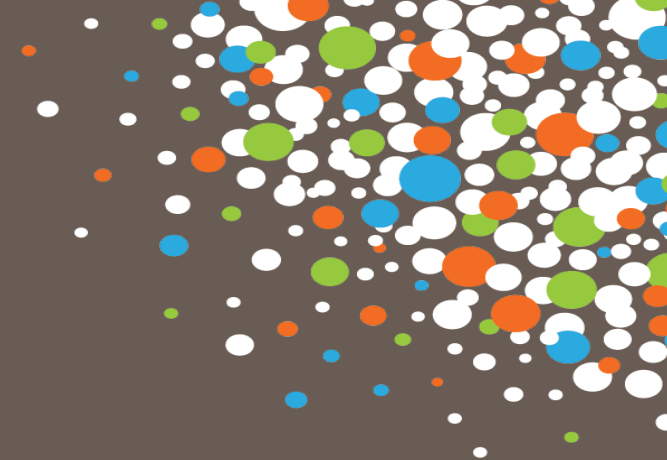




The National Centre of Excellence  
in Youth Mental Health

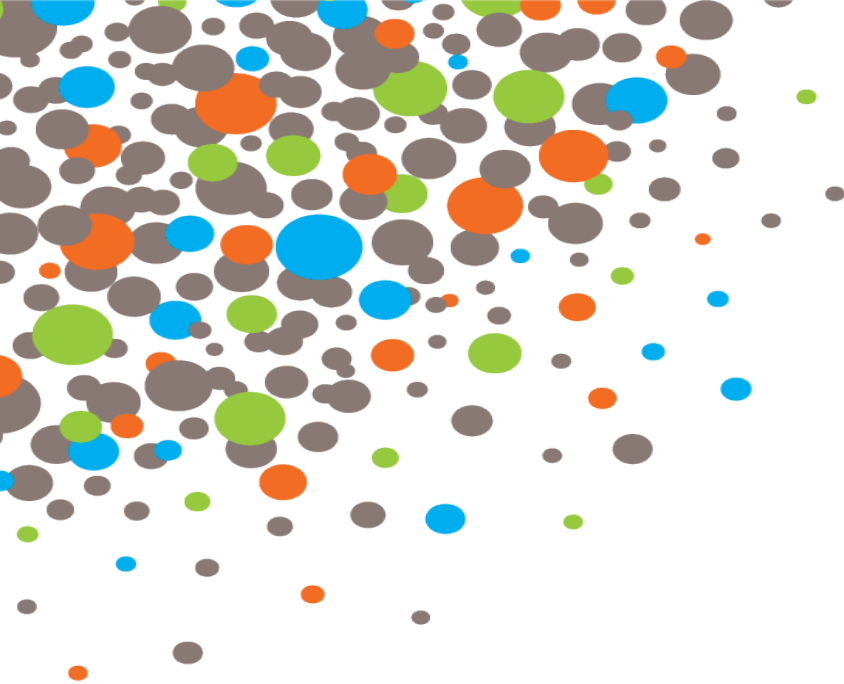


**How can we best support young people with  
mental ill health to take their education as  
far as they can?**

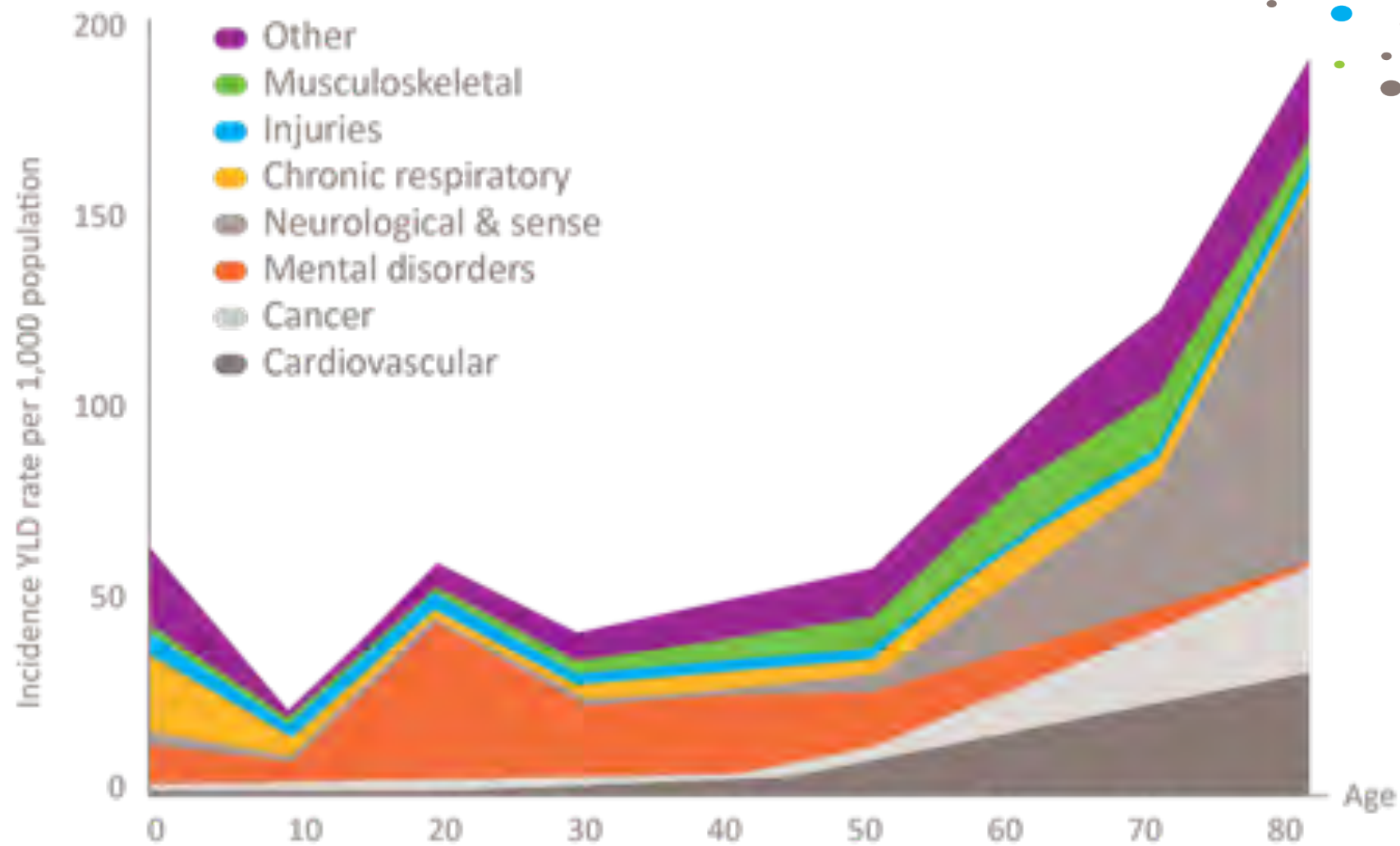
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*Professor Eóin Killackey*

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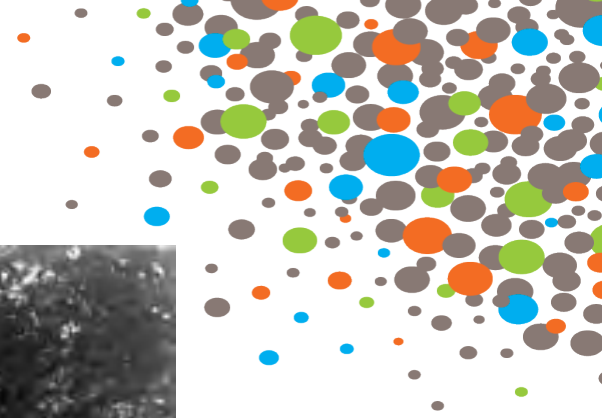


**Mental Illness is the illness of young people**

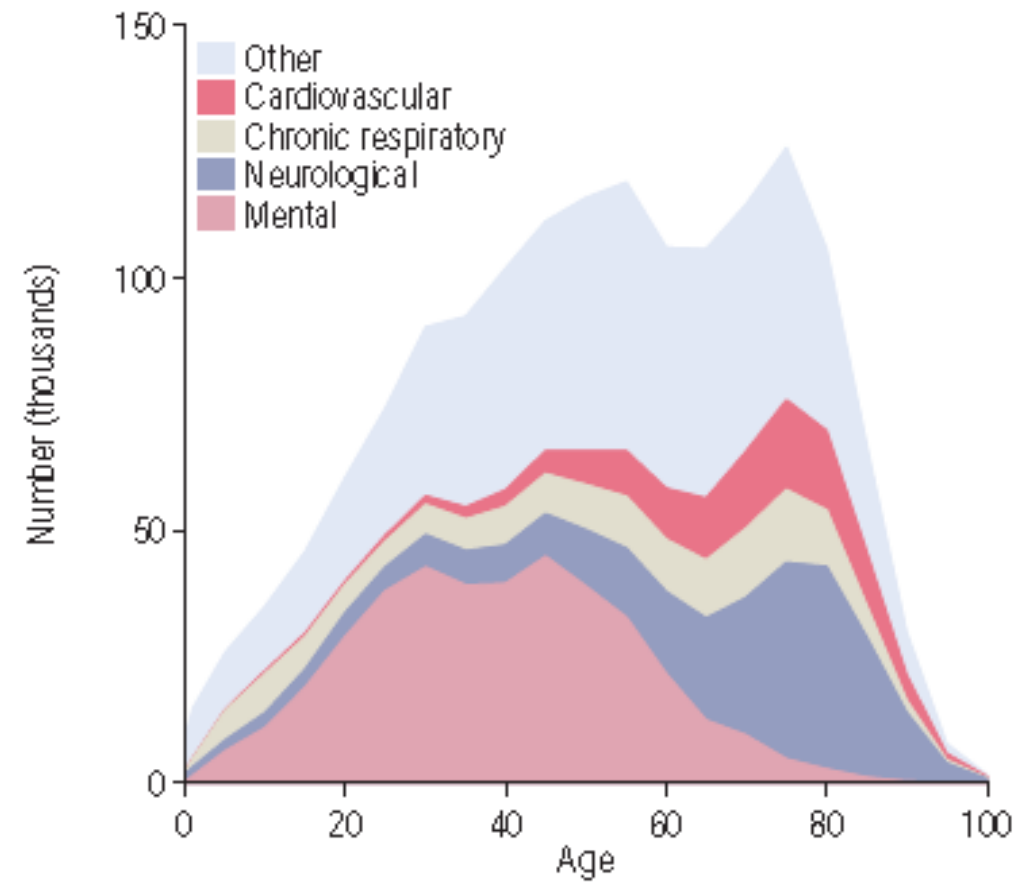


# Onset coincides with important development

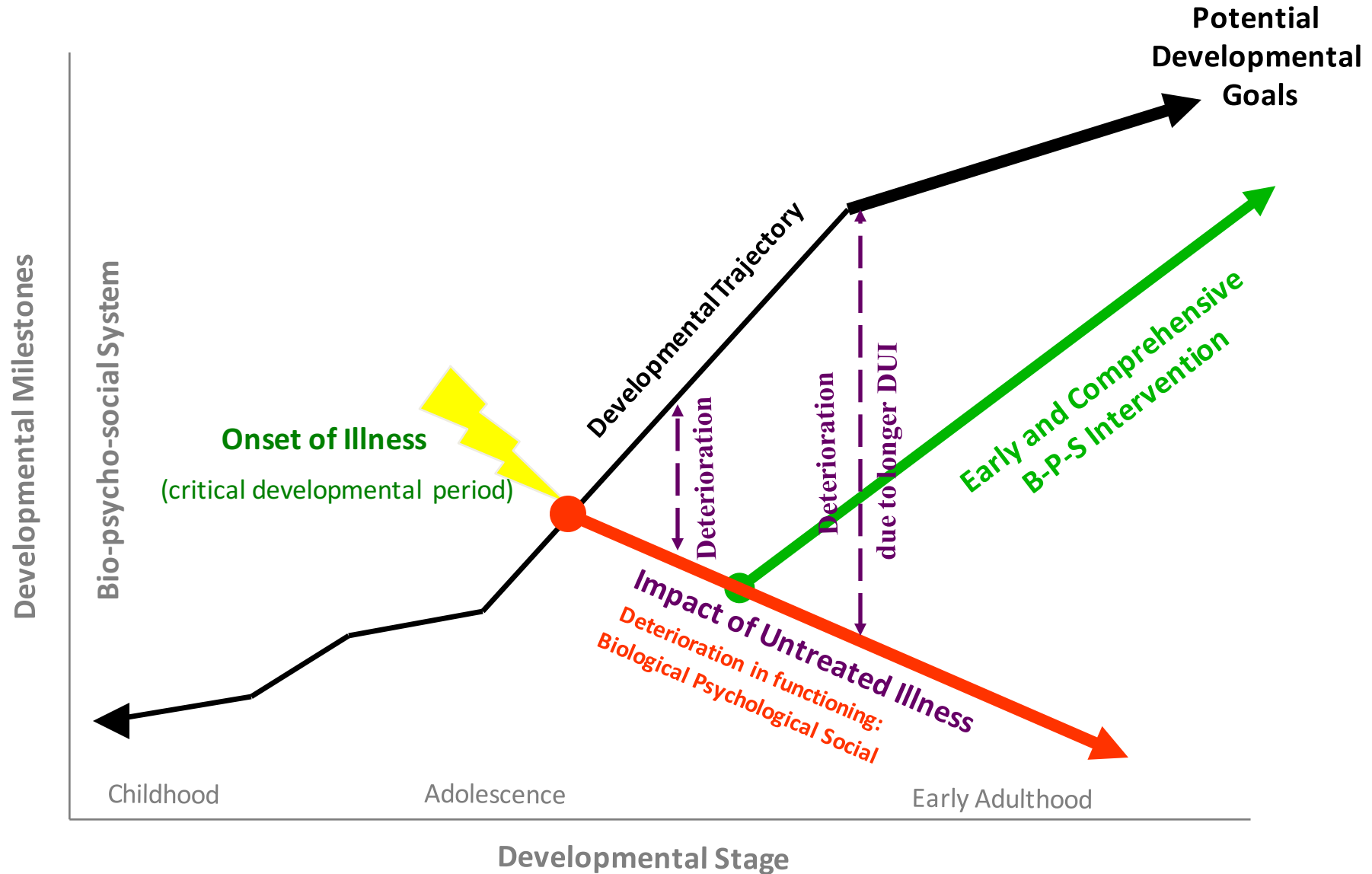
- Social
- Emotional
- Vocational
- Individuation

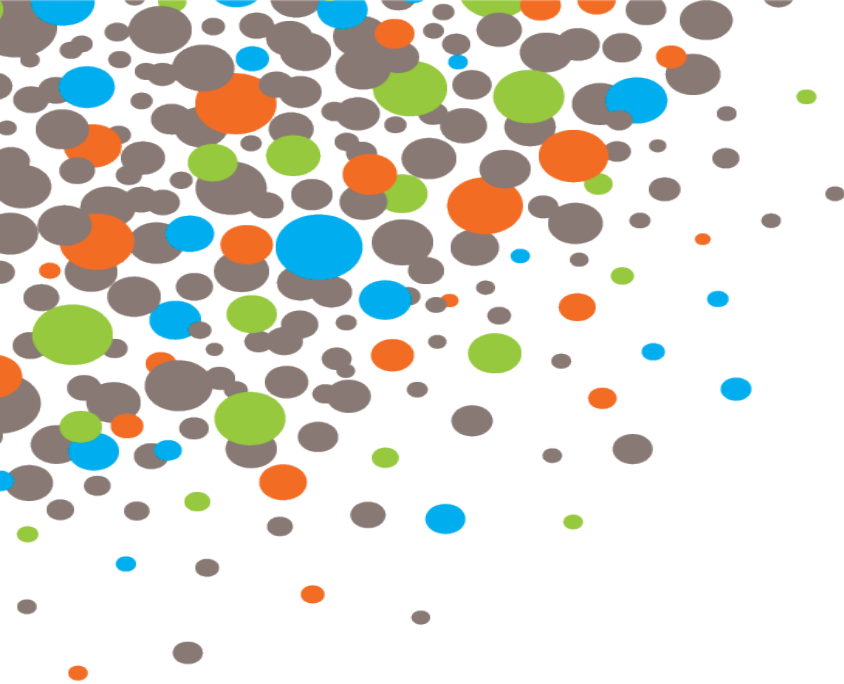


# Persistence of disability



# Importance of intervening early

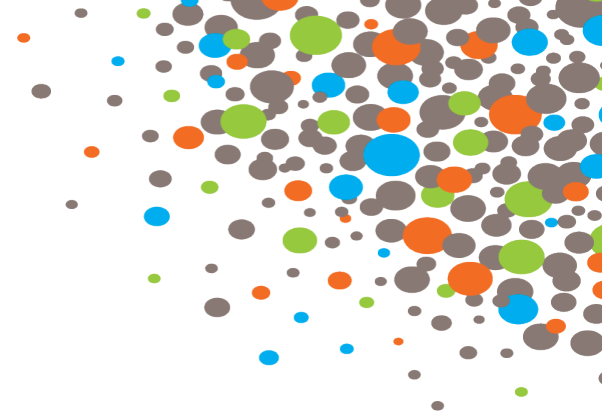




**What is Recovery anyway?**

# Recovery

- Fulfillment of age appropriate role expectations,
- Engagement in social interactions
- Performance of daily living tasks without supervision
  - Robinson, 2004
- It should in many ways be the point of mental health systems. To assist people to overcome their symptoms without reengaging in their lives is to do only a fraction of what needs doing.





# What is recovery?

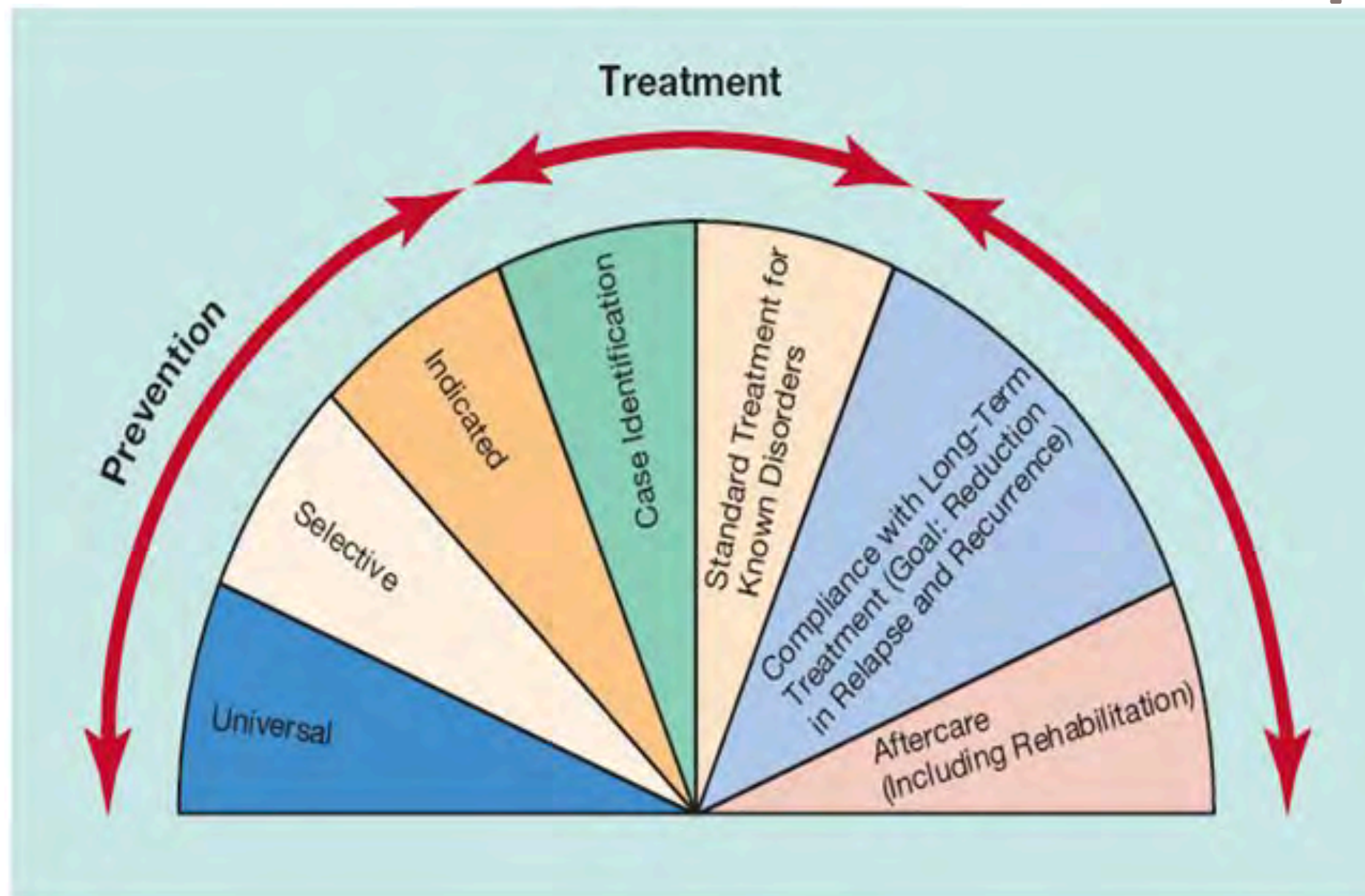
- “Recovery from mental illness involves much more than recovery from the illness itself. People with mental illness may have to recover from the stigma they have incorporated into their very being; from the iatrogenic effects of treatment settings; from **lack of recent opportunities for self-determination; from the negative side effects of unemployment; and from crushed dreams**. Recovery is often a complex, time-consuming process.”



# What is recovery?

- “Recovery from mental illness involves much more than recovery from the illness itself. People with mental illness may have to recover from the stigma they have incorporated into their very being; from the iatrogenic effects of treatment settings; from lack of recent opportunities for self-determination; from the negative side effects of unemployment; and from crushed dreams. Recovery is often a complex, time-consuming process.”
- “Professionals do not hold the key to recovery; consumers do. The task of professionals is to facilitate recovery; the task of consumers is to recover
  - Anthony, 1993 (Psychosocial Rehabilitation Journal)

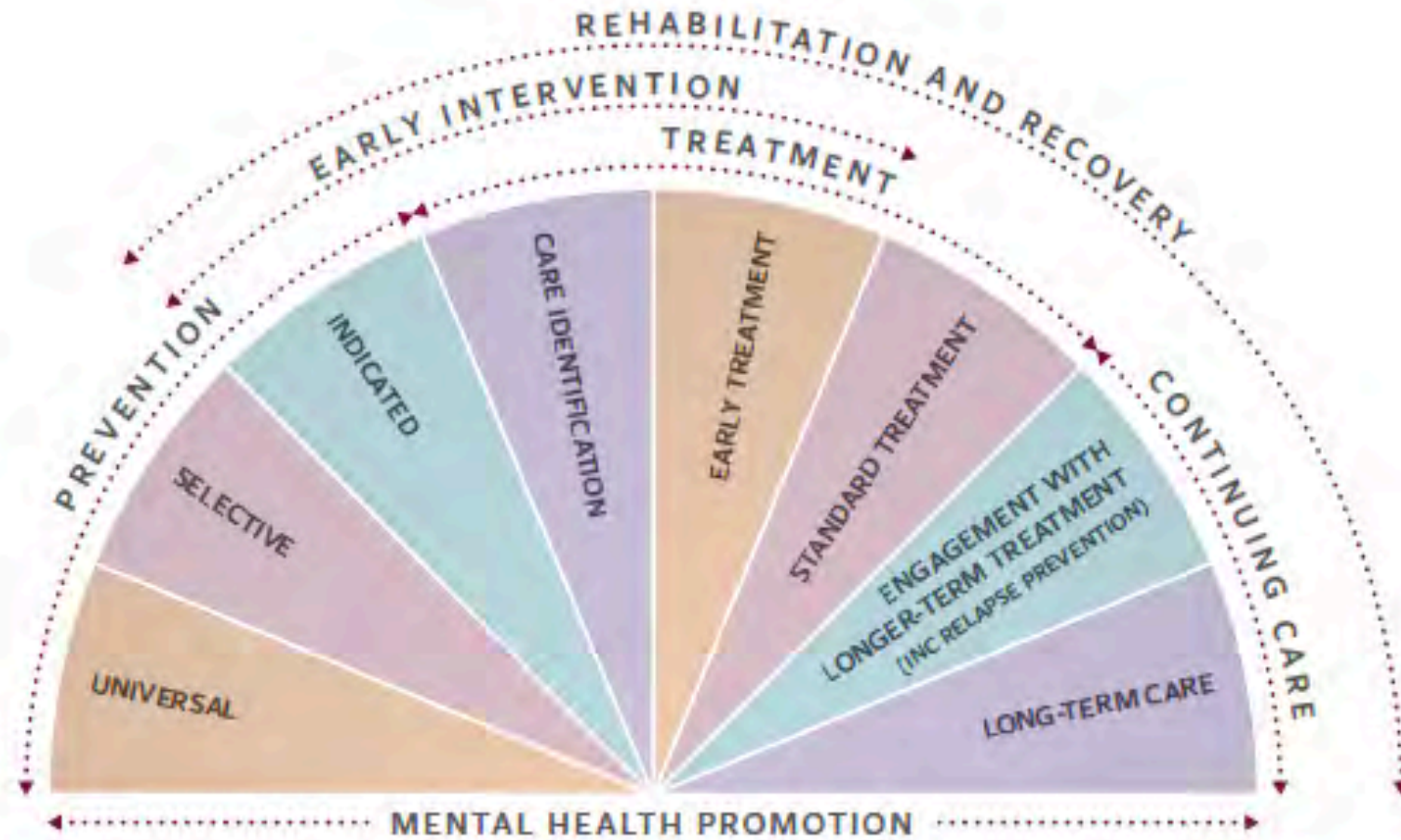




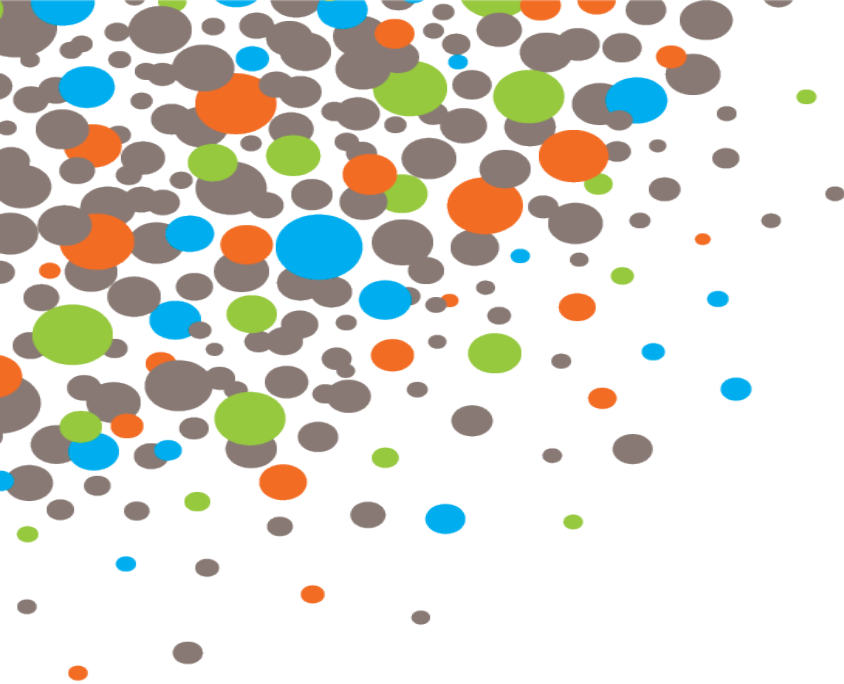
# Importance of Early Focus on Functioning

- Long term (7.5 years) functional recovery:
  - Not predicted by early (14 month) symptomatic recovery, but
  - Predicted by early functional recovery
    - Alvarez-Jimenez et al. (2012). *Psychological Medicine* 42(3), 595-606

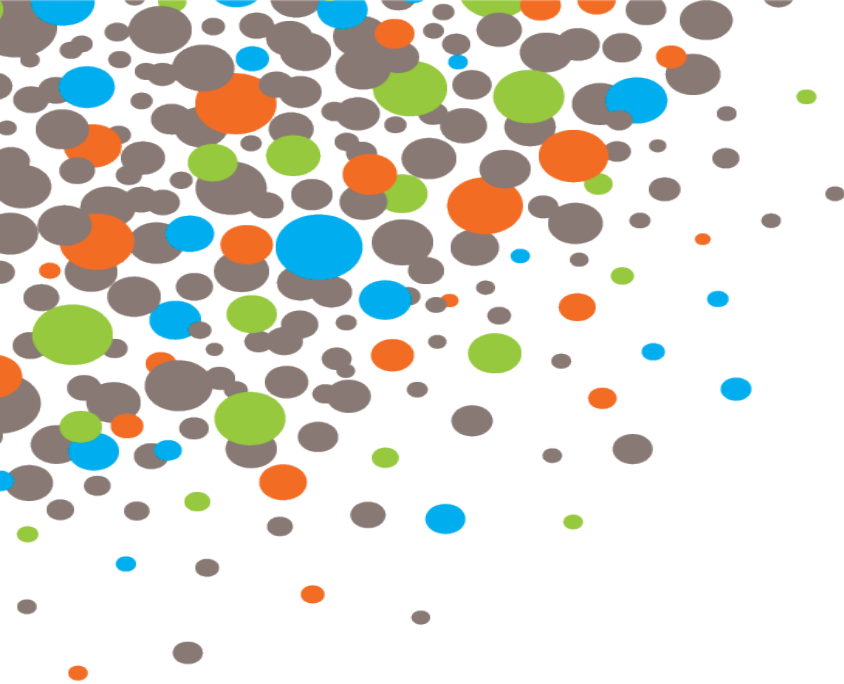




Source: NSW community mental health strategy 2007–12: from prevention and early intervention to recovery (2006)

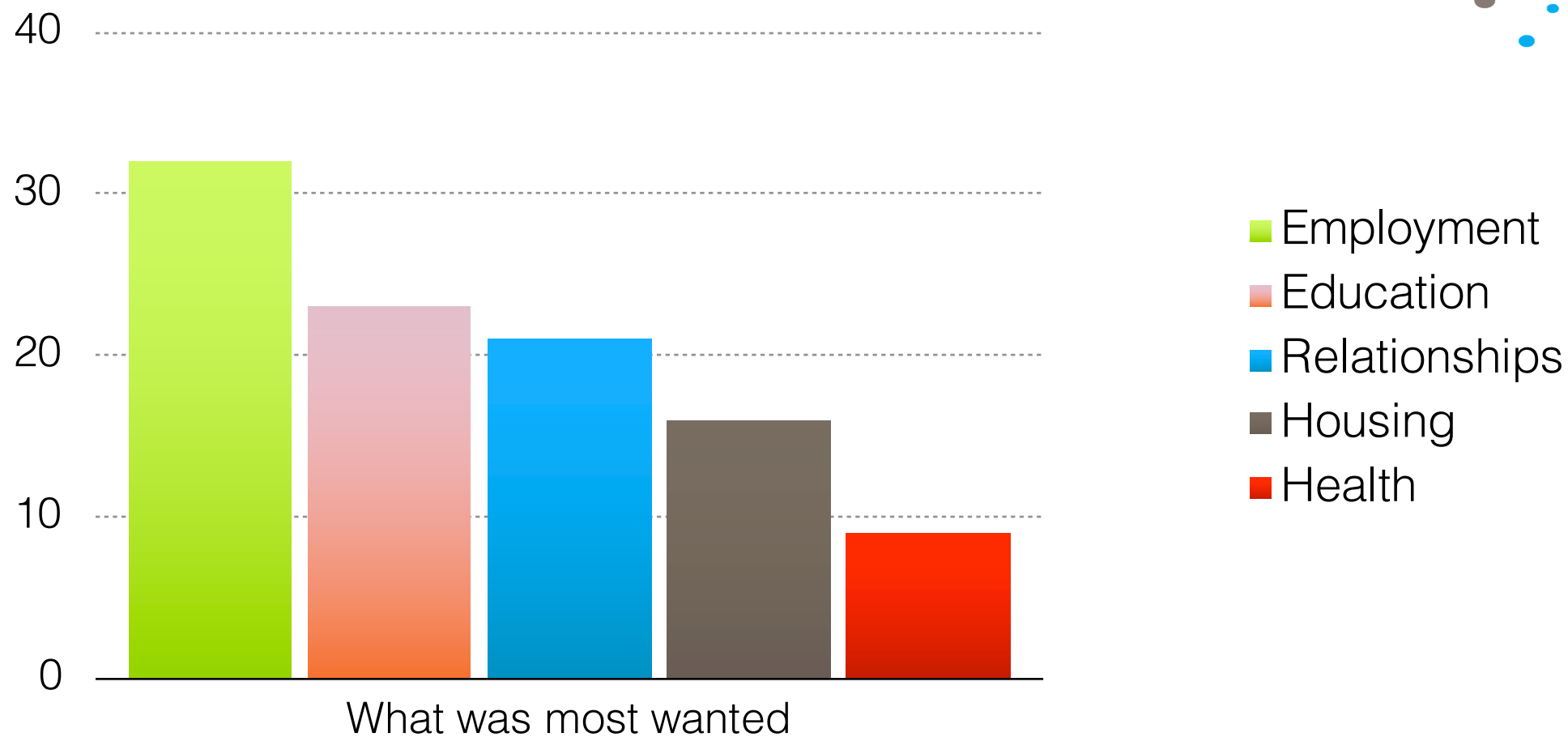


## Rationale for a focus on recovery

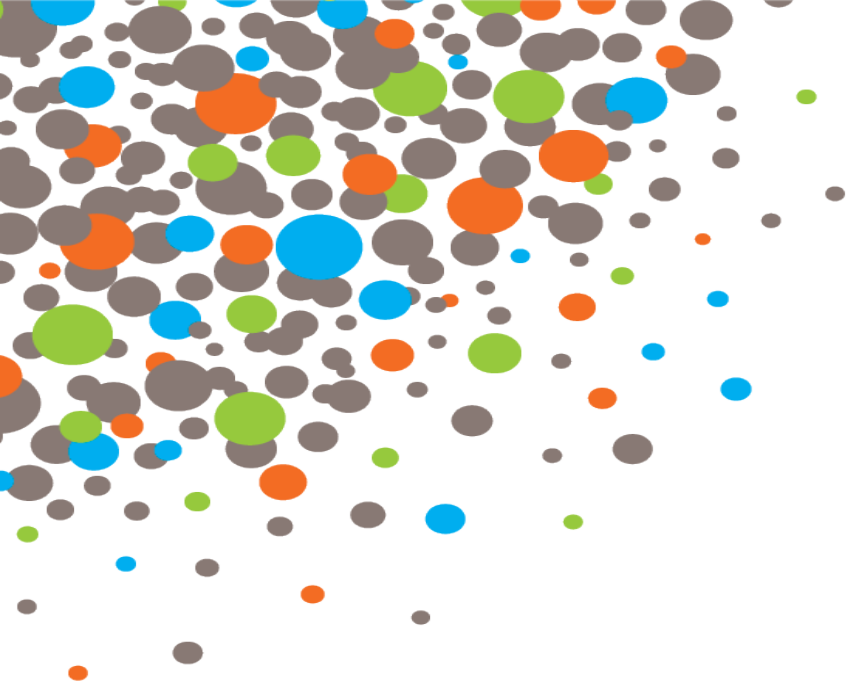


Young people with mental ill health want it

# What do young people with mental ill health most want help with



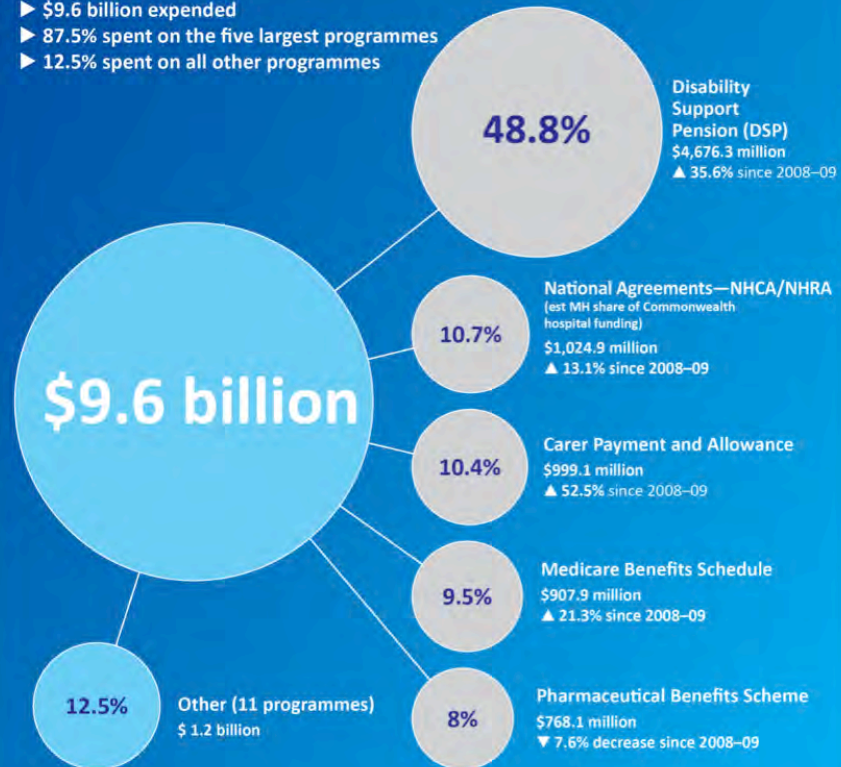




**It costs too much to not address**

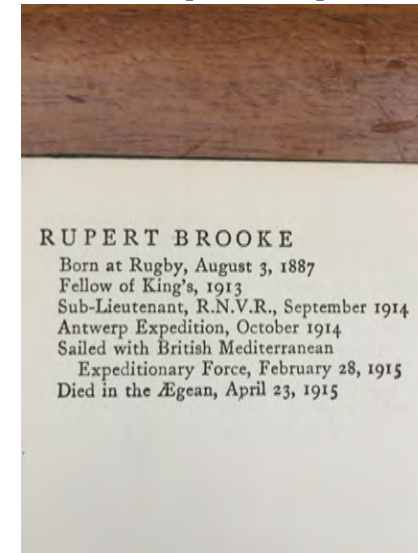
## Commonwealth expenditure on mental health 2012–13

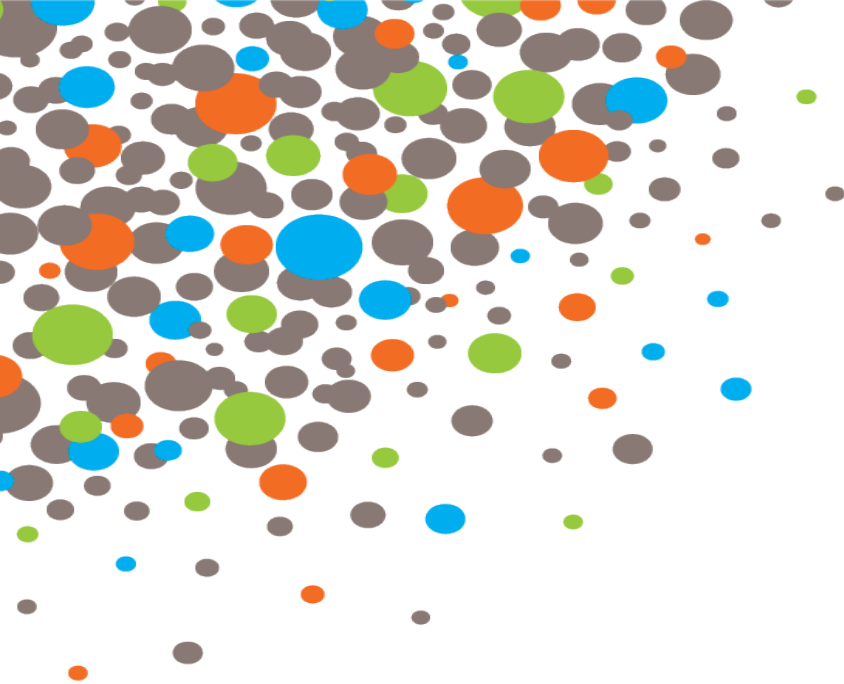
- ▶ \$9.6 billion expended
- ▶ 87.5% spent on the five largest programmes
- ▶ 12.5% spent on all other programmes



Young men with mental illness have much lower rates of educational attainment compared to their peers, further limiting their skills development and long term reduced earning potential by \$559 million per year

“I wanted to be a diplomat, but I know that that can’t happen now because of it [illness]”





**Addressing the educational achievement of  
people with mental illness is more  
important now than ever**

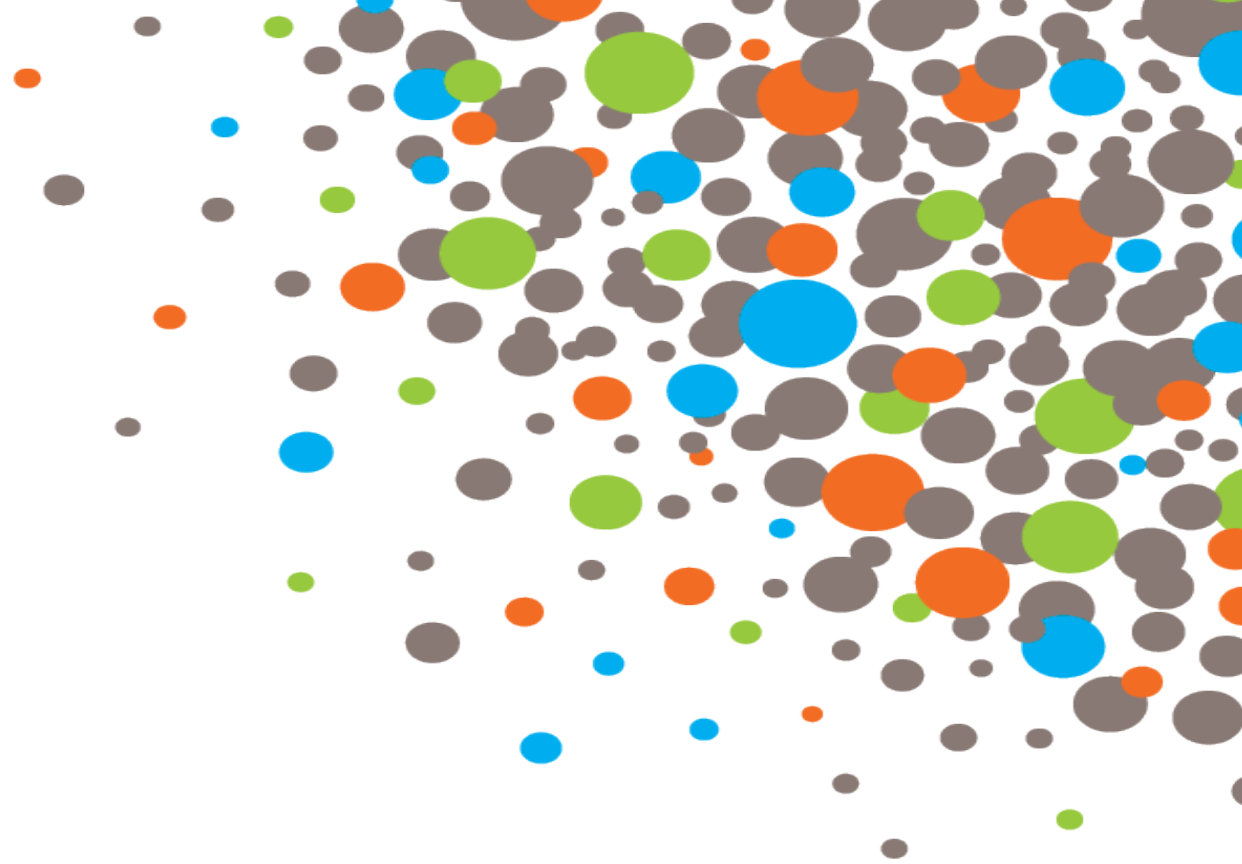
# Change is the only certainty

Most people will now have at least 17 jobs in their lifetime



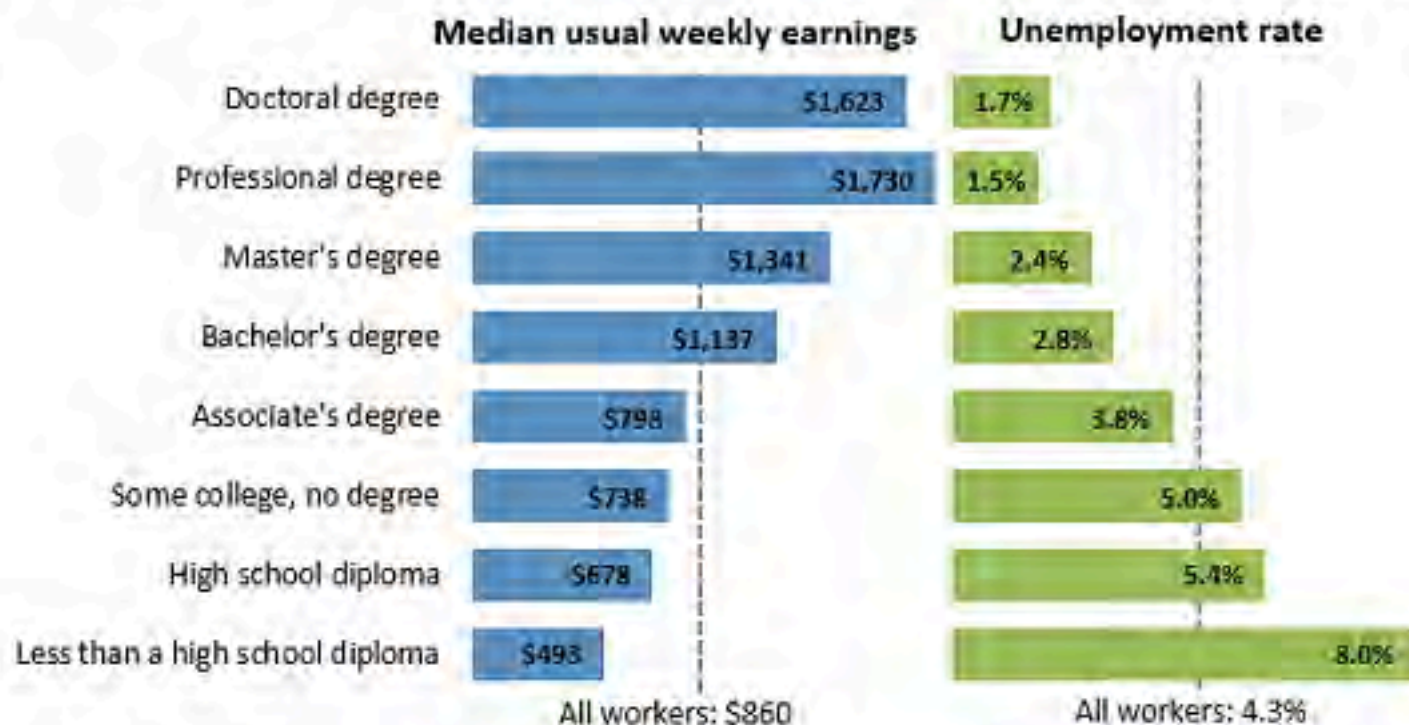
(McCrindle , 2014)

**Education protects**



# Education protects

Earnings and unemployment rates by educational attainment, 2015



Note: Data are for persons age 25 and over. Earnings are for full-time wage and salary workers.

Source: U.S. Bureau of Labor Statistics, Current Population Survey





70%  

of young people currently enter the workforce  
in jobs that will be radically affected by

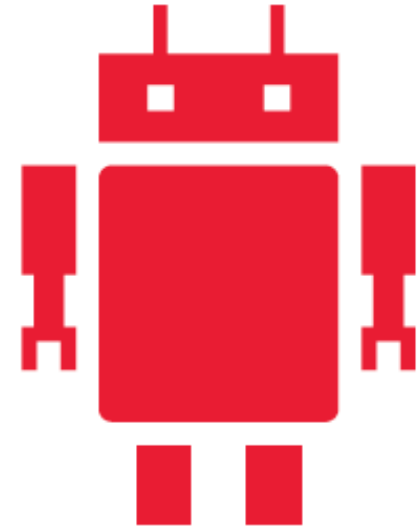
**AUTOMATION**

**OCCUPATIONS:**

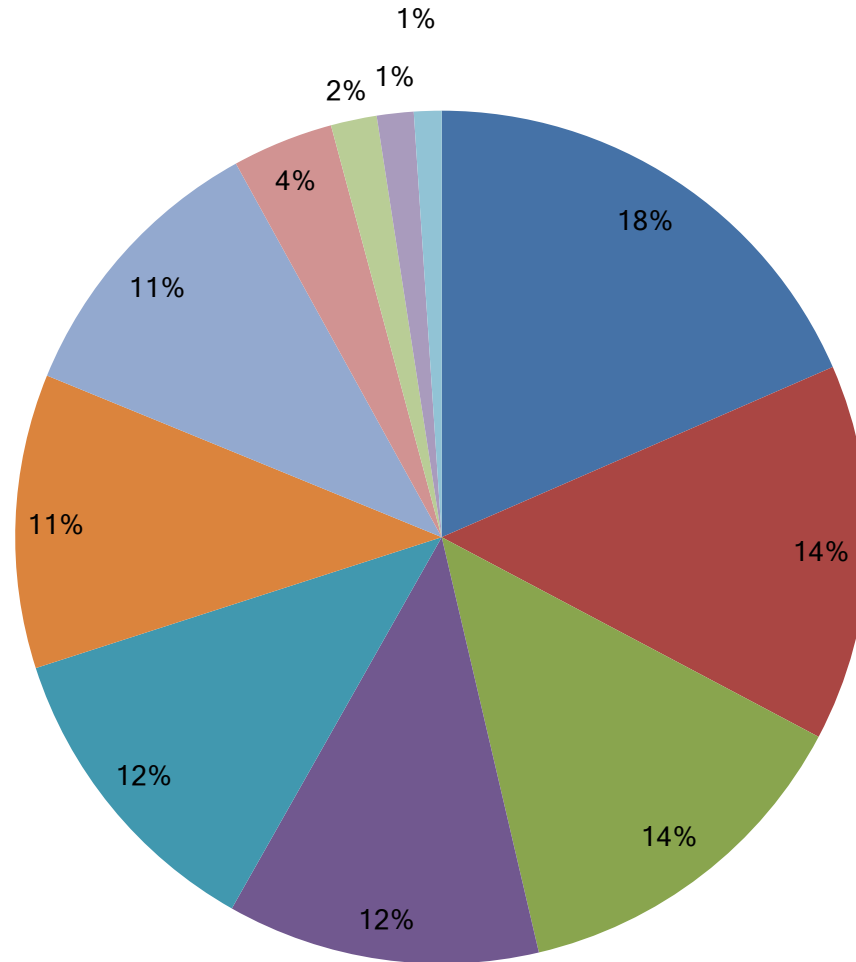
**ENTRY LEVEL**

roles for young people are

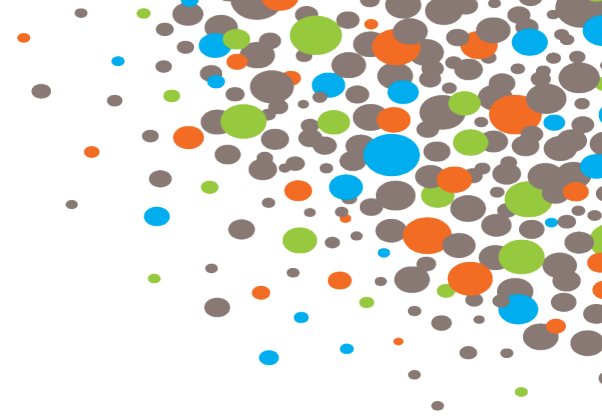
**DISAPPEARING**



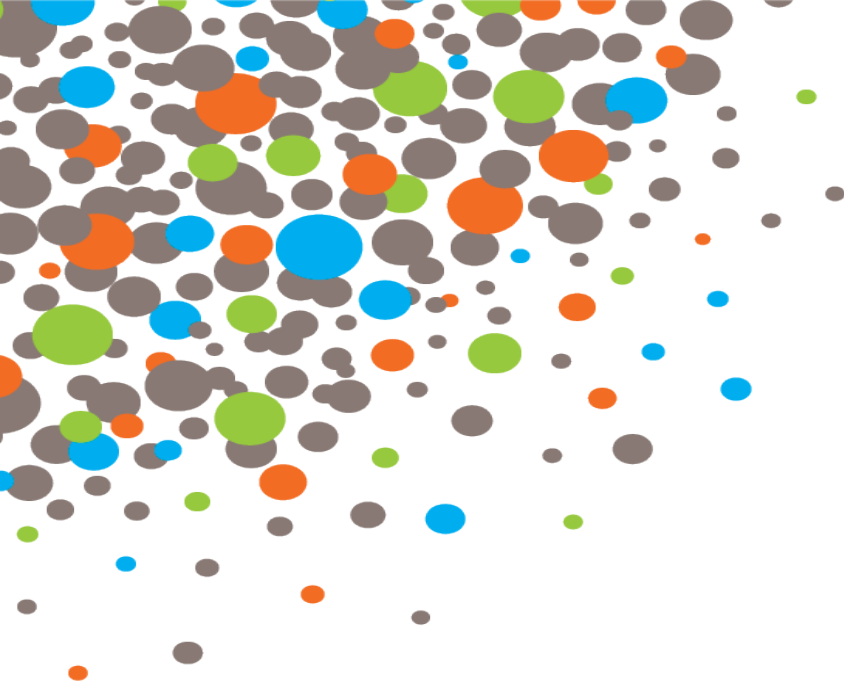
## Barriers to work



- Lack experience
- Other
- Qualifications/skills
- Health/Disability
- Too many applicants
- Transport
- Lack of desired jobs
- Unsuitable hours
- Discrimination
- Employers think I'm too young
- Language







**So what do we know and what can we do about it?**

# High school completion

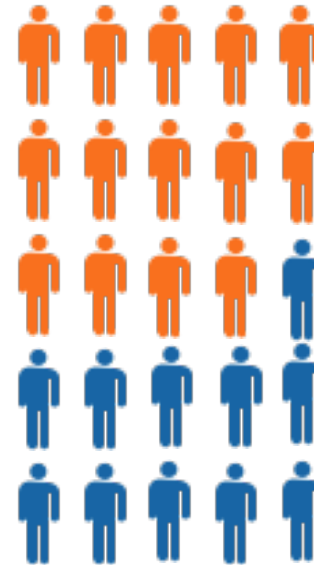


General population



Non-completers

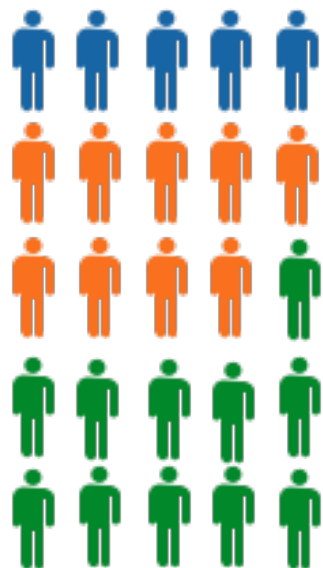
Completers



People with mental illness



# Highest education



General Population



Below Year 12

Year 12

Post Year 12

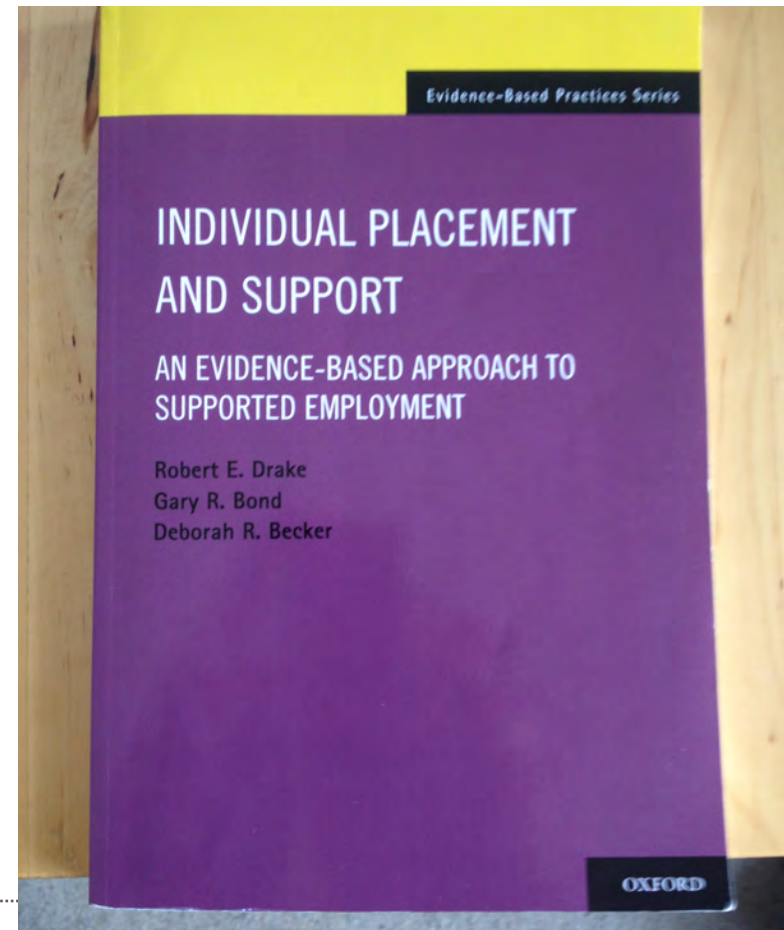


People with SMI



# Individual Placement and Support

- Open to any person with mental illness who wants to work
- Integrated with MH treatment team
- Focus on competitive employment
- Benefits planning
- Rapid job search without concept of job readiness
- Development of employer networks
- Jobs based on consumer preference
- Time-unlimited support



# IPS Principles adapted to education



- Focused on enrolment in a community education or training course
  - IPSed is open to any person with mental illness who would like to return to school/training, or who feels that they would like extra support to remain in their current educational environment.
  - Identifying appropriate courses and where possible enrolment into them, commences rapidly on entry into the program;
  - IPSed is integrated with the mental health treatment team;
  - Potential courses are chosen based on consumer preference with reference to their educational and career goals;
  - The support provided in IPSed is time-unlimited;
  - The education consultant makes relationships with local education providers.
-



IPSed research

# Education Intervention Study



## Early Intervention in the Real World

### Individual placement and support, supported education in young people with mental illness: an exploratory feasibility study

Eóin Killackey,<sup>1,2</sup> Kelly Allott,<sup>1,2</sup> Gina Woodhead,<sup>3</sup> Sue Connor,<sup>3,4</sup> Susan Dragon<sup>1</sup> and Judy Ring<sup>3,4</sup>

## How did IPSed work

- Educational expert (teacher) employed in the mental health service
  - Worked with young people aged 15-19 around their educational goals
  - Connected them to an educational institution appropriate to their goals
  - Worked with them to support attendance and performance
  - Connected them to supports within the institute
  - Worked with teachers and support staff in the institute
- 





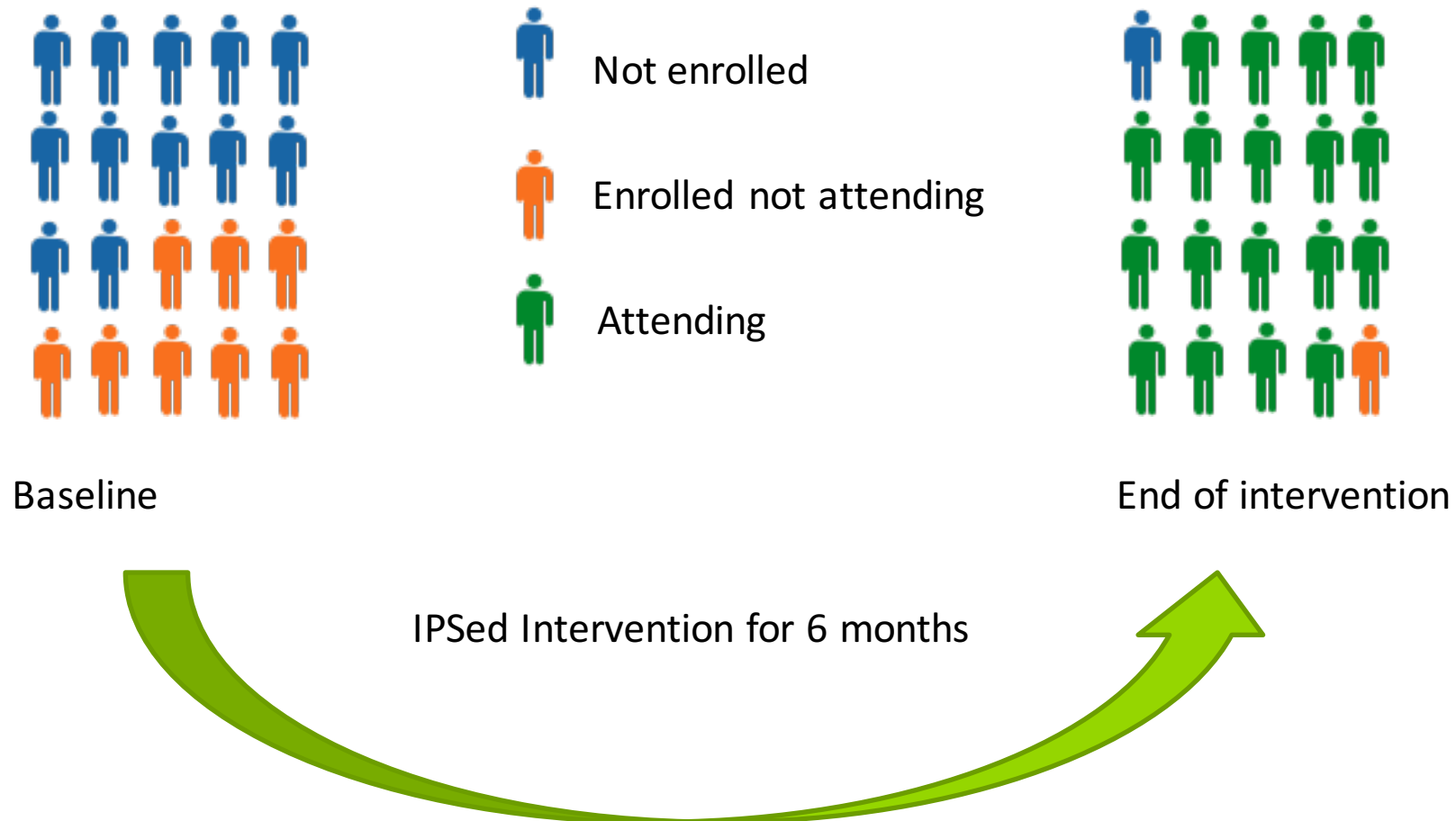


TABLE 2. Highest previous academic achievement and the level engaged in at outcome

| Participant | Highest previous achievement | Outcome level     |
|-------------|------------------------------|-------------------|
| 1           | Year 11                      | Year 12 part-time |
| 2           | Year 10                      | TAFE full-time    |
| 3           | Year 11                      | Year 12 full-time |
| 4           | Year 8                       | Year 10 part-time |
| 5           | Year 10                      | TAFE full-time    |
| 6           | Year 9                       | TAFE full-time    |
| 7           | Year 12                      | TAFE part-time    |
| 8           | Year 9                       | Year 10 full-time |
| 9           | Year 11                      | Year 12 full-time |
| 10          | Year 10                      | Year 12 full-time |
| 11          | Year 6                       | Year 12 part-time |
| 12          | Year 9                       | Year 11 full-time |
| 13          | Year 9                       | Year 10 full-time |
| 14          | Year 11                      | Year 12 full-time |
| 15          | Year 10                      | Year 11 full-time |
| 16          | Year 10                      | Year 11 full-time |
| 17          | Year 11                      | Year 12 part-time |
| 18          | Year 10                      | Year 11 part-time |
| 19          | Year 10                      | In hospital       |



# Preliminary outcomes from an individualised supported education programme delivered by a community mental health service

*Emma Robson,<sup>1</sup> Geoff Waghorn,<sup>2</sup> Joanne Sherring<sup>3</sup> and Adrienne Morris<sup>4</sup>*

British J of OT, 2010

20 participants

70% positive outcomes (finishing or continuing)







# Stigma/Discrimination







**SHOW THE M**  
**Joanna Madam's po**  
**PAGES**

# SERGEANT PSYCHIC

Killer G.I. had suffered traumatic

Play **MEGA MILLIONS** \$171  
NEW YORK'S JACKPOT

# ROASTED NUTS

## General-alarm fire at Trenton Psychiatric

By TOM BALDWIN & JEAN LEVINE  
Staff Writers

A welder's torch sparked a general-alarm blaze that gutted offices and a chapel at Trenton Psychiatric Hospital yesterday as it burned out of control for more than two hours.

Authorities said no TPH employees or patients were hurt in the morning blaze. But several of the 100 firemen who responded to the scene collapsed from heat exhaustion.

Battalion Chief Graham Smith of the Trenton Fire Division said the blaze broke out in the Haines Building shortly before 8 a.m.

In minutes, as the flames shot across the roof of the L-shaped, three-story structure, firemen were calling for more help from Trenton's fire force as well as the volunteer firemen of Ewing, Hamilton and Lawrence.

Before it was declared under control at 10:19 a.m., the blaze would go to three alarms, then general alarm status.

Firemen initially charged into the building in the effort to beat down the flames. Fearful of a collapse, however, supervisors pulled firefighters back out to fight strictly from outside with aerial hoses.

Officials said it was perhaps the worst fire in the 150-year history of the psychiatric facility, which lies between Stuyvesant Avenue and Sullivan Way and straddles the Trenton-Ewing border.

"It was bad, real bad," said 37-year-old Barney Ross, of Trenton, a TPH cook for 11 years who credited firemen with saving much of the structure. "It could have really gotten out of control."

The hospital cares for 450 of the state's most mentally ill individuals. No patients at the landmark facility (circa 1848) suffered physical ailments from the blaze.

But an undetermined number of employees had to be evacuated across Sullivan Way to wait the fire out on Trenton Country Club's verdant, smoky meadows.

"We do not believe it was an arson," said Deputy Mercer County Prosecutor Randolph Norris, who was at the scene supervising the investigation decked out in a khaki suit, T-shirt and biker boots.

"Apparently a welder was up there working on a gutter. He tried putting water on it. But he still

Trentonian Photo/TIM LARSEN  
Smoke blows skyward behind a building on the grounds of the Trenton Psychiatric Hospital.



smelled more smoke," said Norris.

Norris added that the welder then lifted the shingles and saw the fire immediately go "poof" and flash across the old roof.

"That was it," Norris said, shrugging.

The time — about 8 a.m. — the patients had finished breakfast. The nearby roads were choked with commuters. The day's heat had hit the high 70s.

Terri Wilson, who is Gov. Jim McGreevey's deputy commissioner of the Department of Human Services, was on her way to her Trenton office when she got the alert.

"There were no residents in there at the time. It does not house residents. I know there is a chapel on the first floor, and store rooms," she said as hunking, tired firemen trudged around her.

### Budget only casualty of fire

Response time wasn't affected at all by the closing of three stations, fire officials said yesterday.

But overtime was. Yesterday's inferno at the Trenton Psychiatric Hospital that destroyed offices and the chapel also blew a hole in the budget.

"Everybody is called in," said Deputy Chief Stephen Benner of the general-alarm fire. "It was an expensive operation today. In my 28 years, there may have been four general-alarm fires."

"Everybody in the city was called back. They are rare."

Benner said the fire spread quickly because the building was so big and the hospital's water system — that was being upgraded — wasn't as efficient in fighting the flames.

But the closings, he said, did not affect the firemen's response at all.

"We were out there with a similar number of units. The difference is that the rest of the city had to be covered a lot quicker."

As a cost-cutting measure, the city shut down three firehouses in June and reassigned members to new stations.

The closures have had some unintended effects, including a bureaucratic snafu which prompted the city to reinstate one position in the company.

And yesterday, the number of companies called to the scene forced authorities to call up reserve and volunteer units.

Because the department's number of companies was reduced from 14 to 11, taking out six engines would leave only five to cover the rest of the city.

Four reserve pumpers, or engines, sit in stations fully equipped and ready to go, Benner explained. When the fire escalated at the hospital, off-duty crews were called and the trucks were put in service to cover any other emergency in town.

"The guys got out there on the usual time," he said.

But had a similar fire broken out in another part of the city, that "would have put us at the end of our limit."

— LISA MEYER

BRITAIN'S MOST POPULAR PAPER  
**I GOT TO £20,000**  
**Sun+ LOTTO**  
UN+ FOR TO WIN K PRIZES  
SIGN UP TO PLAY NEXT WEEK: BACK PAGE OF TV BIZ  
TODAY'S JOE: SIX PAGES 12 AND 13

### EXCLUSIVE INVESTIGATION

# 200 KILLED BY MENTAL PATIENTS

By RYAN PARRY

MORE than 1,200 people have been killed by mental patients in a decade. It has emerged — days after a schizophrenic was locked up for stabbing Christina Edkins, 16.

Full Story — Pages 6 and 7



Victim Christina Edkins

10-year toll exposes care crisis

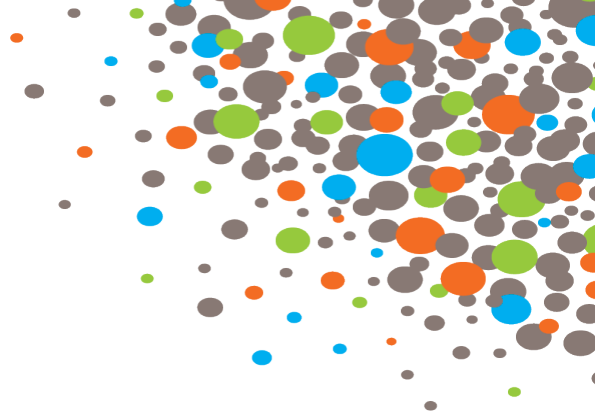




|  | Not at all | A little  | A lot     | Not applicable |
|--|------------|-----------|-----------|----------------|
| Felt the need to conceal diagnosis (Q38)         | 195 (27%)  | 235 (32%) | 291 (40%) | 6 (1%)         |
| Applying for work or training or education (Q33) | 224 (31%)  | 164 (22%) | 305 (42%) | 30 (4%)        |
| Doing something else important (Q35)             | 241 (33%)  | 182 (25%) | 238 (33%) | 61 (8%)        |
| Looking for a close relationship (Q34)           | 291 (40%)  | 165 (23%) | 237 (32%) | 32 (4%)        |

Items are arranged in ascending order of proportion of total responses represented by the “not at all” category. Not all total 732 (100%) because of missing responses.

**Table 3: Responses for anticipated discrimination by category**

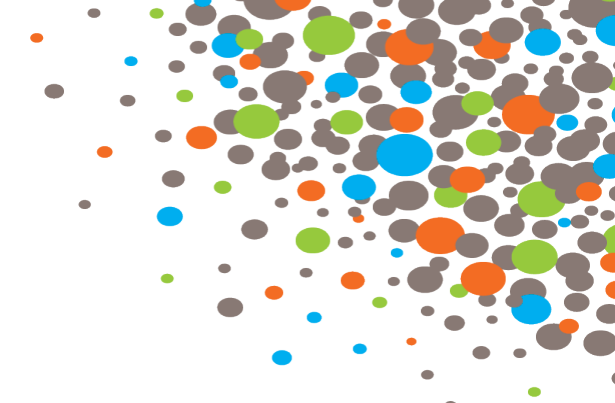


“ I don't know where to go, and I'm  
ashamed to be struggling with uni’

---

**Student**





ill-health. In one Australian study, 25.3 per cent of participants who had mental health difficulties said they had not sought help because they were afraid, anxious, embarrassed or ashamed to do so (Wynaden et al., 2013). These findings are supported by research overseas (Quinn et al., 2009, Downs and Eisenberg, 2012). Another Australian study found many students went to considerable lengths to conceal their mental ill-health and in the process found it difficult to meet their academic requirements (Martin, 2010).



**END  
DETOUR**

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## Some obvious conclusions

- Need for youth mental health and education systems to work more closely together – we serve the same people
- Young people with mental ill health can be assisted back into mainstream education – but support required to stay there
- Education is the cornerstone of vocational recovery – the thing most young people with mental ill health most want





## A final thing

