultation with stakeholders. These included knowledge and skills barriers for health professionals; knowledge, personal and environmental barriers affecting consumers (including patients, families, carers and other supports); capacity and workforce issues; and funding, remuneration and costs. There were a number of important topics that emerged during the research for the program for health professionals managing mental health issues in young people, including culturally safe practice, cultural diversity, gender-affirming mental health care, intellectual disability stigma, and discrimination.

Further action

The paper includes some proposed actions to address the quality use of medicine (QUM) issues in mental health for young people, especially with regards to antidepressant use. These actions are:

- ▶ Guidance to support health professionals managing mental health in young people aged 16–24 years.
- ▶ Activities and programs to support awareness of resources and implementation of guidance
- ▶ Development of national QUM indicators for antidepressants.

- ▶ Development of community pharmacists as accessible health professionals for young people.
- ▶ Improvement of multidisciplinary communication and activities managing mental health in young people.
- ▶ Direct-to-consumer campaigns.
- ▶ Health professional training and development in youth mental health.
- ▶ Actions to address workforce shortages in rural and remote communities.
- ▶ Improving access to psychiatrists.
- ▶ Generation of evidence to support recommendations for management of depression and anxiety disorders in young people.
- ▶ Increasing uptake of digital mental health.
- ▶ Incentives for delivery of shared care.

Background

Purpose of this document

This briefing paper highlights some of the key issues in managing common mental health issues in young people aged 16–24 years in primary care. The issues focus on the role of medicines and non-medicine strategies for anxiety and depression.

This paper is intended to be used by researchers, stakeholder organisations and policy-makers working in the mental health sector and medicines safety area. The aim of the paper is to build momentum for shared action to address barriers by:

- ▶ raising awareness of the quality use of medicine (QUM) issues relating to antidepressants, other medicines and non-medicines management options for psychological distress, depression and anxiety
- ▶ sharing insights about the barriers and potential solutions in primary care for managing psychological distress, depression and anxiety in people aged 16–24 years
- ▶ building a shared understanding of the QUM issues across key organisations and stakeholders.

Mental health management in young people is a QUM priority

The mental health of young people is a national health priority area, with heightened concern arising from the COVID-19 pandemic.

The majority of mental health problems start in childhood and adolescence – 75% of adults with a mental health disorder experience the onset of the problem before the age of 24 years.¹ If unchecked, mental health disorders lead to an increased risk of suicide. Today, suicide causes the largest loss of life for young people in Australia.²

In 2019–20, 4.4 million Australians had a mental health-related prescription dispensed – 72% were for antidepressants.³ In this period, 8.2% of people aged 12–17 years, and 12.6% of those aged 18–24 years, were dispensed a mental health-related medication. Anxiety disorders (generalised anxiety disorder [GAD], social phobia, separation anxiety), attention deficit hyperactivity disorder (ADHD) and major depressive disorders make up the most common mental health disorders among young people under the age of 18 based on the 2013–14 Australian Child and Adolescent Survey of Mental Health and Wellbeing (also known as the Young Minds Matter survey).

For those under the age of 25 years, the most common mental health disorders were anxiety disorders (7.0%), ADHD (6.3%) and major depressive disorder (5%).⁴ According to the 2017–18 National Health Survey, 15% of people aged 18–24 experienced high or very high psychological distress, with this proportion higher among young women (18%) than young men (12%). However, in Australia men are three times more likely to die by suicide than women and evidence indicates men are far less likely to seek help for mental health disorders than women.²

The high prevalence of mental health problems, their negative impact on educational, occupational and social functioning, as well as quality of life, and their significant financial and societal cost, emphasise the need for optimising the management of mental health disorders in young people.

The Australian Government has recently introduced temporary changes to the number of individual psychological therapy sessions available under the Better Access Initiative to support those with existing mental health conditions and address the increased need for mental health services during this difficult time. These are set to expire on 31 December 2022.

Addressing QUM issues for youth mental health will support better health outcomes for young people today and later in life. Together with stakeholders, NPS MedicineWise has identified a range of complex QUM issues around the management of depression and/or anxiety disorders.

NPS MedicineWise program

In collaboration with health professionals, consumers and stakeholders, NPS MedicineWise has developed the program *Mental health and young people: opportunities to empower and engage*. The program focuses on assessing and managing psychological distress, depression and anxiety; effectively communicating with young people about different available management options, including antidepressants and non-medicine options; and reviewing and monitoring treatment options. The program is focused on young people aged 16–24 years old. The program is funded by the Australian Government Department of Health.

Program development included a comprehensive literature review, data analysis and qualitative interviews, in addition to a structured co-design underpinned by evidence-based behaviour change implementation frameworks. This QUM briefing paper has been developed by drawing on the findings and insights from this program. For further information on the program development process, see Appendix 1.

Key insights about therapies, mental health and young people

Note about terminology used within the document. Feedback received from key stakeholders relating to terminology used in this therapeutic area was varied. Some groups recommend avoiding the term antidepressants as it could be misleading (in terms of the actions, uses and effectiveness of these medicines) which in turn may foster inappropriate use.^{5,6} Additionally, the term has traditionally been used to group classes of medicines with a range of different mechanisms of action and indications. In light of the feedback and where possible, this paper uses the term 'medicines used for depression and anxiety' or refers to specific classes of medicines. In certain instances, the term 'antidepressants' is used given its widespread recognition and use by health professionals and consumers. In this document, antidepressants is an umbrella term for medicines such as selective serotonin reuptake inhibitors (SSRIs), selective noradrenaline reuptake inhibitors (SNRIs), tricyclic antidepressants (TCAs), monoamine oxidase inhibitors (MOAIs) and melatonin agonists.

Medicines are not recommended as first-line treatment for the management of mild-to-moderate depression and anxiety disorders in young people. In particular, antidepressants are not indicated in mild depression, where psychological treatments, psychoeducation and other non-pharmacological strategies are considered more appropriate. A trial of an antidepressant is recommended when symptoms of depression, GAD, panic disorder or social anxiety disorder (SAD) are moderate-to-severe or where psychological treatment is not possible or not effective. A medicine should be used in combination with psychological treatment as part of a comprehensive management plan.

The role of medicines in anxiety and depression in young people is not fully established – there is a significant underrepresentation of this age group in clinical trials to determine the efficacy and safety of medicines in this population. Suicidal thoughts and behaviours have been reported after starting a medicine, particularly in young people. Close monitoring and review is needed in the first 7–10 days after commencing treatment.

Medicines for depression and anxiety

This section summarises the key findings from the literature and qualitative interviews around the use of medicines for depression and anxiety in young people aged 16–24 years.

What is the evidence for medicines and what do guidelines recommend for people aged ≤ 18 years?

- ▶ Current guidelines for depression from the Royal Australian and New Zealand College of Psychiatrists (RANZCP) and Therapeutic Guidelines recommend use of fluoxetine in adolescents as first-line treatment for depression where medication use is warranted.^{7,8}
- ▶ Fluoxetine is the only evidence-based pharmacological option, meaning it has the strongest safety and efficacy profile in children and adolescents despite having limited evidence overall for SSRIs.
- ▶ When it comes to comparing effectiveness and safety of newer antidepressants (including SSRIs, SNRIs and TCAs) in children and adolescents with a diagnosed major depressive disorder, newer antidepressants reduced depression symptoms compared to placebo. However, the reduction was small and not considered important by children and adolescents, their parents/caregivers and clinicians in the same study.⁹

- ▶ Studies have suggested the following:⁹
 - ◊ Guideline developers need to consider whether a recommendation for the use of newer-generation antidepressants is warranted for some individuals in some circumstances – as some individuals may experience a greater response with antidepressants.
 - ◊ Sertraline, escitalopram, duloxetine, as well as fluoxetine (which is currently the only treatment recommended for first-line prescribing in those aged ≤ 18 years) could be considered as a first-line treatment.
 - ◊ Children and adolescents considered at risk of suicide were frequently excluded from trials and, as such, studies have been unable to make conclusions about the effects of antidepressants for this cohort.
 - ◊ If an antidepressant is being considered, informed consent is required before initiation.
 - ◊ Close monitoring of treatment effects and suicide-related outcomes (combined suicidal ideation and suicide attempt) in those treated with newer-generation antidepressants, given findings that some of these medicines may be associated with greater chance of these events.

What is happening in practice with regards to prescribing medicines for depression and anxiety?

- ▶ Several Australian studies have shown increased general practitioner (GP) prescribing of psychotropic medicines for young people aged 16–24 over the last 10 years.
- ▶ Between 2011 and 2020, GP antidepressant prescribing for people aged < 25 years increased by 1.8 times, from 2.6% of patients in 2011 to 4.7% in 2020. The prevalence of depression recorded in GP records increased 1.8 times, from 3.7% in 2011 to 6.5% in 2020 for ever-recorded depression. Anxiety increased by 3.8 times, from 2.6% in 2011 to 9.8% in 2020 for ever-recorded anxiety.¹⁰
- ▶ During 2018 and 2019, of people < 25 years old attending Australian general practices, 10.8% had a history of/current depression and/or anxiety. In this cohort, 5.9% with anxiety (current) and 8.6% (ever), 4.3% with depression (current) and 6.0% (ever); 5.8% with at least one antidepressant prescription (SSRIs 80%, and fluoxetine 30% of these patients).¹⁰
- ▶ Trends have identified higher levels of prescribing for women and those aged 21–24 years of age.¹¹
- ▶ Fluoxetine and fluvoxamine were the most prescribed antidepressants, predominantly for anxiety disorders.¹
- ▶ Discrepancies between GP antidepressant prescribing and guideline recommendations were noted, however it is difficult to determine whether this indicates inappropriate prescribing without further clinical context.¹¹
- ▶ Australian and international studies suggest there is an increased reliance by GPs on antidepressants for treating mental health disorders despite concerns of low therapeutic benefit for mild-to-moderate depression and the potential for adverse reactions such as increased suicidality in young people.^{11,12,13,14,15}

Medicine safety

- ▶ Current available evidence is insufficient to conclude that a causal relationship exists between antidepressant prescribing and rates of youth suicide.⁸ However, recommendations on the prescribing of antidepressants have been made by the Therapeutic Goods Administration (TGA):
 - ◊ Need for additional guidance on dosing and best-practice monitoring of off-label medicines.
 - ◊ Further clinical guidance for GPs on depression management and antidepressant prescribing for people under 18 is needed to minimise risk of suicidality in this group.
 - ◊ Need for supplementary information about appropriate dosing of off-label psychotropic medicines and guidance on best-practice monitoring of children and adolescents prescribed off-label medicines.
 - ◊ Additional consumer education on what to expect from treatment and the risks associated with antidepressant use.⁸

Increase in self-poisoning and emergency department presentations

- ▶ There was a substantial increase in self-poisonings among 5–19 year olds between 2006 and 2016, with an overlap between commonly dispensed psychotropics and the medicines most commonly used in self-poisoning, which include paracetamol, ibuprofen, fluoxetine, ethanol, quetiapine, paracetamol/opioid combinations, sertraline and escitalopram.^{16,17}

Mental health services

Mental health impact of COVID-19

- ▶ Between 16 March 2020 and 24 January 2021, an increase in Medicare Benefits Schedule (MBS)-subsidised mental health-related services provided was observed (11.5 million), telehealth MBS mental health services used and mental health-related Pharmaceutical Benefits Scheme (PBS) prescriptions dispensed.
- ▶ In the 4 weeks to 24 January 2021, there was an increase in the number of helpline calls received by Lifeline, Beyond Blue and Kids Helpline.
- ▶ In 2020 the numbers of suspected or confirmed deaths by suicide in New South Wales (896), Victoria (698) and Queensland (777) were similar to 2019.³

Utilisation of mental health services in 15–24 year olds

- ▶ Figure 1 shows use of GP mental health care plan services for young people aged 15–24 years of age using MBS data from January 2016 to June 2021. Up until March 2020 there were five MBS Items that GPs could bill for mental health care plans depending on the needs of their patient (Table 1).
- ▶ MBS item 2715 (20 min session with a GP who has mental health skills training to prepare a mental health care plan) was used the most, followed by MBS item 2712 (review of the current or existing plan being used by the patient).
- ▶ MBS Item 2701 (40 min with any GP) had the lowest usage, followed by MBS Item 2717 (40 min with a mental health skilled GP) and 2700 (20 min with a GP).
- ▶ These findings reflect that over the past five calendar years, the number of mental health care plan consults had been increasing and that, since COVID-19, there was a shift in telehealth consultations. The sharp decrease in item number usage likely reflects transitions to new telehealth items.
- ▶ Of the COVID-19 telehealth items introduced in March 2020, MBS Item 92126 (over-the-phone consultations) were used most in 2020 and 2021. This was followed by MBS Item 92116 (20 min consult with mental health training).
- ▶ There is a trend towards shorter sessions with patients regardless of whether there has been mental health training or not.
- ▶ Of the two MBS items available for longer 40 min sessions, more GPs with mental health training billed for this item compared with GPs who did not have mental health training. This likely reflects the short time that GPs have with patients but may also indicate that having mental health training may increase the likelihood of a more comprehensive care plan being provided.

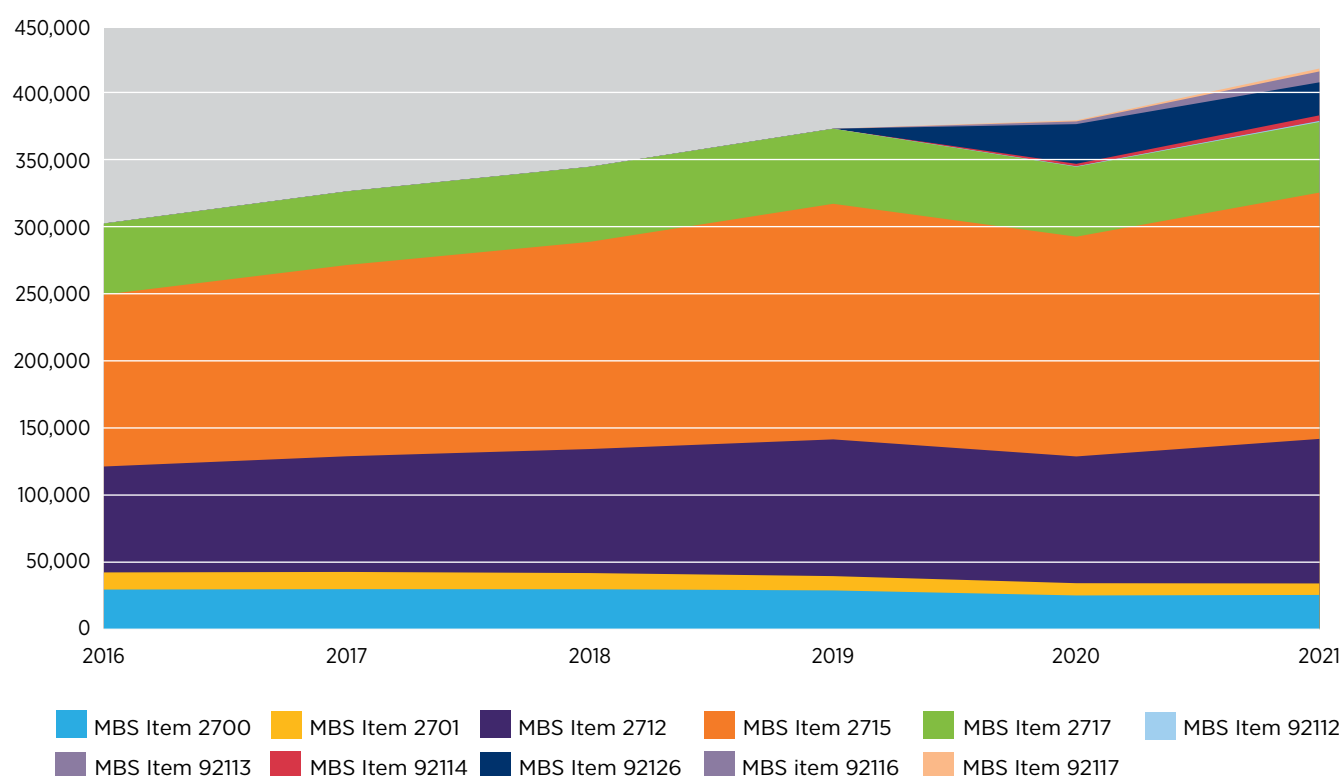


Figure 1: Number of GP mental health care plan services over the past five calendar years 2016–2021 for those aged 15–24 years of age

Table 1 MBS Items for completing a mental health care plan

MBS Item	Descriptor
2700 (20 min)	Attendance by a GP (including a GP who has not undertaken mental health skills training) of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.
2701 (40 min)	Professional attendance by a GP (including a GP who has not undertaken mental health skills training) of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.
2712 (review of plan)	Professional attendance by a GP to review a GP mental health treatment plan which he or she, or an associated GP has prepared, or to review a psychiatric assessment and management plan.
2715 (20 min with GP mental health skill training)	Professional attendance by a GP (including a GP who has undertaken mental health skills training) of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.
2717 (40 min with GP mental health skill training)	Professional attendance by a GP (including a GP who has undertaken mental health skills training) of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.
92112 (COVID-19 Telehealth with no mental health training 20 min)	Telehealth attendance, by a GP who has not undertaken mental health skills training (and not including a specialist or consultant physician), of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.
92113 (COVID-19 Telehealth with no mental health training 40 min)	Telehealth attendance, by a GP who has not undertaken mental health skills training (and not including a specialist or consultant physician), of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.

MBS Item	Descriptor
92114 (COVID-19 Review of Plan Telehealth)	Telehealth attendance by a GP to review a GP mental health treatment plan, which the GP, or an associated GP has prepared, or to review a psychiatric assessment and management plan.
92126 (COVID-19 Phone Service)	Phone attendance by a GP to review a GP mental health treatment plan which the GP, or an associated GP has prepared, or to review a psychiatrist assessment and management plan.
92116 (COVID-19 GP Telehealth 20 min with mental health training)	Telehealth attendance, by a GP who has undertaken mental health skills training, of at least 20 minutes but less than 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.
92117 (COVID-19 GP Telehealth 40 min with mental health training)	Telehealth attendance, by a GP who has undertaken mental health skills training, of at least 40 minutes in duration for the preparation of a GP mental health treatment plan for a patient.

Non-medicine management options

Psychological treatments

Formal psychological treatments (cognitive behavioural therapy [CBT] and interpersonal therapy [IPT] have the best evidence base) are considered to offer similar benefits to a medicine when treating depression. There is evidence that CBT is more efficacious than medicines in SAD; leads to higher recovery rates than medicines in GAD, and is thought to have similar efficacy to medicines in panic disorder.

CBT is the gold-standard management option for anxiety disorders. When delivered online, CBT may be as effective as face-to-face delivery. For those trialling an SSRI and not undertaking full CBT, implementation of strategies for graded exposure is recommended.¹⁸

Lifestyle changes to implement healthy behaviours, education about mental health disorder(s), and management and psychological treatment are considered foundations of management for mood disorders including depression, and are recommended for all people with anxiety disorders.^{7,18}

Sleep, healthy eating and exercise

Sleep is a common concern when young people present to the GP, or may be the reason for presentation to a health professional. Regular physical activity is an important component of maintaining good mental health. There is an important role for exercise in managing low mood, stress and anxiety, and in improving/maintaining wellbeing.

Some interactive activities for young people to explore through the headspace website headspace.org.au/smallsteps including:

- ▶ Sleeping well for a healthy headspace
- ▶ Sleep and young people, putting the myths to rest
- ▶ Eating well for a healthy headspace
- ▶ Moving your way to a healthy headspace
- ▶ Connecting with others for a healthy headspace

The Food and Mood Centre resources:

- ▶ Food and Mood: Improving Mental Health Through Diet and Nutrition

Some Beyond Blue resources to consider:

- ▶ [Beyond Blue – A guide to what works for anxiety](#)
- ▶ [Beyond Blue – A guide to what works for depression](#)

e-Mental health resources for young people.

Social prescriptions

There has been a shift to health professionals using social prescriptions to help their patients support their health and wellbeing when managing ongoing health conditions. This is especially the case for mental health conditions where a focus on implementing psychosocial activities can have improvements in wellbeing. Social prescribing involves health professionals referring, or linking in, patients to non-medical activities, which can range from health and fitness programs to social clubs, movies and meditation. The Royal Australian College of General Practitioners (RACGP) and Consumers Health Forum of Australia (CHF) partnered with the National Medical Health and Research Centre Partnership Centre for Health System Sustainability and hosted a roundtable about social prescribing in 2019. The report that followed the roundtable recommended that social prescribing be part of routine health care in Australia.¹⁹

Social prescribing is particularly important for people experiencing mental health issues because of:

- ▶ stigma, isolation and marginalisation
- ▶ lower life expectancy compared with the general population due to preventable physical conditions and facing adverse life experiences
- ▶ low levels of activity, which leads to low levels of social engagement
- ▶ their experiences and issues are over-medicalised
- ▶ a better sense of identity when connected with peers or community activities
- ▶ a recover approach supports a full and contributing life.

Digital therapies

There has been increased demand for psychological therapies during the COVID-19 pandemic, especially with regards to online CBT or internet CBT (iCBT). A study by Mahoney et al. found that there was a > 500% increase in monthly registrations and commencements compared with the pre-pandemic period for the iCBT depression and anxiety course.²⁰ However, it has been noted that many people do not complete online CBT courses.

The Newby et al. paper outlines practical considerations for health professional to incorporate iCBT into clinical practice, and offers solutions for common barriers to implementation.²¹ iCBT has many advantages and can reach and be used by many people, including people in rural, remote and very remote locations. It can also be a cost-effective method of accessing psychological therapies, and can overcome long waiting lists or workforce shortages in certain regions.

Currently available digital CBT programs in Australia and New Zealand include:

- ▶ MoodGYM – <https://moodgym.com.au/>
- ▶ This Way Up – <https://thiswayup.org.au/>
- ▶ MindSpot – <https://www.mindspot.org.au/>
- ▶ Mental Health Online – <https://www.mentalhealthonline.org.au/>
- ▶ Centre for Clinical Interventions – <https://www.cci.health.wa.gov.au/>

Barriers to optimal management of mental health conditions

Barriers to optimally managing common mental health issues and supporting mental health in young people were identified during the development of the program, *Mental health and young people: opportunities to empower and engage*.

These barriers affected the majority of health professionals working within general practice and those providing care to young people experiencing mental health issues. We have provided a snapshot of some of the common barriers.

Table 2 Common barriers grouped in themes (based on RACGP quality framework)²²

Theme 1– Clinical practice and quality of care
<p>Knowledge barriers impacting health professional behaviour include:</p> <ul style="list-style-type: none"> ▶ lack of awareness of free or low-cost options for psychological services, including digital services ▶ lower awareness of underlying mental health issues and the importance of a holistic assessment process ▶ lack of planning for trials of reduction/cessation of antidepressants ▶ lack of clinician awareness and understanding about the use and effectiveness of e-mental health tools/services/treatments ▶ lack of awareness that fluoxetine is a first-line medicine for depression management in young people under 18 years. <p>Skill barriers impacting health professionals include:</p> <ul style="list-style-type: none"> ▶ prescribing medicines as first-line treatment without recommending CBT or other psychological treatments ▶ conducting risk assessments and safety planning ▶ variation in interest, time and skills of health professionals engaging with people with mental health issues ▶ provision of psychoeducation – this is a difficult area for health professionals, particularly if they lack additional mental health skills training ▶ using lifestyle changes, physical activity, behavioural strategies and social support.
Theme 2 – Professional roles, interactions and relationships
<p>Barriers include:</p> <ul style="list-style-type: none"> ▶ prescribing medicines as first-line treatment without recommending CBT or other psychological treatments ▶ lack of planning for trials of reduction/cessation of antidepressants ▶ lack of referrals back to GP when psychological treatment is having limited benefits ▶ limited ongoing review, follow-up and support provided by referring GPs.
Theme 3 – Consumer/patient focus
<p>Knowledge barriers impacting consumers include:</p> <ul style="list-style-type: none"> ▶ low levels of youth mental health literacy ▶ low levels of parental knowledge about youth mental health problems ▶ lack of awareness, availability and acceptability of services to access optimal treatment pathways and mental health services ▶ lack of understanding of mental health and management options among family/carers and young people ▶ limited awareness /knowledge of symptoms and a sense of being ‘confronted’ by private emotions through help-seeking. <p>Personal and relationship barriers include:</p> <ul style="list-style-type: none"> ▶ low levels of help-seeking by parents in Australia ▶ inexperience and lack of knowledge about access, out-of-pocket costs, stigma and negative peer attitudes ▶ fear of cessation/experience of discontinuation symptoms with antidepressants ▶ self-medicating and sharing of medicines.

Environmental context and resource barriers include:

- ▶ young people often do not have a regular doctor that they see
- ▶ cost barriers to accessing optimal treatment pathways and mental health services
- ▶ time and capacity issues to attend appointments
- ▶ prescription costs
- ▶ difficulties fostering strong/trusting relationships with health professionals
- ▶ long waiting lists and limited available sessions to access psychological services, including headspace services
- ▶ inadequate public knowledge about the signs and symptoms of youth mental health problems and risk factors.

Theme 4 – Capability and competence of health professionals to deliver quality care**Beliefs about capabilities or consequence barriers include:**

- ▶ reluctance to label people with mental disorders
- ▶ lack of GP confidence around safety planning and revisiting safety plans with patients regularly
- ▶ confidentiality issues around engaging families and carers
- ▶ lack of confidence on how to appropriately manage a patient who may be at risk of self-harm
- ▶ uncertainty about management of adolescents who present with depression
- ▶ lack of understanding of what is consistent/different with adult patients versus adolescent patients with depression
- ▶ lack of understanding that adolescent patients expect autonomy and that shared decision-making is important
- ▶ lack of understanding that parents may seek/push for a referral.

The importance of consulting with young people and their family/caregivers when pharmacological therapy is being considered, in psychoeducation, and ways to support young people

The importance of activities for resilience building and early intervention is critical for improving mental health

Theme 5 – Capacity of staff and systems**Resource barriers include:**

- ▶ lack of psychiatric or psychological service availability, particularly in regional areas
- ▶ services are under increasing pressure and availability is not meeting demand
- ▶ long waiting lists and limited available sessions to access psychological services
- ▶ time and capacity issues to attend appointments
- ▶ lack of suitably qualified professionals with training and experience in delivering evidence-based interventions such as CBT who are able to offer treatment under MBS
- ▶ limited availability of secondary consultation or advice
- ▶ out-of-pocket costs can be upwards of \$100 for every session, even with a mental health plan.

Theme 6 – Knowledge and information management**Barriers include:**

- ▶ lack of decision-making criteria for patients and clinicians about the need for antidepressant medicines
- ▶ lack of knowledge around the nuances of guidelines for SSRI medication prescribing for young people
- ▶ lack of youth-specific guidelines
- ▶ lack of validated tools, reference to diagnostic criteria and classification of severity make assessment and diagnosis challenging
- ▶ lack of public knowledge about the signs and symptoms of child mental health problems and risk factors.

Parents, carers and young people do not know where to seek help, often seeking informal help rather than professional services

Theme 7 – Funding, remuneration, costs

There are cost barriers to accessing optimal treatment pathways and mental health services, including prescription costs, time to attend appointments and costs of psychological services and primary care (out-of-pocket costs).

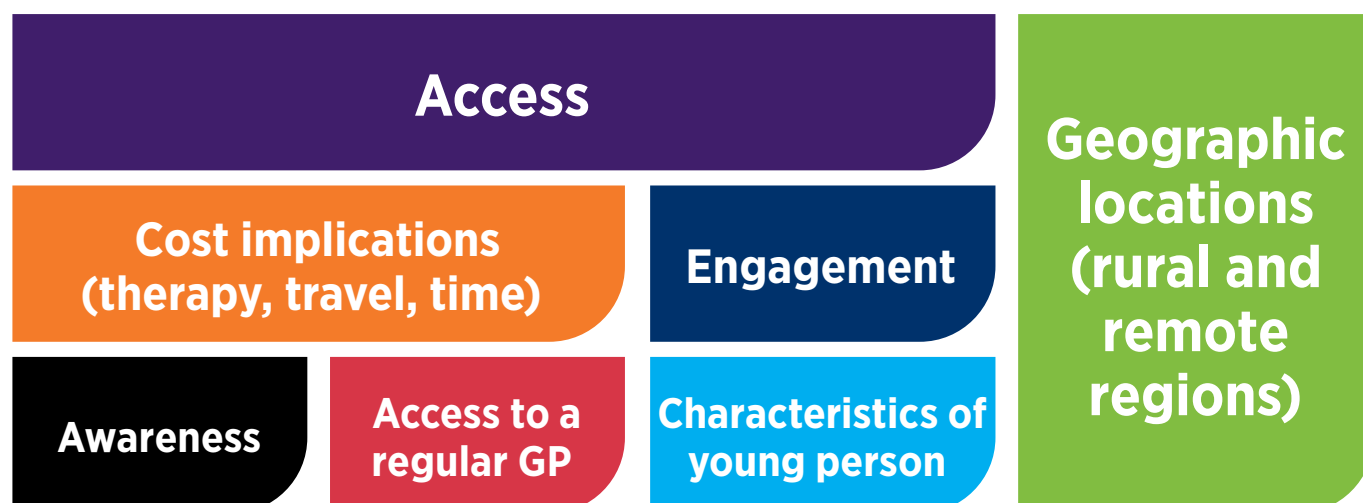
Key themes from consultation

This section provides the key themes from discussions with key opinion leaders, experts and stakeholders to understand the high-level gaps, barriers and opportunities around the use of medicines for depression and anxiety by young people.

High-level gaps and barriers

Overarching barriers and gaps have been identified and grouped in the diagram below to illustrate priority areas to be addressed.

As demonstrated below, access was repeatedly a common barrier for young people seeking care for their mental health issues, including long waiting lists for psychologists, or accessing specialist youth mental health services like headspace. Cost implications, engagement with health professionals, awareness, having a regular GP and personal characteristics of the young person were also identified as barriers to receiving effective care. Where young people live impacted the care they received, particularly in very rural and remote areas, where young people often have to travel significant distances to access specialists, specialist youth mental health services or mental health professionals.



The key themes represented in Tables 3 and 4 are summaries and are not considered exhaustive of every individual or stakeholder that was engaged.

Table 3 Barriers to effective management (including the use of medicines) of depression and anxiety in young people

Increased demand for services for young people with distress in recent years
Significant increase in people accessing services in distress.
Use of online psychological treatments and telehealth has increased.
Challenges with assessment and diagnosis
Time constraints.
Difficulties exploring and accurately diagnosing conditions.
Differential diagnosis can be challenging, eg, identifying signs of bipolar disorder, early psychosis, substance use, borderline personality disorder, eating disorders, ADHD or autism.
Engagement with young people
Young people are keen for knowledge and understanding and do seek information about conditions and medicines from friends, family and online. However, information accessed online is unknown and may not always be of high quality.
Parents, family and carers are important to involve in psychoeducation and supporting young people. This can be challenging for health professionals to navigate practically with consideration of privacy issues and gaps in understanding.
Use of effective psychological and supportive management options
There may be a lack of awareness of, and attention to, effective lifestyle changes, physical activity, behavioural and social strategies, and local options for psychological services.
Access to psychological treatments – long waiting lists and limited number of available sessions.
Cost, time and capacity to attend appointments are barriers for many.
Variation in services and quality of services geographically.
Variation in approach to psychological treatment(s).
Limited ongoing review, follow-up and support provided by referring GPs.
Issues related to prescribing in general practice
Antidepressant prescribing is variable, with some GPs prescribing readily and often, perhaps even in a first consultation, and others avoiding antidepressant prescriptions particularly for people aged under 18 years.
There appears to be a lack of review and support of patients through initial stages of prescribing, including monitoring for suicidal thoughts and behaviours and other side effects (both short and long term).
There is a lack of discussion around the use of recreational drugs and alcohol.
There is a lack of assessment of antidepressant benefit and harms in the longer term with either purposeful continuation or a strategic trial of reduction or cessation.
There is frequent use of medicines other than fluoxetine (or other than SSRIs) in depression and/or anxiety disorders as first-line therapy, contrary to guidelines or recommendations.
Augmentation of antidepressants with an antipsychotic or other psychotropic medicine without specialist consultation or advice.
Prescribing of benzodiazepines in cases where they are not recommended and/or in large quantities rather than small amounts based on need and considering risks of overdose.
Issues impacting the appropriate use of medicines
Stigma, attitudes, beliefs and judgement associated with prescribing for mental health conditions by health professionals, young people, friends and family.
Off-label use of antidepressants for people aged under 18 years and medicines used outside of their licenses, potentially with high cost and access difficulty.
Limited use of validated tools, diagnostic criteria and classification of severity to make an accurate diagnosis and communicate this effectively.
Lack of youth-specific guidelines.
Side effects when initiating treatment and in the longer term.
Concerns (prescribers and young people) about potential increases in suicidal thoughts and behaviours.

Dependence, or concerns of young people about becoming dependent, on antidepressants.

Unclear expectations relating to benefits, indication, dose, side effects and duration of treatment of antidepressants.

Time and prescription cost to young people of finding an antidepressant that is beneficial.

Fear of cessation and/or experience of discontinuation symptoms with antidepressants.

Self-medicating and sharing of medicines.

General issues

Young people often present to health professionals in distress, with functional impairment and needing support. Many do not seek help until they are in crisis.

Young people may not have a regular doctor.

Variation in interest, time and skills of health professionals.

Management of people with suicidal ideation, providing psychological services and conducting risk assessment and safety planning continues to be a difficult area for health professionals. It is time consuming and emotionally draining.

Safety planning and revisiting safety plans with patients regularly may not be something all GPs are confident doing.

Psychiatrists, including child and adolescent psychiatrists, are not often accessible to GPs for advice or referrals for people with anxiety disorders and/or depression.

Enablers

Table 4 Enablers and opportunities to improve management (including the use of medicines) of mental health in young people

Use of effective psychological and non-pharmacological options

Increased awareness and understanding of evidence base and range of different non-medicine options and online psychological treatments available.

Clinicians advocating for the role for recommended online treatments, eg, while waiting for other services, waiting for antidepressants to take effect, to increase skills uptake while participating in clinician-led psychological treatment, and/or to prevent relapse.

Normalising activities and discussions that focus on resilience building and stress management.

Tools to support effective communication between healthcare providers.

Empowering consumers to confidently discuss management is important to improve outcomes. Stigma is a barrier to help-seeking, open discussion and best possible use of treatments.

Safe and effective use of antidepressants

Guideline recommendations for choice, doses and slow titration of antidepressants when considered appropriate (available in Therapeutic Guidelines).

Balanced advice and evidence summary relating to medicines and risk of suicidality may provide reassurance and ensure appropriate cautions are taken.

Evidence for benefit and variability in response to antidepressants.

Reputable resources relating to interactions between medicines and alcohol/other substances to support conversations that inform decision-making around mixing drink or drugs with medicines and/or stopping/starting the prescribed medicines.

Practical advice and/or resources to support discussion around expectations of treatment.

Potential role and value of pharmacists as information providers, care advocates or otherwise.

Advice on when to stop/switch a medicine may be useful for health professionals.

Important considerations for the management of mental health

Culturally safe practice

The model of health care provided in Aboriginal Community Controlled Health Organisations (ACCHOs) incorporates social, emotional and cultural wellbeing, and is the exemplar of culturally safe care for Aboriginal and Torres Strait Islander people. This ACCHO model is based on a holistic approach towards care that encompasses social and emotional wellbeing of individuals, their families and communities, and includes addressing social stressors (where possible) as part of therapy.

Several organisations have developed resources on culturally safe practice and how to adopt this into clinical practice when providing care to Aboriginal and Torres Strait Islander people. These resources include:

- ▶ an article written by Professor Pat Dudgeon entitled: [What works in Aboriginal and Torres Strait Islander suicide prevention?](#)
- ▶ a book chapter written by Graham Gee, Pat Dudgeon, Clinton Schultz, Amanda Hart and Kerrie Kelly entitled: [Aboriginal and Torres Strait Islander Social and Emotional Wellbeing](#)
- ▶ Telethon Kids Institute:
 - [Working Together: Aboriginal and Torres Strait Islander Mental Health and Wellbeing Principles and Practice](#). Editors: Pat Dudgeon, Helen Milroy and Roz Walker.

Cultural diversity and mental health care

Culture plays a significant role in how young people approach their mental health and wellbeing. It influences their worldview, their insights into mental health experiences, wellness, relapse and recovery, their help-seeking behaviour, and how they interact with mental health services and mental health professionals. Culture and how this influences young people's engagement with the healthcare system and people providing care is an important consideration when managing young people experiencing mental health issues and/or psychological distress.

Orygen has developed a suite of resources aimed at providing health professionals with some foundations to consider and incorporate into their clinical practice. These include:

- ▶ Clinical practice point – [Culture 101](#)
- ▶ Fact sheet – [Valuing cultural diversity and inclusion in youth mental health](#)
- ▶ Podcast – [Let's talk: Youth mental health, culture and identity](#)
- ▶ Toolkit – [Youth participation with young people from multicultural backgrounds](#)
- ▶ Videos – [A series of videos entitled Working together: developing shared language, understanding and meaning through language interpreting](#)

Gender-affirming mental health care

Gender diversity and gender-affirming care is an important aspect of providing mental health care. This is particularly important when providing care to young people.

Orygen has collaborated with young people and key organisations to develop a set of resources to help mental health professionals increase their awareness and understanding of gender-affirming health care.

These resources include:

- ▶ Clinical practice points:
 - [Gender-affirming mental health care](#)
 - [Gender-affirming mental health care: working with families](#)
- ▶ Fact sheets:
 - [Gender diversity and language](#)
 - [Intersectionality and youth mental health](#)
- ▶ Module:
 - [Gender diversity and youth mental health 101](#)
- ▶ Toolkit:
 - [Inclusive and gender-affirming youth mental health services](#)
- ▶ Videos:
 - [Journeys: affirming gender diversity in young people](#)

Organisations working in gender-affirming health care

- ▶ **Transhub:** transhub.org.au/
- ▶ **Queerspace:** queerspace.org.au/
- ▶ **Parents of Gender Diverse Children:** pgdc.org.au/
- ▶ **Transcend:** transcend.org.au/
- ▶ **Transfamily:** transfamily.org.au/

Intellectual disability as part of mental health management

Young people with intellectual disability are up to four times more likely to experience depression, anxiety and psychosis than their peers.²³

Understanding how to work with young people with intellectual disability when providing care to them for mental health issues is an important part of the clinical scope of practice. There are a number of organisations that have developed specific resources for both health professionals and consumers to access. Black Dog Institute has developed an online tool [Healthy Mind](#) to help people with intellectual disability to recognise and regulate their thoughts and feelings.

These resources focus on topics such as:

- ▶ Complex communication needs:
 - Orygen: [Speech, language and communication needs in youth mental health](#)
- ▶ Supported decision-making:
 - Office of Public Advocate: [What is supported decision-making](#)

Organisations working in developmental disability health

- ▶ **Centre for Developmental Disability Health:** cddh.monashhealth.org/
- ▶ **Emerging minds:** emergingminds.com.au/resources/its-time-to-do-more-about-the-mental-health-of-children-with-intellectual-disability/

People who are younger than 16 years

This QUM briefing paper and the NPS MedicineWise program does not focus on people younger than 16 years old, as the needs and QUM issues for this age group are significantly different than for older children and young adults. However, we have identified a number of valuable resources relevant to this age group. Please note: the recommendation is to seek specialist advice if considering prescribing medicines for people aged under 18 years.

Beyond Blue has developed a number of resources that can be used by families and carers to help guide them to support children and young people experiencing mental health issues. These resources also outline how to seek help and support from health professionals and mental health services.

These include:

- ▶ For 1–5 years:
 - Mental health issues: <https://healthyfamilies.beyondblue.org.au/age-1-5/mental-health-issues>
 - Seeking support for your child: <https://healthyfamilies.beyondblue.org.au/age-1-5/seeking-support-for-your-child>
- ▶ For 6–12 years:
 - Mental health conditions in children: <https://healthyfamilies.beyondblue.org.au/age-6-12/mental-health-conditions-in-children>
 - What to look for: <https://healthyfamilies.beyondblue.org.au/age-6-12/mental-health-conditions-in-children/what-to-look-for>
 - Support options for children: <https://healthyfamilies.beyondblue.org.au/age-6-12/mental-health-conditions-in-children/support-options-for-children>
 - Anxiety: <https://healthyfamilies.beyondblue.org.au/age-6-12/mental-health-conditions-in-children/anxiety>
 - Depression: <https://healthyfamilies.beyondblue.org.au/age-6-12/mental-health-conditions-in-children/depression-in-children>

ReachOut also has a number of resources, including:

- ▶ How age affects confidentiality

Stigma, personal support and navigating the healthcare system

Young people with depression and anxiety experience stigma, self-stigma and discrimination. Stigma is often complex with regards to its level and type because it can be influenced by age, the condition itself and someone's beliefs and culture. Beyond Blue has developed an information paper on stigma and discrimination entitled: [beyondblue Information Paper: Stigma and discrimination associated with depression and anxiety](#) that outlines the types of stigma and their impact.

Stigma can lead to feeling hopeless, isolated and shame, and a reluctance to seek help.

Other helpful resources include:

- ▶ Sane Australia has developed a value resource on stigma on their website – [Reducing stigma](#)
- ▶ Mental Health Australia developed a paper entitled [Consumer and carer experiences of stigma from mental health and other health professionals](#)
- ▶ NPS MedicineWise has developed a [podcast with young people](#), who describe their experiences with mental health issues and stigma when navigating the healthcare system and primary care.
- ▶ Mental Health Australia, Carers Australia and Mental Health Carers Australia delivered a project entitled [Caring through COVID](#) and developed [The Secret Life of Carers](#) podcast series.

The National Mental Health Commission is developing a National Stigma and Discrimination Reduction Strategy that aims to:

- ▶ reduce stigma among people who experience mental health issues and those that support them
- ▶ reduce public stigma by changing attitudes and behaviours
- ▶ eliminate structural stigma and discrimination.

The Strategy is projected to be delivered by the end of 2022. For more information, see:

<https://www.mentalhealthcommission.gov.au/Projects/stigma-and-discrimination-reduction-strategy>

Personal support

People who support young people to seek help, access health care and manage their mental health and wellbeing require knowledge and support to do this effectively. These personal supports can have a significant impact on recovery, relapse and wellness. Forums and family peer support workers can help families, friends, carers and other supports. Orygen has a [fact sheet](#) on family peer support workers. Some headspace services also offer family peer support groups and information sessions to support the people providing care and support to young people with mental health issues. It is important that supports can access free accurate information and join forums and communities to help them do this.

Other Orygen resources include:

- ▶ [In this together: families and carers can ask](#) Part 1
- ▶ [In this together: families and carers can ask](#) Part 2
- ▶ [In this together: families and carers can ask, unpacked.](#)

Navigating and accessing the healthcare system

ReachOut has developed resources to help support young people to understand and access the healthcare system:

- ▶ [Breaking down barriers to help-seeking](#)
- ▶ [Mental health issues: professional help](#)
- ▶ [What do GPs do?](#)
- ▶ [Getting and using a mental health care plan](#)
- ▶ [Telehealth and more – getting psychological help online](#)
- ▶ [How to tell people about your mental illness](#)
- ▶ [5 steps to talking to someone you trust](#)
- ▶ [NextStep](#)

Cost considerations

There are many different pathways to treatment, and a lack of awareness and understanding of these pathways can be a barrier for young people, including the cost of these different pathways. The cost of therapies need to be considered and discussed openly with young people, whether it be prescriptions for medicines, a session with a psychologist, or other psychosocial interventions. Cost can have a significant impact on whether young people will access these interventions or not.

- ▶ Beyond Blue has information on cost:
 - [Getting support – how much does it cost?](#)
 - [Getting help – how much does it cost?](#)

Ongoing physical health monitoring

Routine physical health screening should be considered for young people with mental health disorders to help identify people at risk of developing negative health outcomes. Health professionals should clearly communicate the reasons for the assessment questions.²⁴ Physical health screening should include:

- ▶ lifestyle factors (eating, smoking, physical activity)
- ▶ blood pressure
- ▶ weight
- ▶ blood glucose
- ▶ blood lipids.

Once the screening is complete, the health professional should work collaboratively with the young person to set goals and decide on an action plan. This may include social prescriptions, referrals to allied health professionals to deliver psychosocial interventions, or referrals to other specialists to discuss and prioritise other health concerns. Physical health priorities should be regularly reviewed with the young person.²⁵

NPS MedicineWise program – interventions and barriers being addressed

The *Mental health and young people: opportunities to empower and engage* program focuses on assessing and managing psychological distress, depression and anxiety, effectively communicating with young people about different available management options, including antidepressants and non-medicine options, and reviewing and monitoring treatment options (see Figure 2).

During the formative research and program design stage, key opinion leaders, experts and stakeholders repeatedly raised a range of QUM issues:

- ▶ High rates of young people reporting psychological distress and presenting to services in crisis and/or at risk of self-harm.
- ▶ Changes in symptoms and experiences of young people over time, and complexity involved in diagnosis and consideration of differential diagnoses and relevant comorbidities.
- ▶ Need for strong engagement with individualised psychological treatments and management strategies to improve mental health.
- ▶ Prescribing of antidepressants without initial/concurrent trialling of recommended non-medicine treatments.
- ▶ The choices and doses of antidepressants, contrary to recommendations.
- ▶ Concerns about inappropriate use of antidepressants, and use of benzodiazepines and antipsychotics contrary to recommendations.
- ▶ High rates of adverse effects related to psychotropic medicines that impact on adherence, and concerns about potential increases in suicidal thoughts and behaviours.
- ▶ QUM issues related to polypharmacy and ongoing use of antidepressants without adequate review of the benefits and risks.

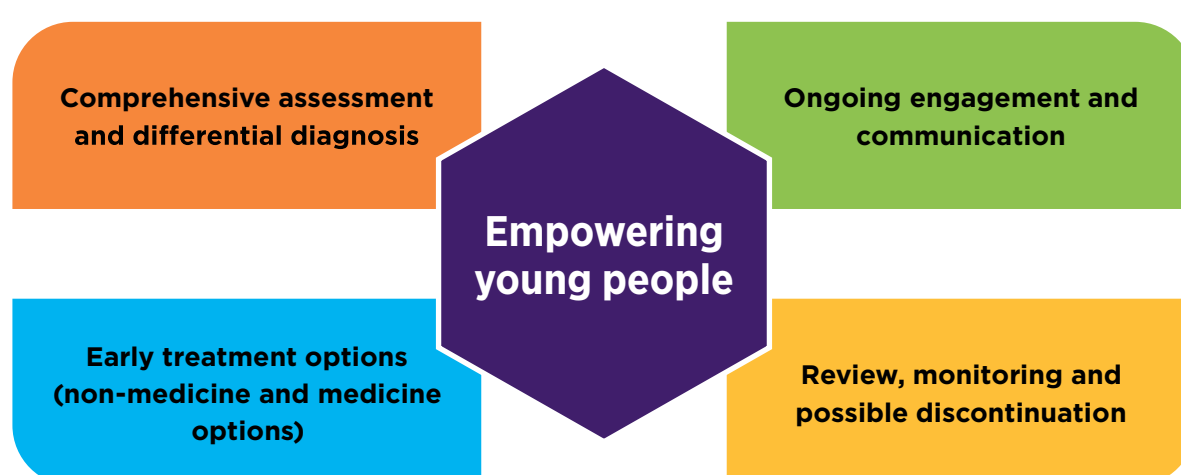


Figure 2: Overarching key themes for the proposed program

Audiences for the *Mental health and young people: opportunities to empower and engage* program include health professionals (GPs and pharmacists), consumers (young people, families, carers and other supports) and mental health professionals (nurses, social workers, psychologists, other allied health professionals, community teams) involved in delivering mental health services and psychosocial interventions. The program aims to facilitate greater engagement between general practice, specialists (psychiatrists) and specialised youth mental health organisations.

The program interventions are presented in Table 5.

Table 5 NPS MedicineWise program interventions

Intervention	Audience	Barriers addressed
Educational outreach for general practices (face-to-face and/or virtual) <ul style="list-style-type: none"> ▶ one-on-one: a 30-minute in-practice discussion for GPs, tailored to individual learning needs ▶ small group: a 1-hour facilitated group discussion for GPs, pharmacists and nurses. 	Health professionals (GPs and nurses) in general practices	Theme 1 – Clinical variation and quality of care Theme 4 – Capability and competence of health professionals to deliver quality care Theme 6 – Knowledge and information management
Health professional resources Disseminated through educational visits and available on nps.org.au	Health professionals (GPs and nurses) in general practices and other primary care settings	Theme 1 – Clinical variation and quality of care Theme 4 – Capability and competence of health professionals to deliver quality care
MedicineInsight practice data report and aggregate data handouts MedicineInsight is a large-scale primary care data set of longitudinal de-identified electronic health records in Australia. It collects general practice data to support quality improvement in Australian primary care and post-market surveillance of medicines. The data are analysed, and insights provided to practices through educational visits as a: <ul style="list-style-type: none"> ▶ MedicineInsight Practice Report: information based on practice's own data ▶ Aggregate Data Handout: aggregated summary of national data. 	Health professionals (GPs and nurses) in general practices and other primary care settings	Theme 1 – Clinical variation and quality of care Theme 4 – Capability and competence of health professionals to deliver quality care
MedicineWise News article A news article written from the perspective of a health professional to emphasise particular clinical practice points	Health professionals (GPs, nurses, pharmacists, specialists, allied health professionals working in mental health settings) in primary care settings	Theme 1 – Clinical variation and quality of care Theme 2 – Professional roles, interactions and relationships Theme 4 – Capability and competence of health professionals to deliver quality care

Intervention	Audience	Barriers addressed
Podcasts episodes for the NPS MedicineWise podcast series Communicating the perspective of young people to health professionals to help address barriers when receiving clinical care	Health professionals (GPs, nurses, pharmacists, specialists, allied health professionals working in mental health settings) in primary care settings	Theme 1 – Clinical variation and quality of care Theme 2 – Professional roles, interactions and relationships Theme 4 – Capability and competence of health professionals to deliver quality care
Webinars An interactive session using a multidisciplinary panel format (young person among panel members) to discuss clinical topics	Health professionals (GPs, nurses, pharmacists, specialists, allied health professionals working in mental health settings) in primary care settings	Theme 1 – Clinical variation and quality of care Theme 2 – Professional roles, interactions and relationships Theme 4 – Capability and competence of health professionals to deliver quality care
Clinical communication videos A series of videos demonstrating effective communication between GP and young people/families/other supports	Health professionals (GPs, nurses, pharmacists, specialists, allied health professionals working in mental health settings) in primary care settings	Theme 1 – Clinical variation and quality of care Theme 4 – Capability and competence of health professionals to deliver quality care
Online education activity for health professionals On effectively communicating with young people who have been prescribed antidepressants	Pharmacists	Theme 1 – Clinical variation and quality of care Theme 4 – Capability and competence of health professionals to deliver quality care
Consumer resources: ▶ Series of peer-to-peer short videos ▶ Resource based on principles of Choosing Wisely 5 questions ▶ Information on nps.org.au ▶ MedicineWise app	Young people, families, carers and other supports	Theme 3 – Consumer/patient focus

Further action to address QUM issues for mental health and young people

Theme 1 – Clinical practice and quality of care

Evidence-based guidance for health professionals

There is a need for more guidance to support health professionals to:

- ▶ recognise and differentiate between mild and moderate symptoms
- ▶ implement lifestyle management and support young people accessing psychological treatments/online treatments
- ▶ determine appropriate treatment options (medicines and psychosocial interventions) and monitor adherence to therapy
- ▶ assess, review and manage medicines used for depression and anxiety for young people aged 16–24 years
- ▶ appropriately and safely deprescribe medicines.

A significant challenge is the limited relevant evidence available to support recommendations for prescribing medicines to manage depression and anxiety disorders in people aged 16–24 years. This includes choice of medicine, dosage, duration of therapy and discontinuing a medicine. In particular, there is a lack of adequate evidence and recommendations to guide prescribers on the appropriate duration of therapy in people aged ≤ 18 years.

Long-term development and implementation.

Activities and programs to support awareness raising and implementation of guidance

It is important that any guidance developed for health professionals (ie, as suggested above) is accompanied by a plan for implementation in practice. This should include consideration of potential ways to integrate existing digital psychological interventions and services into clinical practice among health professionals who are likely to prescribe antidepressant medicines (eg, all health professionals and allied health professionals who provide mental health care to young people).

The implementation plan could leverage existing programs and resources such as NPS MedicineWise program *Mental health and young people: opportunities to empower and engage*. The program focuses on assessing and managing psychological distress, depression and anxiety; effectively communicating with young people about different available management options, including antidepressants and non-medicine options; and reviewing and monitoring treatment options. The program also raises awareness of GPs of existing digital psychological interventions and services. This could be extended to other health professionals working in the mental health space.

Medium-term development and implementation.

Development of national QUM indicators for use of antidepressants

Development of national QUM indicators will facilitate and standardise monitoring and research of prescribing trends and changes, as well as evaluation of impact and outcomes of programs and services.

Long-term development and implementation.

Theme 2 – Professional roles, interactions and relationships

Supporting community pharmacists in developing their role as accessible health professionals for young people

Community pharmacists are one of the most accessible health professional groups for consumers, especially for face-to-face interventions. As a result of COVID-19 pandemic, there has been a heightened interest in mental health issues and an increased demand for community pharmacy services. This posed an increased pressure on pharmacists particularly due to lack of appropriate support and hands-on training on the topic mental health.

Feedback from pharmacists during the development of this program highlighted the innovative ways some pharmacists were able to provide a safe space for consumers to discuss mental health issues and/or related medicines. This included provision of information in written and verbal forms (either as face-to-face or through a phone call).

A valuable service such as Mental Health First Aid Training could be made available to support community pharmacy staff to effectively communicate and engage with young people experiencing mental health issues when presenting to the pharmacy.

Medium-to-long-term development and implementation

Strategies to improve multidisciplinary communication and activities

Shared care delivery can be improved by streamlining and improving communication across the different disciplines, including specialists, GPs and allied health professionals delivering psychosocial interventions through incentives. These incentives can help address communication gaps and ensure that all interventions are being accessed and effectively trialled before considering another intervention.

Medium-to-long-term development and implementation

Theme 3 – Consumer focus

Direct-to-consumer campaigns

The research and design phase of the mental health and young people program identified a consumer health literacy gap relating to the use of antidepressant medicines. This could be addressed through multi-faceted direct-to-consumer campaigns to:

- ▶ raise awareness of mental health issues and management and medicines
- ▶ encourage young people and carers to ask questions about care being provided and seeking alternative management options (for example, see the resource for consumers based on the Choosing Wisely 5 questions: [Anxiety and depression: find the path that works for you](#))
- ▶ address misconceptions about medicines (their role, concerns about addiction and side effects)
- ▶ address misconceptions about deprescribing and long-term use of medicines.

The campaigns can include tailored language specifically aimed at young people, messaging and resources targeted to specific groups such as:

- ▶ people with disability
- ▶ culturally and linguistically diverse (CALD) communities
- ▶ Aboriginal and Torres Strait Islander peoples
- ▶ carers.

The campaigns can leverage and promote existing consumer resources, content and messaging.

Short-, medium- and long-term development and implementation.

Theme 4 – Capability and competence

Training in youth mental health

There is a need for structured education, training and capacity-building models for health professionals and non-health professionals to be better supported when providing care to young people with mental health issues in primary care. For example, access to Mental Health First Aid Training or further education in youth mental health such as undertaking a Certificate or Diploma in Youth Mental Health.

Long-term development and implementation.

Theme 5 – Capacity of staff and systems

Workforce shortages in rural and remote communities

Establishment of a working group of organisations with an interest in youth mental health services to review and develop a policy/strategy to address workforce shortages in rural and remote communities, and strategies to maximise the existing workforce. In particular, to explore and address the lack of access to psychologists or specialists or other specialists delivering psychosocial interventions.

Improving access to psychiatrists

There are plans to increase GP access to psychiatrists by developing and implementing a psychiatrist-on-call helpline. This will allow GPs to access specialist advice and expertise to support managing the high numbers of people presenting in general practice with psychological distress, depression and/or anxiety. This can help ease the uneven distribution of skilled workforce with regards to specialists.

Using non-MBS models of care can also help to address the barrier of access, for example, using Head to Health, headspace services and other state-run mental health care services.

Medium- and long-term development and implementation.

Theme 6 – Knowledge and information management

Evidence generation and real-world evidence

As noted above, there is limited relevant evidence available to support recommendations for prescribing medicines to manage depression and anxiety disorders in young people. This includes information relating to choice, dosage, duration of therapy and deprescribing of medicines. This area may be addressed by increasing support for clinical trials that include young people. Another approach may be the development of clinical registries of younger patients receiving medicines and non-medicine management for mental health conditions. A more short-term approach would be to conduct investigations using real-world data sources, such as PBS data and MedicineInsight to explore current prescribing practices and outcomes for young people.

Short-, medium- and long-term development and implementation.

Theme 7 – Funding, reimbursement, costs

Digital mental health

Continued funding and research to support development and implementation of free and low-cost online psychological treatment may help overcome some cost and accessibility barriers for young people. These services could be delivered as part of systems for assessment, support and monitoring of mental health, and would complement face-to-health and telehealth services. Priority should be given to resources that are engaging, which young people will be more likely to persist with and benefit from. Systems that individualise treatments, communication and/or management strategies for anxiety and depression have potential to improve engagement with treatments and may reduce reliance on medicines and improve long-term health outcomes.

Short-, medium- and long-term development and implementation.

Incentives for delivery of shared care

Unlike psychiatrists, psychologists are not currently funded to deliver single-session therapy or shared care with review via the MBS. As a consequence, some patients may receive more sessions than needed which in turn reduces access for other patients. There is a need for incentives that promote and optimise the delivery of shared care and improve interdisciplinary practice among professionals delivering care to young people with mental health issues. This will help to see social prescribing used alongside medicines. The Head to Health model encourages a face-to-face or telehealth session and, between sessions, encourages the use of resources listed on the website to ensure that individuals are accessing other interventions delivered by different modalities.

Medium- and long-term development and implementation.

Complementary programs and resources in Australia

This section focuses on other programs and work being undertaken in the mental health and young people space. The NPS MedicineWise program aims to complement and strengthen the work of existing specialist youth mental health organisations by delivering key messages directly to general practice to support health professionals' understanding and knowledge of this area.

The following organisations and programs are currently running in Australia to help improve mental health outcomes for young people (Table 6). Resources for health professionals and consumers are listed in Tables 7 and 8, respectively.

Environmental scan and policy resources

Table 6 Government and policy-related programs and reports

Program name	Organisation	Link	How does this program aim to support health professionals and/or consumers?
Mental Health Productivity Commission Inquiry Report	Australian Government – Productivity Commission	https://www.pc.gov.au/inquiries/completed/mental-health/report/mental-health-volume1.pdf	<p>The report discusses key influences on people's mental health, examines the effect of mental health on people's ability to participate and prosper in the community and workplace, and implications more generally for our economy and productivity.</p> <p>It makes recommendations to the Australian and state and territory governments, to improve the mental health of people of all ages and cultural backgrounds, working with people who have experience of mental ill-health, and their families and carers.</p> <p>Recommended reforms extend across workplaces, schools and universities, the justice system, community groups and services for health care, psychosocial support, and housing</p>
National Children's Mental Health and Wellbeing Strategy	Australian Government – National Mental Health Commission	National Children's Mental Health and Wellbeing Strategy - National Mental Health Commission	<p>The Strategy outlines the requirements for an effective system of care for children, seeking to create a new, shared understanding of the roles of families, communities, services and educators in promoting and supporting child mental health and wellbeing. It also provides a framework to guide the most critical investments in our children and families.</p>
Vision 2030 for Mental Health and Suicide Prevention	Australian Government – National Mental Health Commission	Vision 2030 - National Mental Health Commission	<p>Vision 2030 shapes a national direction for mental health and wellbeing. It is a blueprint for a successful, connected mental health and suicide prevention system to meet the needs of all Australians. As part of the federal Department of Health's 10-year plan, it takes a long-term approach to change and improvement.</p> <p>Vision 2030 will be delivered through a unified system that takes a whole-of-community, whole-of-life and person-centred approach to mental health; providing easily navigated, coordinated and balanced community-based services that are offered early to meet each individual's needs and prevent escalating concerns.</p>

Program name	Organisation	Link	How does this program aim to support health professionals and/or consumers?
National Mental Health and Wellbeing Pandemic Response Plan	Australian Government – National Mental Health Commission	Mental Health and Wellbeing Pandemic Response Plan - National Mental Health Commission	<p>The mental health and wellbeing response to the pandemic has three core objectives:</p> <ul style="list-style-type: none"> ▶ Meet the mental health and wellbeing needs of all Australians to reduce negative impacts of the pandemic in the short and long term; ▶ Outline core principles and priority areas to inform jurisdictions as they respond to the challenges of COVID-19, including as restrictions ease, to balance national consistency with flexibility for locally appropriate, community-based responses and solutions, and ensuring that any risks posed by relaxation of restrictions are assessed and responded to; and ▶ Define governance, coordination and implementation requirements including data collection and sharing across jurisdictions to facilitate informed planning and decision-making.
Mental Health and Wellbeing Act	Victorian Government	Home Mental Health Reform Victoria (mhrv.vic.gov.au)	Expert advisory group currently providing advice following the Royal Commission report into Victoria's mental health system (released March 2021): Royal Commission into Victoria's Mental Health System - Home (rcvmhs.vic.gov.au)
Supporting Young People During Transition to Adult Mental Health Services	NSW Health	Supporting Young People During Transition to Adult Mental Health Services (nsw.gov.au)	This Guideline supports Local Health Districts and Specialty Networks in developing local policies and protocols that support the optimal transition of young people. In particular, from community-based or inpatient specialist Child and Adolescent Mental Health Service (CAMHS) care or Youth Mental Health Service (YMHS) care to Adult Mental Health Service (AMHS) care.
Physical health care for people living with mental health issues: a guideline	NSW Health	Physical Health Care for People Living with Mental Health Issues (nsw.gov.au)	<p>This guideline:</p> <ul style="list-style-type: none"> ▶ outlines the measures that NSW Health will take to improve physical health ▶ clarifies expectations of districts and networks to provide physical health care for people living with mental health issues ▶ provides service managers and clinicians in districts and networks with actions to meet the requirements ▶ is supported by resources and tools for implementation
NSW Aboriginal Mental Health and Wellbeing Strategy 2020–2025	NSW Health	NSW Aboriginal Mental Health and Wellbeing Strategy 2020-2025	<p>The Strategy is supported by three goals:</p> <p>Goal 1: Holistic, person and family-centred care and healing</p> <p>Goal 2: Culturally safe, trauma-informed, quality care</p> <p>Goal 3: Connected care</p>

Program name	Organisation	Link	How does this program aim to support health professionals and/or consumers?
Head to Health pop up to support people in South Western Sydney during Pandemic (Primary Health Network)	SWSPHN	https://www.swsphn.com.au/headtohealth	<p>The Head to Health service has been set up by South Western Sydney PHN (SWSPHN) and six other Primary Health Networks (PHNs) in NSW following \$10.6 million in funding from the Australian Government as part of its response to the current pandemic.</p> <p>The service provides short-to-medium term support for people experiencing moderate-to-high levels of mental health distress. People who need support can call 1800 595 212 or pop into one of the hubs at any time to discuss their mental health needs and concerns.</p>
COVID-19 Wellbeing Campaign Six Primary Health Networks	SWSPHN (South Western Sydney PHN)	https://www.youtube.com/playlist?list=PLR-wSIY196qVy4LQaYyrjY-cu5HZNYKMY	South Western Sydney PHN (SWSPHN), Western Sydney PHN, Nepean Blue Mountains PHN, South Eastern NSW PHN, Northern Sydney PHN, and Central and Eastern Sydney PHN have collaborated with the community to create a video campaign in 12 languages encouraging community members to get vaccinated and reach out for mental health support.
Headstart South Western Sydney	SWSPHN (South Western Sydney PHN)	https://headstart.org.au/south-western-sydney/	Filters services based on a person's age, location and mental health need. The navigation tool includes local services for managing conditions like anxiety and/or depression, eating disorders, personality disorders, and support for challenging situations like grief and loss, domestic and family violence, and gambling concerns.

Health professional resources

Table 7 Health professional resources

Resource	Type	Organisation	Link
General information on depression and anxiety (including treatment options)			
Clinical toolkit – anxiety	Web content	headspace	https://headspace.org.au/clinical-toolkit/toolkit-anxiety/
Clinical toolkit – depression	Web content	headspace	https://headspace.org.au/clinical-toolkit/toolkit-depression/
Clinical Tips: Differential Diagnoses and Comorbidities of Depression	Fact sheet	headspace	https://headspace.org.au/assets/download-cards/CT-Comorbidities-and-Diff-Diagnosis-in-depression.pdf
Clinical Tips: Context for Depressive Symptoms in Young People	Fact sheet	headspace	https://headspace.org.au/assets/download-cards/CT-Depression-Context-.pdf
GPs and general practice at headspace	Training module	headspace	https://headspace.org.au/health-professionals/gps-and-general-practice-at-headspace/
Treating depression in young people	Clinical practice guide	Orygen	Treating depression in young people: Guidance, resources and tools for assessment and management – Orygen, Revolution in Mind

Resource	Type	Organisation	Link
Advanced Training in Suicide Prevention: To increase health professional skills and confidence in taking a detailed suicide history and provides practical tools for managing the full spectrum of suicide risk presentations.	Online Workshop	Black Dog Institute	Advanced Training in suicide prevention – Black Dog
Youth in Distress: Managing Suicidality and Self-harm (Blended) To build on the existing skills of participants and to further develop confidence in undertaking risk assessment and safety planning for youth in distress.	Online workshop	Black Dog Institute	Youth in Distress: Managing Suicidality and Self-harm
Managing youth mental health Clinically focused 6-hour program to provide GPs with a practical and structured approach to youth mental health care readily implemented within the busy general practice setting.	Face-to-face workshop	Black Dog Institute	Managing Youth Mental Health
Dealing with Depression in Rural Australia Using a case-based problem-solving format, the program outlines a practical framework for assessment and management planning readily applicable to primary care.	Face-to-face workshop	Black Dog Institute	Dealing with Depression in Rural Australia
Talking about Suicide in General Practice – Online Interactive Workshop	Online	Black Dog Institute	Talking About Suicide in General Practice

Resource	Type	Organisation	Link
Information about medicines			
Clinical toolkit – Clinical Tips: Checklist Before Prescribing SSRIs in Young People	Checklist	headspace	https://headspace.org.au/assets/download-cards/CT-SSRIs-Checklist.pdf
SSRI and SNRI antidepressants in the treatment of depression in young people	Fact sheet	headspace	SSRI-and-SNRI-antidepressants-in-the-treatment-of-depression.pdf (headspace.org.au)
Alcohol and other drugs			
Substance use assessment and treatment	Web content	headspace	https://headspace.org.au/health-professionals/information-and-guidelines/understanding-substance-abuse-for-health-professionals/
Information about suicidal ideation			
MythBuster: Suicidal Ideation	Fact sheet	headspace	https://headspace.org.au/assets/download-cards/suicidal-ideation-mythbusterv2.pdf
Resources for treating young Aboriginal and Torres Strait Islander people			
Clinical Tips: Modified PHQ-9 for use with Aboriginal and Torres Strait Islander Young People	Fact sheet	headspace	https://headspace.org.au/assets/download-cards/CT-Modified-PHQ9-for-use-with-Aboriginal-Young-People.pdf
A Brief Guide: Digital Mental Health Resources for Aboriginal and Torres Strait Islanders	Resources hub – brochure	eMHPrac	Indigenous-Brochure-Mar2021.pdf (emhprac.org.au)
Resources for treating young people from CALD communities			
Responding together: Multicultural young people and their mental health	Paper/policy	Orygen and the Centre for Multicultural Youth	Responding together: Multicultural young people and their mental health – Centre For Multicultural Youth (cmv.net.au)
Where to find services and resources			
Research database	Article search	headspace	https://headspace.org.au/health-professionals/research-database/
Evidence finder	Article search	Orygen	Evidence Finder – Orygen, Revolution in Mind
eMH directory	Resources hub for digital services	eMHPrac	e-Mental Health Directory eMHPrac
Resources hub	Resources hub for digital content	eMHPrac	Free Digital Mental Health Resources for Professionals eMHPrac
Information on e-mental health			
e-Mental Health: What you need to know	Fact sheet	Black Dog Institute	3-emhprac online.pdf (blackdoginstitute.org.au)
The Essential Network (TEN)	Online resource hub	Black Dog Institute	The Essential Network for Health Professionals

Consumer resources

Table 8 Consumer resources

Resource	Type	Organisation	Link
General information on depression and anxiety (including treatment options)			
Treatments for depression	Website	Black Dog Institute	Depression treatment information – Black Dog Institute
e-Mental health and depression	Fact sheet	Black Dog Institute	8-depression_ementalhealth.pdf (blackdoginstitute.org.au)
Eheadspace	Online support, counselling	headspace	https://headspace.org.au/eheadspace/
Anxiety and depression in young people	Booklet	Beyond Blue	bl1060-young-peoples-guide-to-depression-and-anxiety_acc.pdf (beyondblue.org.au)
Online Clinic	Symptom checker (for people aged 18+)	Black Dog Institute	Online Clinic (blackdoginstitute.org.au)
A guide to what works for anxiety: an evidence-based review	Information resource	Beyond Blue	A guide to what works for anxiety – An evidence-based review (beyondblue.org.au)
A guide to what works for depression: an evidence-based review	Information resource	Beyond Blue	https://www.beyondblue.org.au/docs/default-source/resources/bl0556-what-works-for-depression-booklet_acc.pdf?sfvrsn=fe1646eb_2
Lesbian, gay, bi, trans, intersex and queer, and bodily, gender and sexually diverse people	Information resources	Beyond Blue	Lesbian, gay, bi, trans, intersex and queer, and bodily, gender and sexually diverse people
Support for young people (12–18 years)	Website	Head to health	https://www.headtohealth.gov.au/supporting-yourself/support-for/young-people
Young people (12–25)	Website	Youth Beyond Blue	https://www.beyondblue.org.au/who-does-it-affect/young-people
Information about medicines			
Antidepressants: frequently asked questions	Fact sheet	headspace	https://headspace.org.au/assets/download-cards/HSP10725-antidepressants-faqs-FA01.pdf
Medical treatments for depression	Web content (not targeted specifically at young people)	Beyond Blue	Medical treatments for depression – Beyond Blue
Alcohol and other drugs			
Limit alcohol and other drugs to help your headspace	Web content	headspace	Limit Alcohol and Other Drugs to Help Your Headspace headspace
Cut back on alcohol and other drugs	Fact sheet	headspace	18f-Cut-back-on-alcohol-and-drugs-headspace-fact-sheet-WEB-V3.pdf
Resources for young Aboriginal and Torres Strait Islander people			
iBobbly	App (for people aged 15+)	Black Dog Institute	iBobbly app for Aboriginal & Torres Strait Islanders – Black Dog Institute

Resource	Type	Organisation	Link
Mental health and wellbeing	Web content / fact sheet	headspace	Mental Health Info – for Aboriginal & Torres Strait Islanders headspace
Alcohol and drugs	Web content / fact sheet	headspace	Alcohol & Drugs Info – for Aboriginal & Torres Strait Islanders headspace
WellMob	Website	WellMob	Wellmob – WellMob
Information and resources	Website	Beyond Blue	Aboriginal and Torres Strait Islander resources
Resources for young people from culturally and linguistically diverse (CALD) communities			
How to talk to your parents about wellbeing	Web content	ReachOut	How to talk to your parents about wellbeing Cultural identity ReachOut Australia
Support services for culturally and linguistically diverse young people	Resources hub	ReachOut	Support services for culturally and linguistically diverse young people Cultural Identity ReachOut Australia
Culturally diverse LGBTQIA+ support services and groups	Resources hub	ReachOut	LGBTQI support services and groups Sexuality ReachOut Australia
Translated resources and information	Website	Beyond Blue	Multicultural people
Where to find services and resources			
Helpful contacts and websites for young people	Resources hub	Beyond Blue	Helpful contacts and websites for young people – Beyond Blue
Head to Health	Resources hub	Australian Government	https://www.headtohealth.gov.au/
Tools and apps	Resources hub	ReachOut	Tools and Apps ReachOut Australia

Appendix 1: Program development process

Overview

NPS MedicineWise developed the *Mental health and young people: opportunities to empower and engage* program using a six-stage process as outlined in Figure 3. The national QUM education program is being implemented from March 2022.

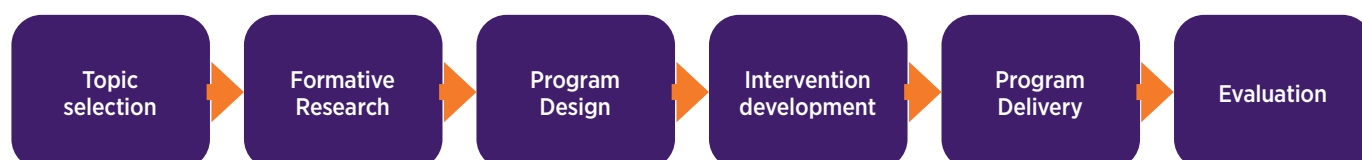


Figure 3: NPS MedicineWise process for the development of educational programs

Topic selection

A systematic approach is taken to identify potential program topics by drawing on multiple resources, including horizon scanning. Internal and external expert advisors and key stakeholders are engaged to provide context around issues relevant for each topic area. This enables strategic decisions about which program areas will have the potential for significant impact on QUM and medical tests.

The Mental health and young people program was identified through the topic nomination process, where a range of complex and related QUM and medical test issues were raised by stakeholders.

Formative research and program design

The program's formative research and design process is an iterative process of gathering and refining information to inform the program direction. This breaks down the program design and intervention design into smaller components that can be drafted and revisited as new information from formative research comes to light.

Formative research

The formative research component of a program is a rigorous, systematic process, drawing information from an assessment of QUM gaps, and undertaking targeted research to provide sufficient understanding of potential issues with the health and policy sector for a particular topic area and how these can be addressed. Formative research activities are conducted iteratively based on prioritisation of research questions by the program team and in view of feedback from stakeholders and others. With this in mind, the findings identified in this report are not intended to be exhaustive and have focused on high-level areas that are most likely to be addressed through NPS MedicineWise interventions. Research activities conducted for this program are outlined below.

Desktop research

A targeted literature search was conducted to identify key Australian publications highlighting QUM issues, practice gaps, barriers and enablers around the use of medicines for depression and anxiety for young people.

Environmental scan

An environmental scan was completed to identify relevant tools, resources and initiatives published by key stakeholders that focus on the use of medicines for depression and anxiety for young people.

Key informant interviews with health professionals

In-depth qualitative interviews with seven GPs, two pharmacists and one social worker were conducted to explore their knowledge, behaviours and attitudes on the management of depression and/or anxiety for young people. The areas explored included: medicines management, non-pharmacological strategies, engagement and communication with young people; as well as existing and needed health professional and consumer resources.

Interviews with health professionals were conducted by an experienced qualitative research officer from the Formative Research team and were conducted in concordance with our current RACGP National Research and Evaluation Ethics Committee program ethics approval (Application ID: RG02310).

Key informant interviews with consumers

In-depth qualitative interviews were undertaken with four consumers to explore their experiences with health professionals, navigating the healthcare system, current medicines and non-medicine alternatives, as well as experiences with existing resources. Consumers were recruited through key stakeholder group, CHF (Consumer Health Forum).

Key opinion leader interviews

In-depth discussions were conducted with key opinion leaders and experts in the field, including psychiatrists, GPs, psychologists, researchers and pharmacists, to understand high-level gaps, barriers and opportunities around the use of medicines for depression, anxiety and other common mental health presentations for young people.

Designing the program

Program design includes identifying the overall direction and messaging of the program to ensure that all components contribute to identified outcomes and support the achievement of the intended objectives. It also includes the selection of interventions based on an assessment of barriers to, and drivers for, best practice, as well as behavioural change techniques to address these factors.

The development process for this stage included:

Research and environmental scan

- ▶ Early review of research to understand the therapeutic topic, current guidelines, current policy and environment.
- ▶ Review of existing health professional and consumer resources and training materials available from external organisations.
- ▶ Interviews with consumer and health professional key informants.
- ▶ Discussions with experts and key opinion leaders, including as part of the Expert Working Group (EWG).
- ▶ Input and discussion with key stakeholders:
 - ◊ Australian College of Rural and Remote Medicine (ACRRM)
 - ◊ Australian Commission on Safety and Quality in Health Care
 - ◊ Australian Government Department of Health, Mental Health division
 - ◊ Australian Psychological Society (APS)
 - ◊ Beyond Blue

- ◊ Black Dog Institute
- ◊ Carers Australia
- ◊ Consumer Health Forum of Australia
- ◊ Federation of Ethnic Communities Councils of Australia (FECCA)
- ◊ headspace
- ◊ National Aboriginal Community Controlled Health Organisation (NACCHO)
- ◊ Orygen
- ◊ Pharmaceutical Society of Australia (PSA)
- ◊ ReachOut
- ◊ Royal Australian College of General Practitioners (RACGP)
- ◊ Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- ◊ Society of Hospital Pharmacists of Australia
- ◊ This Way Up.

Expert Working Group

The purpose of the EWG is to provide advice to inform the research, design and development of the program's interventions. The group consisted of individuals with relevant experience in the area of interest, including:

- ▶ two consumer representatives with lived experience in the topic area
- ▶ two GPs with experience in general practice; one being an RACGP representative
- ▶ a researcher and senior lecturer with extensive experience in mental health and pharmacy practice
- ▶ a senior pharmacist with experience in mental health
- ▶ two clinical psychologists with significant experience working within specialised youth mental health services
- ▶ a senior social worker working within a local health district.

We held two meetings of the EWG to discuss and agree on the objectives, scope (conditions, medicines and audiences), focus areas and key messages and interventions. We also held several out-of-session meetings with individual members of the group to follow up on additional interventions that were proposed, and to clarify any outstanding individual ideas/concerns/questions.

Clinical Intervention Advisory Group

We presented the program overview, intended scope and key stakeholders to collaborate with as part of the intended program to Clinical Intervention Advisory Group (CIAG) members at the 17 June and 5 August 2021 meetings. Feedback from group members was used to further refine the program scope and intended audiences, and consult with additional key stakeholders.

Stakeholder Reference Group

The purpose of the Stakeholder Reference Group (SRG) is to provide strategic and expert advice for the development and implementation of the Mental health and young people program. The SRG was formed following initial conversations with key stakeholders as per the stakeholder engagement plan. It consists of nominees of key stakeholder organisations and currently includes:

- ▶ Australian Government Department of Health, Mental Health Division
- ▶ Australian College of Rural and Remote Medicine (ACRRM)
- ▶ Black Dog Institute
- ▶ Carers Australia
- ▶ Consumers Health Forum (CHF)
- ▶ headspace

- ▶ National Aboriginal Community Controlled Health Organisation (NACCHO)
- ▶ Orygen Health
- ▶ Pharmaceutical Society of Australia
- ▶ Royal Australian and New Zealand College of Psychiatrists (RANZCP)
- ▶ Society of Hospital Pharmacists of Australia (SHPA).

We held the initial meeting with the SRG on 21 September 2021 to provide an overview of the formative research and program design process and to gain members' feedback about the scope, focus and interventions of the program. A representative from the CHF will be sought for the next meeting. While the RACGP was able to provide a representative for the EWG, it has not been possible for a representative to join the SRG. Feedback about the program scope and interventions overall was positive. Stakeholders emphasised the need to involve young people when developing program resources and to consider using social media platforms to deliver messages directly to young people. Additional feedback from group members was used to further refine the program scope and interventions.

The second meeting with the SRG was held on 6 December 2021. The interventions were revised following the first SRG meeting and confirmed with the SRG. The timelines and estimated milestones were presented to members. Carers Australia and CHF joined the SRG.

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