

REFERENCES

1. Murray CJL and Lopez AD. *The global burden of disease: A comprehensive assessment of mortality and disability, injuries and risk factors in 1990 and projected to 2020*. Cambridge, MA: World Health Organization, 1996.
2. International Union for Health Promotion and Education. *The Evidence of Health Promotion Effectiveness: Shaping Public Health in a New Europe*. A Report for the European Commission by the International Union for Health Promotion and Education. Luxembourg: International Union for Health Promotion and Education, 1999.
3. Mrazek PJ and Haggerty RJ. *Reducing risks for mental disorders: Frontiers for preventive intervention research*. Washington DC: National Academy Press, 1994.
4. Durlak JA and Wells AM. Primary prevention mental health programs for children and adolescents: A meta-analytic review. *Am J Community Psychol* 1997; 25(2): 115–152.
5. Commonwealth Department of Health and Aged Care. *National Action Plan for Promotion, Prevention and Early Intervention for Mental Health 2000*. Canberra: Commonwealth Department of Health and Aged Care, 2000.
6. Commonwealth Department of Health and Aged Care. *Promotion, Prevention and Early Intervention for Mental Health 2000: A Monograph*. Commonwealth Department of Health and Aged Care, 2000. ☞

GETTING IN EARLY: A FRAMEWORK FOR EARLY INTERVENTION AND PREVENTION IN MENTAL HEALTH FOR YOUNG PEOPLE IN NEW SOUTH WALES

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Improving the mental health of young people is a priority of the NSW Government. A substantial number of adolescents and young adults have significant mental health problems. Up to 24 per cent of adolescents experience depression by the time they are 18 years old, and young people aged 15–24 years are the group most frequently affected by a first episode of psychosis.¹ These mental health disorders have serious consequences for young people and their families including:

- an increased risk of suicide
- an increased risk of hazardous substance use
- disruption to psychological, educational and social development
- strain on relationships.

Mental health problems in young people have been poorly recognised, identified and managed, and there has often been a considerable delay in young people receiving appropriate care. Increasing evidence shows that preventing and intervening early for young people with mental health problems can dramatically improve their immediate and long term health outcomes.^{1,2}

Programs and initiatives for depression and first onset psychosis have been established in area health services across NSW. *Getting in Early—A Framework for Early Intervention and Prevention in Mental Health for Young People in NSW* is a framework for improving and supporting these initiatives.

Five broad strategies are outlined for mental health promotion, prevention and early intervention in young people:

- developing and coordinating comprehensive programs and services;
- engaging young people and their families and providing comprehensive assessment and management;
- developing and implementing prevention programs;
- educating the community, particularly on depression and related disorders and first onset psychosis in young people;
- monitoring quality and effectiveness.

Getting in Early provides an innovative framework for mental health service delivery for young people. *Getting in Early* also presents an opportunity to emphasise and maximise mental health services working collaboratively with other agencies towards better mental health for young people in NSW.

Copies of *Getting in Early* (Publication No. CMH00014) are available from the Better Health Centre, telephone: (02) 9816 0452; fax: (02) 9816 0492.

REFERENCES

1. National Health and Medical Research Council. *Depression in young people: Clinical practice guidelines*. Canberra, ACT: Australian Government Publishing Service, 1997.
2. Loebel AD, Lieberman JA, Alvir JM, Mayerhoff DI, Geisler SH, and Szymanski SR. Duration of psychosis and outcome in first-episode schizophrenia. *Am J Psychiatry* 1992; 149: 1183–1188. ☞