



# Chronic physical conditions and youth mental health

## POLICY LAB

**Young people with chronic physical conditions often experience co-occurring mental ill-health. Integrated mental and physical health care is widely recognised as gold standard. However, the primary health system often treats young people’s physical and mental health needs in isolation. Policy solutions are provided to improve delivery of integrated care.**

### Chronic physical conditions and mental ill-health

Chronic physical conditions are long-term health issues that can have a negative impact on functioning and quality of life. While some conditions require specialised support in tertiary settings, many are managed within primary care.

Improvements in primary mental health care have expanded service options and access for some of the 38.8 per cent of Australian young people (16–25 years old) experiencing mental ill-health.(1) However, there is limited understanding of how services are supporting the 11.2 per cent of young Australians (15–25 years old) experiencing comorbidity of mental ill-health and a chronic physical condition or chronic pain.(2)

Young people with chronic conditions experience higher levels of depressive symptoms and suicidal ideation compared to their peers.(3, 4)



Almost two-thirds (64.7 per cent) of Australian young people attending adult pain clinics reported comorbidity with mental ill-health – predominately anxiety and/or depression.(5, 6) Additionally, compared to young people with mental ill-health, young people with both chronic physical conditions and mental ill-health are almost twice as likely to be admitted to hospital for their mental health, and are more likely to have GP and psychologist out-of-pocket mental health costs.(7)

Consultations with young people and health professionals identified several key issues impacting young people with co-occurring chronic physical conditions and mental ill-health. Young people reported high levels of diagnostic overshadowing, where symptoms were associated with mental ill-health instead of a co-occurring physical condition, sometimes leading to ineffective intervention and a delayed diagnosis. They also described the significant cost associated with appointments, specialists and medication for managing multiple conditions. Health professionals noted inconsistent levels of communication and collaboration between physical health and mental health professionals, often resulting in young people being responsible for communicating their health information and appointment outcomes between professionals. Health professionals identified several key gaps, including a lack of comprehensive initial assessment that addressed both physical and mental health conditions, limited workforce knowledge for co-occurring conditions, limited understanding of scope of practice and team-based care for co-occurring conditions, and funding barriers to integrated care models.

## Policy lab

In October 2024, a Policy Lab was held to develop solutions for young people with chronic physical conditions and mental ill-health. A Policy Lab is a structured workshop that explores a key question by examining relevant issues, considering the evidence and developing policy solutions.<sup>(8)</sup> The Policy Lab focused on the question: “**How can the delivery of primary care be improved to holistically support the mental health of young people with a chronic physical condition?**”.

Eighteen participants attended, which included young people, academics, mental health clinicians, general practitioners, and representatives from not-for-profits, Primary Health Networks and the Australian Government Department of Health and Aged Care. Each participant was provided with a briefing pack, detailing the available evidence and findings from stakeholder consultations. Youth participants were provided with an online pre-briefing session with Orygen staff in the week before the Policy Lab.

## Identifying focus areas and actions

Prior to the Policy Lab, the participants identified three priority focus areas for discussion:

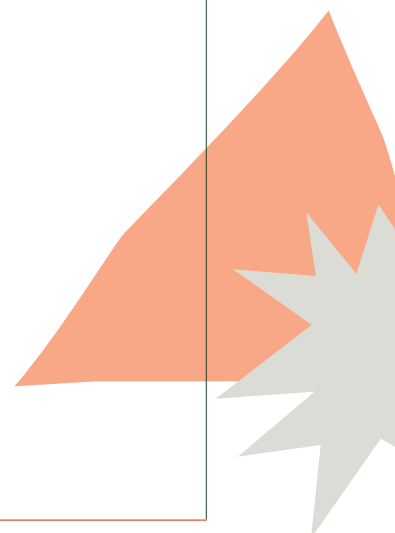
- **Improved communication** between key roles;
- **Development of guidelines and training** to support young people with mental ill-health and chronic physical conditions; and
- Ensuring both mental and physical health is considered during **initial assessment**.

During facilitated activities, participants explored potential barriers and enablers in these three priority areas and identified three actions that could then be developed into policy proposals for the Department of Health and Aged Care.

## Policy proposals

### Trial and fund a chronic conditions peer work role

| Proposal  | Rationale  | Outcome   | Mechanism  |
|---|--|---|--|
| <p>Develop and trial a chronic physical conditions youth peer work role across multiple youth mental health sites to:</p> <ul style="list-style-type: none"> <li>• offer access to peer support early in young people’s care;</li> <li>• offer outreach support via peer workers to young people; and</li> <li>• enable wider access and support for young people.</li> </ul> | <p>Peer work is highly valued by young people with chronic physical conditions and mental ill-health, as well as professionals. Peer workers, experience of mental health and health care systems enables them to offer valuable service navigation support. Clinicians have also identified their role in increasing service engagement, trust, health literacy, self-management and self-advocacy.</p> <p>However, lack of funding means some young people are not able to access peer support, especially early in care. Young people noted that early access would promote mental health early intervention.</p> | <p>Improved service experience for young people with chronic physical conditions and mental ill-health through earlier peer work access.</p> <p>Peer workers upskilled to offer service navigation support as a key aspect of their role.</p> <p>Increased future employment and training opportunities for young people with a chronic physical condition.</p> | <p>The <b>Department of Health and Aged Care</b> fund the trial across two <b>PHNs</b> (one metropolitan, one rural/regional) within multiple commissioned youth mental health services.</p> |



**Fund salaried case coordination roles within youth mental health services**

| Proposal  | Rationale   | Outcome   | Mechanism   |
|---|---|---|---|
| <p>Develop and fund salaried case coordination roles in youth mental health services to support coordination between youth mental health, allied health and primary care providers.</p> | <p>Good case coordination and communication between service providers enables young people to feel supported and that their needs across physical and mental health are acknowledged and met.</p> <p>Case coordination eases the burden on young people and their families/ supporters to carry the load of being the intermediary. Young people also noted additional difficulties for those without a support network.</p> <p>These roles should include a clear and viable scope for the case coordination position within youth mental health services.</p> | <p>Improved communication between physical and mental health professionals, reducing the burden on young people and enabling holistic care.</p> | <p>The <b>Department of Health and Aged Care</b> fund the expansion and development of case coordination roles in youth mental health services.</p> |



## Develop and fund a youth health credential

| Proposal   | Rationale  | Outcome  | Mechanism   |
|--|--|--|---|
| <p>Commission the development and implementation of a cross-discipline youth health credential, focused on:</p> <ul style="list-style-type: none"> <li>the interaction between chronic physical health and mental ill-health;</li> <li>understanding the scope of roles across disciplines, aiming to reduce silos and promote coordinated team-based care; and</li> <li>professional reflective practice, supervision and adaptive training opportunities through annual requirements.</li> </ul> | <p>While holistic and integrated care are tenets of good care in youth health, medical and allied health professionals report few opportunities to develop expertise in youth health, as well as an understanding of scope and team care in this setting.</p> <p>An example of a similar cross-discipline credentialing model is the Credentialed Eating Disorders Clinicians, governed by the Australia &amp; New Zealand Academy for Eating Disorders.</p> | <p>Holistic and integrated team care that meets the physical and mental health needs of young people.</p> <p>Increased skills, knowledge, recognition and access to ongoing professional development within the youth health sector.</p> | <p>The <b>Department of Health and Aged Care</b> fund the development of, and ongoing support to, the credential, working in partnership with young people and medical and allied health colleges and governing bodies to develop and recognise the credential.</p> |

## Post-event consultation

Policy Lab participants had the opportunity to review draft policy solutions, with minor adjustments being adopted into the policy solutions. Regarding salaried case coordination roles, it was suggested that an alternative solution would be to trial an expanded 'one-stop-shop' model in youth mental health services with multidisciplinary clinicians, highlighting that there is a variety of potential

solutions to the identified issue. It was also suggested that case coordination should be better defined. For the youth health credential, it was recommended that the credential be tiered to ensure that different medical and health professionals receive the appropriate level of training, which should be considered in the development and implementation.

## Policy Lab Participants:

- Aaron van Ree**, Eastern Melbourne PHN
- Angela Grant**, Starlight Children's Foundation Australia
- Anna Duncum**, headspace Sunshine
- Dr Bianca Forrester**, Department of General Practice and Primary Care (University of Melbourne)
- Choncy Shu**, North Western Melbourne PHN
- Emily Matenson**, headspace Glenroy
- Ezra Burnett**, Orygen Youth Advisory Council
- Jack Smith**, headspace Bentleigh/Elsternwick
- Dr Jana Mensink**, Orygen
- Kathan Winchester**, Orygen Digital Youth Advisory Group
- Kayden Crombie**, Livewire member
- Lauren Ferdinands**, headspace National
- Mariska Barnett**, North Western Melbourne PHN
- Matthew Tadrous**, Department of Health and Aged Care
- Rebecca Aponso**, headspace Syndal/Elsternwick
- Dr Scott Tagliaferri**, Orygen
- Dr Simone Craig**, Department of General Practice and Primary Care (University of Melbourne) and Doctors in Secondary Schools Program (headspace Collingwood)
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### Disclaimer

The findings reflect the discussions and directions of a broad range of participants, but do not necessarily reflect individual participant's agreement or their organisation's policy.

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### Acknowledgement

This report was written on the lands of the Wurundjeri people of the Kulin Nation. Orygen acknowledges the Traditional Owners of the lands we are on and pays respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and relationships to Country, which continue to be important to the First Nations people living today.



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