

South Australian Youth Mental Health System of Care Operational Guidelines

Every contact strengthens a young
person's wellbeing, mental fitness and
engagement with life

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Glossary

Term	Expanded Form
ACT	Acceptance and Commitment Therapy
AMHS	Adult Mental Health Services
ATAPS	Access to Allied health and Psychology Services
CALHN	Central Adelaide Local Health Network
CAMHS	Child and Adolescent Mental Health Services
CBIS	Community Based Information System
CBT	Cognitive Behaviour Therapy
CC	Care Coordinator
CCC	Clinical Care Coordinator
CCCME	Consolidated Country Client Management Engine
CHSALHN	Country Health SA Local Health Network
CRC	Community Rehabilitation Care facilities
CTO	Community Treatment Order
DBT	Dialectical Behaviour Therapy
ED	Emergency Department
EPIS	Early Psychosis Intervention Service
ETLS	Emergency Triage and Liaison
GP	General Practitioner
HoNOS	Health of the Nation Outcomes Scales
HoNOS-CA	Health of the Nation Outcomes Scales – Child and Adolescent Measures
ICC	Intermediate Care Centres
IMHU	Integrated Mental Health Unit
ITO	Involuntary Treatment Order
JNP	Job Network Provider
K-10	Kessler Psychological Distress Scale
LCP	Local Coordination Partnership
LGBTIQ	lesbian, gay, bisexual, transgender, intersex and queer
LHN	Local Health Network
MHT	Mental Health Triage
NALHN	Northern Adelaide Local Health Network
NOCC	National Outcomes and Casemix Collection
PCC	Project Coordination Committee
SALHN	Southern Adelaide Local Health Network

SDQ	Strengths and Difficulties Questionnaire
SYMHPIC	State-wide Youth Mental Health Project Implementation Committee
YMHS	Youth Mental Health Services
YP	Young person

1. Purpose

This document is intended to provide a set of operating guidelines which will assist in guiding and informing a consistent state-wide approach for the implementation of the South Australian Youth Mental Health System of Care and specialist government youth mental health services.

The Operational Guidelines are intended to assist in the development of a strong and effective partnership between the specialist mental health services, other key services and young people, their family, friends and other supports.

2. Introduction

In line with population needs, SA Health has been working to establish:

- > A single state-wide Child and Adolescent Mental Health Service (CAMHS) for children and adolescents aged 0 to 15 years of age; and
- > Youth mental health services (YMHS) for older adolescents and young adults aged 16 to 24 years of age.

It is intended that the YMHS¹ will be available for young people 16 to 24 years of age across the state, commencing operations in September 2014. This will ensure that young people with existing or emerging mental health issues are identified early and receive appropriate care for their age and developmental level.

In 2012, the South Australian Youth Mental Health System of Care was developed with the purpose of concisely describing the model of care for the state. This document was developed by the Mental Health and Substance Abuse Division in consultation with SA Health staff across metropolitan and country SA in both CAMHS and Adult Mental Health Services (AMHS); unions; consumer and carer networks and the Mental Health Coalition of SA (the non-government mental health peak body for SA). The System of Care provides a consistent, practical and authoritative reference for the implementation of the YMHS, whilst guiding SA Health in considering program resourcing, evaluation and accountability arrangements.

The South Australian Youth Mental Health System of Care framework was endorsed in May 2012 by the SA Health State-wide Mental Health Executive. The aim of the framework was:

To develop an integrated mental health system of care across the age (16 to 24 years) and developmental continuum which is youth friendly, accessible and supported by strong collaborative partnerships in order to achieve optimal health, wellbeing and quality of life for young South Australians.

The case for Youth Mental Health Services is compelling; mental illness in young people is prevalent² and risky^{3 4}, yet the vast majority of young people are not seeking help from existing systems^{5 6 7 8}.

¹ Please note that while the service will be referred to through this document as Youth Mental Health Services, or by the abbreviation YMHS, this is a purely descriptive title which may change in accordance with feedback from young people, their families, friends and other supports .

² **Australian Bureau of Statistics (2010)** Mental Health of Young People, 2007 4840.0.55.001 <http://www.abs.gov.au/AUSSTATS/abs@.nsf/Latestproducts/4840.0.55.001Main%20Features42007?opendocument&tabname=Summary&prodno=4840.0.55.001&issue=2007&num=&view=>

- > The 2007 National Survey of Mental Health and Wellbeing found that 26% of young people aged 16-24 were suffering from a mental disorder, the highest prevalence of any age group.⁹
- > In 2012 report, 12% of young adults aged 18-24 reported 'high' or 'very high' levels of psychological distress¹⁰.
- > Two thirds (64.8%) of people with a psychotic illness experienced their first episode before the age of 25 years¹¹
- > 70% of young people with mental health issues are not seeking/receiving professional help¹²
- > Young people have reported a delay of 5 – 15 years before they receive treatment¹³

To this end, and in accordance with recommendations^{14 15 16}, YMHS will be developed as a broad based system that is coordinated and integrated, and that engages young people, their families and family, friends and other supports.

³ **Melvin, G.A. Dudley, A.L., Gordon, M.D., Ford, S., Taffe, J. and Tonge, B.J. (2013)** What happens to depressed adolescents? A follow-up study into early adulthood *Journal of Affective Disorders* 151(2013) 298–305

⁴ **Essau, C.A. (2008)** Comorbidity of depressive disorders among adolescents in community and clinical settings *Psychiatry Research* 158 (2008) 35–42

⁵ **Martínez-Hernández, A., DiGiacomo, S.M., Carceller-Maicas, N., Correa-Urquiza, M. and and Martorell-Poveda, M. A. (2014)** Non-professional-help-seeking among young people with depression: a qualitative study al. *BMC Psychiatry* 2014, 14:124 <http://www.biomedcentral.com/1471-244X/14/124>

⁶ **Chalmers, K.J., Bond, K.S., Jorm, A.F., Kelly, C.M., Kitchener, B.A. and Williams-Tchen, AJ (2014)** Providing culturally appropriate mental health first aid to an Aboriginal or Torres Strait Islander adolescent: development of expert consensus guidelines. *International Journal of Mental Health Systems* 2014, 8:6 <http://www.ijmhs.com/content/8/1/6>

⁷ **Pedersen, E.P. and Paves, A.P. (2014)** Comparing perceived public stigma and personal stigma of mental health treatment seeking in a young adult sample *Psychiatry Research* 219 (2014)143–150

⁸ **Yap, M.B.H., Reavley, N.J., Jorm, A.J. (2013)** Associations between stigma and help-seeking intentions and beliefs: Findings from an Australian national survey of young people *Psychiatry Research* Volume 210, Issue 3, 30 December 2013, Pages 1154–1160

⁹ **Australian Bureau of Statistics (2010)** *ibid*

¹⁰ **Australian Bureau of Statistics (2012a)** ABS 3303.0 Causes of Death, Australia, 2012

<http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3303.02012?OpenDocument>

¹¹ **Morgan V, Waterreus A, Jablensky A, MacKinnon A, McGrath J, Carr V, et al. (2011)** People Living With a Psychotic Illness: Mental Health Survey 2010 Commonwealth of Australia

¹² **Hickie, I.B. et al. (2007)**, Service models for the future: Responding to experiences of young people with common mental health problems attending Australian general practice, *Medical Journal of Australia (MJA)*, 187 (7 Suppl): S47-S52.

¹³ **Hickie, I.B. et al. (2007)**, *ibid*

To meet the multiple and changing needs of young people, youth mental health services need to be part of a person focused, integrated community based service system¹⁷ Using a system of care approach, mental health, drug and alcohol, primary care, education, child protection, housing, juvenile justice, youth, family support, employment and other agencies will work together in a coordinated way that enhances the capacity of and meets the needs of the young person and their family, friends and other supports, holistically addressing all aspects of physical and mental health as well as social and community participation.

YMHS will be delivered by each local health network (LHN) in line with the System of Care and these operational guidelines.

YMHS acknowledges that particular populations of young people experience high incidence of mental health distress and/or barriers to accessing appropriate services to support them in managing this. Aboriginal and Torres Strait Islander young people particularly fall into both categories. It is important to note, that in designing services that are safe, responsive and culturally acceptable to Aboriginal young people, that they are a heterogeneous group. In particular, there are three areas which provide systematic differences among populations for Aboriginal and Torres Strait Islander young people.

Aboriginal and Torres Strait Islander young people from traditional communities

Young people from remote areas are more likely to live in communities closely connected to traditional cultural law, practice and community. They are more likely to be bi-lingual, speaking an Aboriginal language as their first with English as at least a second language. They may be more likely to live within traditional Aboriginal kinship networks which are more extensive and complex than predominantly western nuclear family relationships¹⁸. Young people from these communities may be more likely to hold traditional values in regards to sharing, shame and cultural obligations. This has practical implications for mental health practitioners. For example young people from these communities may approach mental health services in Adelaide with multiple family members who may or may not be biologically related (but who hold responsibility for their care within traditional structures.)

¹⁴ **Hickie, I.B. (2011)** Youth mental health: we know where we are and we can now say where we need to go next. *Early Intervention in Psychiatry* 2011; 5 (Suppl. 1): 63–69

¹⁵ **McGorry, P.D. (2007)** The specialist youth mental health model: strengthening the weakest link in the public mental health system. *Medical Journal of Australia* 2007; 187 (7): 53

¹⁶ **Singh, S., Paul, M., Ford, T., Kramer, T., Weaver, T., McLaren, S., and Hovish, K. (2010)** 'Mental healthcare: multiperspective study: Process, outcome and experience of transition from child to adult' *British Journal of Psychiatry BJP* 2010, 197:305-312. <http://bjp.rcpsych.org/content/197/4/305.full.pdf> (accessed 31/3/14)

¹⁷ **Patrick D McGorry, Rosemary Purcell, Ian B Hickie and Anthony F Jorm (2007)** Investing in youth mental health is a best buy *Medical Journal of Australia* Volume 187 Number 7 1 October 2007

¹⁸ **Western Australian Centre for Rural Health (2009)** Aboriginal Cultural Orientation. <http://lms.cucrh.uwa.edu.au/mod/resource/view.php?id=7>

Young people from Aboriginal and Torres Strait Islander communities in South Australia are three times more likely to be parents within the age range¹⁹. They may have understandings of social and emotional wellbeing that differ substantially from western medical models of practice²⁰. They may have had contact with traditional healers and may benefit from access to this kind of service²¹.

Aboriginal and Torres Strait Islander young people from rural communities

These young people may live in areas that had been designated under previous colonial practices as missions for Aboriginal people (some of these include Raukkan, Point Pearce, Yalata²²). They may be well connected with local community and families or may, as a result of practices of forced removal, have little connection with their communities of origin. Young people living in these areas may identify with Aboriginal or Torres Strait Islander communities from outside South Australia and have few local kinship relationships. This does not necessarily connote a lack of connection with local Aboriginal communities and networks, but may reflect the impact of colonisation practices or that person's employment, training, education and relationship needs. Families from rural communities in South Australia may travel and stay in other areas of South Australia, at times for extended periods. For example, a family may travel routinely from Point Pearce to Adelaide for six months at a time in response to family, cultural, community and educational needs and opportunities.

Aboriginal and Torres Strait Islander young people from urban areas.

All of the context and issues outlined above may be relevant for these young people. However, some may have had little connection or opportunity for connection with their culture, community of origin or local Aboriginal and Torres Strait Islander communities. This may be particularly the case where young people have been removed from their families due to child protection issues or where connection to family has been severed. Young people from this group may wish for a closer connection with their cultural background and may be seeking this from other Aboriginal people from differing communities who they identify as leaders, mentors or are culturally knowledgeable.

¹⁹ **Australian Bureau of Statistics (2013.)** 3301.0 - Births, Australia,

2012 <http://www.abs.gov.au/AUSSTATS/abs@.nsf/DetailsPage/3301.02012?OpenDocument> Last accessed 28/7/14)

²⁰ **Western Australian Centre for Rural Health (2009)** *ibid*

²¹ **Vicary, D. and Westerman, T. (2004)** 'That's just the way he is': Some implications of Aboriginal mental health beliefs *Australian e-Journal for the Advancement of Mental Health (AeJAMH)*, Volume 3, Issue 3, 2004

²² **SA Health (2013)** SA Health Aboriginal Culture and History Handbook Department of Health and Ageing

It should also be noted that there are some commonalities for Aboriginal and Torres Strait Islander young people and their mental health, including the ongoing impact of colonial and invasive assimilationist practices of government, individuals and communities²³ and their experience of racism^{24,25,26}. There are also systematic demographic disadvantages for young people from Aboriginal and Torres Strait Islander communities including poverty, educational and social disadvantage. However, Aboriginal and Torres Strait Islander people's communal support mechanisms and connection to culture can provide valuable, affirming supportive networks and functions for their social and emotional wellbeing²⁷.

3. Youth Mental Health Services Purpose

Every contact strengthens a young person's wellbeing, mental fitness and engagement with life.

3.1 Aim

The aim of the Youth Mental Health Services is:

To develop an integrated mental health system of care across the age (16 to 24 years) and developmental continuum which is youth friendly, accessible and supported by strong collaborative partnerships in order to achieve optimal health, wellbeing and quality of life for young South Australians.

3.2 Objectives

Youth Mental Health Services will;

- > Provide high quality, evidence based mental health assessment, treatment & support for young people
- > Ensure staff, services and treatment is developmentally and culturally respectful for the diversity of young people including Aboriginal and Torres Strait Islander young people
- > Partner with young people, their family²⁸, friends and other supports in care planning and decision-making
- > Support young people in navigating the mental health and other service systems to ensure seamless care
- > Develop collaborative working partnerships with CAMHS, adult Mental Health Services and community based mental health service providers to provide a continuum of care for young people

²³ SA Health (2013) *ibid*

²⁴ Ziersch, A.M., Gallaher a, G., Baum, F. Bentley, M. (2011) Responding to racism: Insights on how racism can damage health from an urban study of Australian Aboriginal people *Social Science & Medicine* 73 (2011) 1045e1053

²⁵ Priest, N. Paradies, Y. Stewart, P. and Luke, J. (2011) Racism and health among urban Aboriginal young people *BMC Public Health* 2011, 11:568, <http://www.biomedcentral.com/1471-2458/11/568>

²⁶ Paradies, Y.C. and Cunningham, J. (2012) The DRUID study: racism and self-assessed health status in an indigenous population *BMC Public Health* 2012, 12:131 <http://www.biomedcentral.com/1471-2458/12/131>

²⁷ Westerman, T.G (2010) Engaging Australian Aboriginal youth in mental health services *Australian Psychologist* Volume 45, Number 3 September 2010 pp 212-222 <http://www.tandf.co.uk/journals/titles/00050067.asp>

²⁸ Throughout this paper, the term family is inclusive of family members as designated by the young person's cultural context, such as for Aboriginal kinship networks.

- > Engage with local youth networks to ensure that youth mental health is a priority, to ensure good referrals pathways, to remain abreast of local services available for young people and to provide an initial meeting point to prompt partnership development in youth mental health programs
- > Provide advice and information to primary and secondary care providers to ensure young people's mental fitness and wellbeing in the community
- > Provide opportunities for young people and their family, friends and other supports to influence YMHS service provision on an ongoing basis
- > Instigate and nurture a learning culture where staff are supported and encouraged to continue to develop their professional practice and to support their colleagues and partners in this endeavour
- > Measure the impact of our services on young people's mental fitness and wellbeing, celebrate our successes and address our shortcomings on an individual, agency and systems level
- > Contribute to the professional knowledge of youth mental health and wellbeing through publication in professional literature, sharing good practice at conferences and where appropriate, training other professionals eg seminars.

3.3 Principles and philosophy

The following principles underpin the youth mental health services.

Resilient and positive

YMHS will operate from the belief that all young people are resilient and can enhance personal efficacy, capacities and mental wellbeing through personal growth, meaningful relationships (including ones with service providers) and accomplishing developmental goals.

Youth friendly and developmentally sensitive

The attitudes of staff and the service environment will be respectful of and acceptable to young people. Support will be developmentally tailored and will recognise young people's changing family, educational and social support patterns.

Youth and Carer participation

Young people and their carers (hereafter referred to as families, friends and other supports but encompassed within legislative role as Carers²⁹) will be actively and meaningfully engaged and involved in all aspects of service delivery, policy, planning and evaluation. This will include family defined culturally through kinship networks such as in Aboriginal and Torres Strait Islander communities.

Cultural knowledge

Understanding of Australia's many cultural groups will be promoted through culturally appropriate practices that encourage acceptance and tolerance within the workplace and community. This will include an understanding that culture is diverse and intersects with identity on differing levels and to different degrees across individuals.

²⁹ Carers Recognition Act, 2005

<http://www.legislation.sa.gov.au/LZ/C/A/CARERS%20RECOGNITION%20ACT%202005/CURRENT/2005.55.UN.PDF>

Accessible and responsive

Services will be easily accessible, responsive, flexible and appropriate to the needs and experiences of young people (as they define them) with respect for age, gender, cultural background, socioeconomic background or location factors. For example, alignment with traditional Aboriginal Lore and community practice and mental health practice tailored accordingly.

Continuity and coordinated care

A continuum of services with easily navigated transition points will be available to support young peoples' developmental and wellbeing needs across the youth mental health System of Care.

Early identification, intervention and prevention

Young people who require support with experiences of mental health distress will be provided with an appropriate range of explanation, information, assessment, support, treatment and care as early as possible to maximise mental fitness and wellbeing, preventing the potential longer term impacts of mental illness and disability and maximise wellbeing and mental fitness.

Collaboration and partnership

Collaborative relationships will underpin service delivery to youth and their families incorporating other agencies and stakeholders that provide services to meet their holistic needs including Aboriginal Controlled Health Services, other health, drug and alcohol, education, vocational, welfare and social and recreational services.

Quality and performance

YMHS will continuously improve the quality and effectiveness of service delivery to young people, their families and other supports. Consistent service standards including the gathering of young people and family, friends and other supports' experience of service, will apply across the mental health continuum of care irrespective of geographic location.

Workforce culture and development

YMHS will develop a culture that fosters opportunities for learning to enhance workforce confidence and effectiveness through improved knowledge, awareness, skills and satisfaction. This will include the incorporation of lived experience of young people and family, friends and other supports into the workplace skill base.

Evidence based practice, innovation and reform

YMHS will identify research, publish, implement and evaluate innovative and effective interventions that achieve positive outcomes for young people.

Tiered system of care

South Australia will adopt a tiered system of care including informal, community, primary care and specialist services working together to meet the needs of young people with mental health issues, their families, friends and other supports in a coordinated and integrated way.

3.4 Recovery Philosophy

For a young person, the prospect of a real and sustainable recovery can never be lost, ignored or denied. The recovery philosophy will underpin the youth mental health System of Care. The concept of recovery is nationally and internationally recognised as a core set of values in mental health systems, having been developed by the international and national mental health young person movements.

What does recovery mean?

The concept of recovery describes the young person's own unique and personal journey to create a fulfilling, hopeful and contributing life and achieve their own aspirations, despite the difficulties or limitations that can result from the experience of mental illness. Recovery may not necessarily mean the elimination of distress. Given young people in the 16 to 24 year old age range are undertaking critical developmental tasks, recovery does not connote re-habilitation to a pre-illness state but supporting the ongoing learning and development for that young person.

This approach to recovery emphasises that every young person who experiences mental illness, including those seriously affected by mental illness, bring unique strengths and capacity; that they can achieve an improved level of wellbeing and connection to their developing identity, purpose and meaning in life. We must recognise the capacities and resilience of young people to live well and flourish in our community with or without continuing symptoms of mental ill health.

Recovery in practice

Each young person will experience their mental fitness and wellbeing differently. The process of recovering from mental ill health will also be experienced differently and be based on different recovery goals. Recovery can be understood as an overall process of positive personal growth which, for young people intersects with and is influenced by age appropriate cognitive, social and emotional growth. Recovery, however, may extend past developmental processes, may be lengthy and complex, involving periods of growth, setbacks and relapses.

Families, friends, community members, mental health and other community services can all play an important role in encouraging and supporting a young person's individual recovery journey. In the service delivery context, the recovery approach requires mental health services to actively engage in a flexible partnership with young people experiencing mental illness, their families, friends and other supports to encourage and empower the young person to facilitate their own recovery³⁰.

Distinguishing characteristics of a recovery approach include;

- > A positive holistic view that focuses on the young person, not the symptoms
- > A focus on young people's capacities, resilience, potentialities and possibilities
- > Support for the young person to achieve full citizenship with all its rights and responsibilities
- > Recognition that recovery from mental health distress is possible
- > Acknowledgement of the uniqueness of each young person's journey
- > Acknowledgement of the young person as the driver of their own journey

³⁰ SA Health (2010) South Australia's Mental Health and Wellbeing Policy 2010
<http://www.sahealth.sa.gov.au/wps/wcm/connect/3ae2ab80430c70968be5db2cf7cfa853/sahealthmentalhealthandwellbeingpolicy-conspart-sahealth-30062010.pdf?MOD=AJPERES&CACHEID=3ae2ab80430c70968be5db2cf7cfa853>

- > Building hope and supports the young person to take control of his/her own life
- > Acknowledgement of young people's strengths and capacity to learn, grow and change
- > Valuing and supporting natural and informal systems of support
- > Recognition that recovery is a complex non-linear process
- > Connecting young people to a broad range of services and opportunities that meet their needs
- > A comprehensive, coordinated, community based approach based on partnership
- > Adequate, flexible and responsive services appropriate to the young people's changing needs
- > That it is non-stigmatising and non-discriminatory.

4. Operational Partnership Arrangements

4.1 Operational Governance

The operational governance for YMHS will be through each LHN: Country Health SA LHN (CHSALHN), Northern Adelaide LHN (NALHN), Central Adelaide LHN (CALHN) and Southern Adelaide LHN (SALHN).

4.1.1 YMHS Implementation Structures

Each LHN providing YMHS has a project coordination committee that reports to the LHN Chief Executive via the Mental Health Executive Director that is responsible for designing the local model of service provision. (See Appendix 1 for further information on implementation structures.)

4.1.2 Central Coordination

The central coordinating committee, State-wide Youth Mental Health Project Implementation Committee (SYMHPIC) comprises managerial and clinical representatives from CHSALHN, NALHN, CALHN and SALHN as well as Women's and Children's Health Network (WCHN) responsible for the central coordinating functions for the implementation of state-wide youth mental health services.

The group will ensure state-wide consistency in clinical pathways, standards, partnership development and monitoring and review and that positive outcomes for young people are being achieved.

Country Health SA, as the sponsoring body, is responsible for providing operational coordination of the SYMHPIC. (See Appendix 1 for further information.)

4.1.3 Project Coordination Committees

Operational partnership committee/s have been established in each LHN providing YMHS to ensure a coordinated interagency approach to the implementation of the youth mental health system of care.

LHN YMHS Project Coordination Committees are made up of clinical and managerial staff across adult mental health services together with CAMHS and local external stakeholders. They include local network/regional representation that best meets the needs of adolescents and young adults from the LHN/region and include (but are not limited to) the following:

- > Child and adolescent, youth and adult mental health services;
- > Drug and alcohol services;
- > Primary health care services;
- > Private practice and health system;
- > Mainstream SA government services including education, child welfare, juvenile justice, housing and disability;
- > Commonwealth funded mental health and other relevant services eg headspace, Job Network Providers
- > Non-government mental health and youth services;
- > Aboriginal Controlled Health Organisations
- > Young person and family, friends and other support representatives;
- > Aboriginal, Torres Strait Islander and CALD representatives;
- > SA universities.

They either include young people and carer representatives or consult with existing youth and carer participation groups closely.

Project Coordination Committee/s report to the CAMHS-Youth Mental Health Steering Committee which oversees the coordinated implementation of the youth mental health system of care across SA.

The role of the PCC is to;

- > Inform the development of the service within the LHN
- > Facilitate local partnerships, networking and referral pathways
- > Develop local agreements regarding resource sharing such as use of youth friendly space

Provide consultation and feedback on the state-wide YMHS development and implementation process

5. Post Implementation of YMHS

Following implementation, partnership structures will evolve to recognise two separate but connected functions around care coordination and networking, support, consultation evaluation and liaison. (See Diagram 1).

5.1 Local Coordination Partnerships

The Local Coordination Partnership will comprise staff members across CAMHS, AMHS and YMHS specific or social and emotional wellbeing support workers eg Aboriginal services. Other agencies providing youth mental health services (for example headspace) may be invited to either be members should the LHN decide this is appropriate or to attend from time to time by invitation.

The Local Coordination Partnership provides a mechanism for coordination of shared care, transitions of care or consultation and liaison on care for specific young people.

The Local Coordination Partnership supports existing supervisory and reflective practices but does not replace them.

The Local Coordination Partnership also provides an ongoing service monitoring role and liaison back to SYMHPIC/Steering Committee. This body can utilize this relationship to advocate for statewide initiatives or support, share innovative practice or identify trends and issues for young people.

It is anticipated that this partnership would need to meet on a regular basis, at least fortnightly, though the terms of reference would be determined locally in accordance with LHN governance.

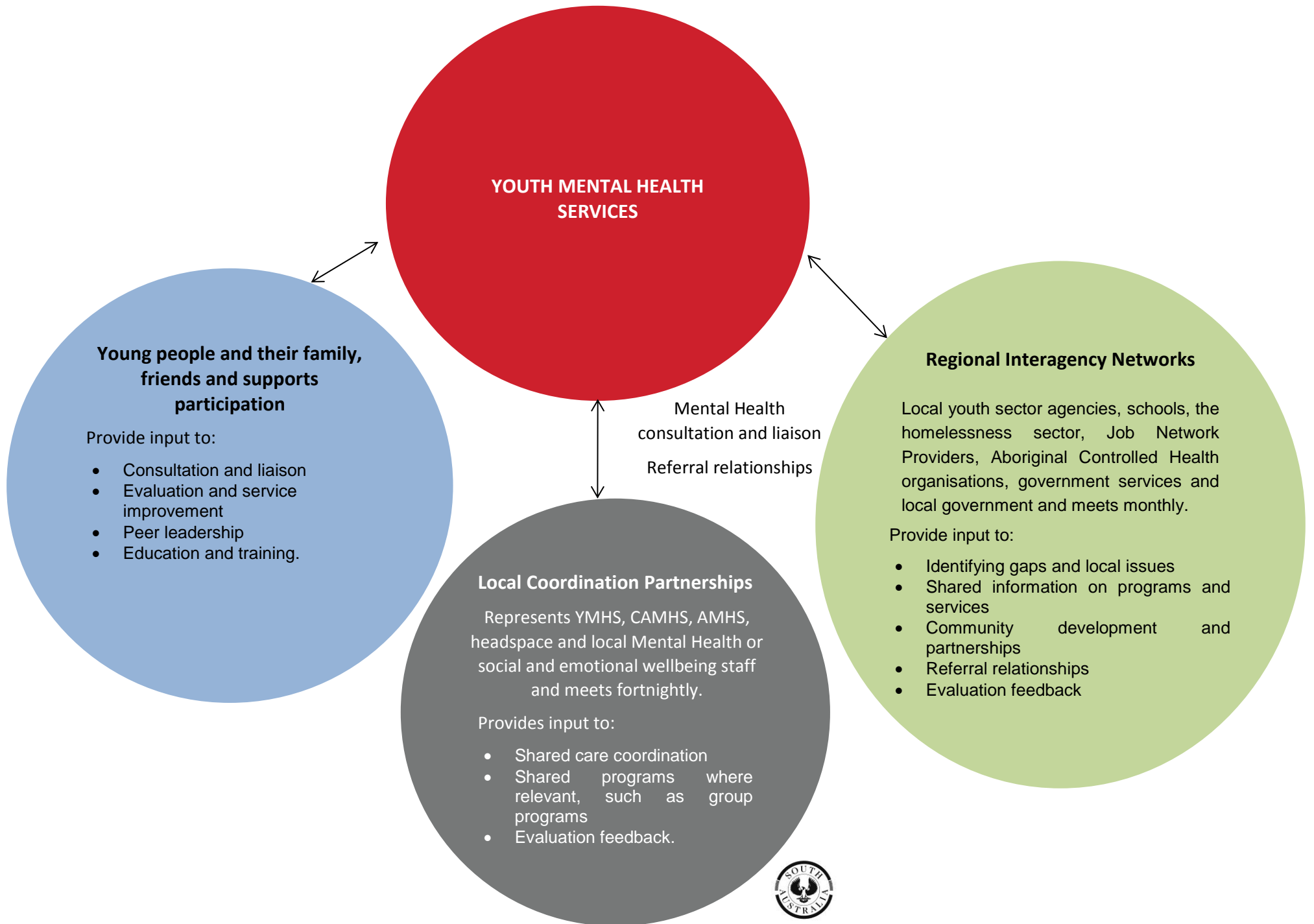
5.2 Regional Interagency Networks

Youth Mental Health Services will take advantage of both local existing Youth Network structures and the partnerships that have been built through the development of the YMHS to participate in or support the formation of Regional Interagency Networks.

These bodies will enable;

- > Establishment and maintenance of clear pathways for all service providers into the YMHS
- > Creation/management of referral pathways for young people accessing YMHS
- > Ongoing opportunity for partnership identification and development eg in accessing local youth friendly spaces, co-facilitated groups
- > Stakeholder consultation and feedback on YMHS
- > Identification of trends, gaps and issues that are impacting young people on a local level
- > Shared access to funding for additional services that may meet specific needs of young people accessing YMHS

Diagram 1: Youth Mental Health Services Structure



6. Youth and family/friends/other support participation

South Australian Youth Mental Health Services will be young person led and family focussed.

In accordance with the South Australian Youth Mental Health System of Care framework and Youth Participation Framework³¹, young people will be integrally involved in decision-making relating to their services. Family, friends and other supports are partners in the care process and will receive timely, appropriate information and assistance.

Additionally, young people will be provided with the opportunity to provide feedback into the development, implementation and evaluation of services through mechanisms that include the SA Health Mental Health Consumer and Carer Register.

Young people and family, friends and other supports have been (and will continue to be) represented at strategic and local network and service levels in the development of YMHS through SYMHPIC, the Training and Workforce Development Group, the Evaluation and Service Monitoring Group, the Lived Experience program and PCCs.

Post implementation of the YMHS, young people will be routinely consulted on the development, monitoring and improvement of the services. This will be characterised by Meaning, Control and Connectedness, as recommended by the Youth Participation Framework and will be undertaken at several levels, from regular formal engagement to individual feedback on services is meaningfully incorporated into evaluation. Some examples of differing levels of engagement;

It will be critical to engage young people from the Priority Populations in youth participatory mechanisms, especially in the first instance where they will be need to access mainstream services. This will be undertaken in the belief that if the service is accessible to young people who are most difficult to engage in services, that it will be appropriate and comfortable for the majority of the mainstream population too.

Strategic

- > Representation on SA Health committees including those that are involved in service planning such as the SYMHPIC
- > Co-development of staff training
- > Advocacy for young people's mental health needs with other government or non-government decision-making bodies eg through submissions

Local Network

- > Representation on interview panels
- > Employment as a peer worker or an Expert by Experience project officer
- > Youth/Family Advisory bodies
- > Community Visitors' Scheme participation

³¹ SA Health (2013) Youth Participation Framework 2013. Youth Health Services' Managers' Network

Project or Situation Specific – Time Limited

- > Event planning
- > Group leadership activities
- > Focus group participation
- > Consultation with community groups

Opportunistic, Informal Engagement

- > Surveys
- > Event participation
- > Suggestion boxes
- > Blackboard feedback
- > Feedback through social media³²

Individual Care

- > Feedback to Care Coordinator/Key Worker or other staff
- > Use of the Session Rating Scale
- > Participation in decision-making and feedback on group activities

Consultation with young people may also occur through use of local youth advisory mechanisms such as Council Youth Advisory Committees. These will be locally tailored but each LHN will be evaluated on their youth participation in terms of the Youth Participation Framework. This will ensure that participation is meaningful, relevant and inclusive.

Young people will also be involved appropriately within service provision environments in accordance with their skill, capacity and the staff support available to them. This aims to ensure that young people who are unwell or face significant barriers to traditional forms of youth participation such as committees and boards have a voice within service provision, evaluation and planning. In order to facilitate this capacity within the system, the training and development program for YMHS will regularly include Youth Participation.

All mechanisms will be developed and tailored in partnership with a diversity of young people including young people of Aboriginal and Torres Strait Islander background.

7. System of Care Approach

As outlined in the South Australian Youth Mental Health System of Care (2012), YMHS will meet the multiple and changing needs of young people, their families, friends and other supports, through the development of a person focused, integrated community based service system. Using a system of care approach, mental health, drug and alcohol, primary care, education, child protection, housing, juvenile justice, youth, family support, employment and other agencies would work together in a coordinated way that enhances the capacity of and meets the needs of the young person and their family/ friends and other support, holistically addressing all aspects of physical and mental health as well as social and

³² SA Health suite of social media mechanisms will be utilised under current policy settings.

community participation. This approach aims to address issues young people and their families have faced in the past in terms of not being able to access services when they need them, having to re-tell their story many times, facing avoidable gaps in service provision, being given inappropriate or unsuccessful referrals.

The three tiers in the System of Care are:

Tier 1: Primary care;

Tier 2: Specialist care with mental health expertise;

Tier 3: Specialist mental health services.

7.1 Tier 1 services

These are usually the first point of contact when problems start and provide the first line of response for most young people^{33 34}. Tier 1 services, however, generally have no formal mental health training; they identify when a person needs more specialist intervention and supports the person to seek help or makes the appropriate referral. These services may include:

- > Informal supports such as parents, family, educators, employers and friends
- > Health sector services such as General Practitioners (GPs), community health services, youth health, general hospitals and emergency departments
- > The education sector including schools, alternative education providers, TAFE colleges, universities
- > Non-government and community services such as youth services, homelessness services, cultural organisations, workplaces, sports clubs and community organisations
- > Mainstream government services such as juvenile justice, child protection and care services and Centrelink.

YHMS role

- > Consultation and liaison
- > Co-care – where a young person has an established relationship with another professional, (and with the consent of the young person) YMHS will provide mental health assessment and specific care to the young person along with advice to support the professional and enable them in the implementation of the Care Plan
- > Shared space –YMHS may partner, particularly with youth services, health services other agencies and community groups to provide its services within youth friendly and accessible environments
- > YMHS will advocate for (and in some cases facilitate/provide in partnership) opportunities for the community to be able to recognise and provide effective initial response to potential emerging mental health issues, for example youth mental health first aid
- > Share mental health or wellbeing promotion activities such as involvement in Youth Week, Mental Health Week, Drug Action Week, NAIDOC week or Sorry Day

³³ Yap, M.B.H., Reavley, N.J., Jorm, A.J. (2013) *ibid*

³⁴ Martínez-Hernández, A., DiGiacomo, S.M., Carceller-Maicas, N., Correa-Urquiza, M. and Martorell-Poveda, M. A. (2014) *ibid*

- > Provide in-kind support (eg support letters, advice) for funding applications for mental health or wellbeing promotion activities, social and recreational activities that support recovery for young people
- > Referrals in and out of the services.

7.2 Tier 2 Services

These services are health professionals such as private psychologists, social workers, some GPs who have some mental health training who tend to see young people who have moderate to severe disorders or those at higher risk of developing a mental health disorder. These interventions are generally provided in the community and school settings. These services have experienced a significant shift in recent times as the Medicare-funded primary mental health services usage increased threefold from 2006/07 to 2011/12³⁵, yet these and other Tier 2 services for young people, such as primary care face structural changes into the future with altered commonwealth priorities^{36 37}.

YMHS role

As above plus:

- > Convene Local Coordination Partnerships – some agencies may develop local partnerships with YMHS or will be involved in shared care of clients to the extent that involvement in the Local Coordination Partnership is indicated (eg headspace)
- > Co-care may in this instance indicate that YMHS are providing medically specific services, focussed mental health risk assessment, access to acute care while the Tier 2 professional provides the therapy and ongoing support
- > Partnering in or supporting mental health and wellbeing focussed group programs for young people – these may be social and recreational or specifically therapeutic in nature.

7.3 Tier 3 services

These services provide multidisciplinary intensive levels of care, crisis response and assertive outreach and inpatient services to young people who are difficult to engage and have complex needs.

YMHS role

As above plus:

- > Coordination across the continuum of care:
 - Between acute, sub-acute and community
 - Across private and public systems
 - Between non-government organisation services such as enhanced headspace and YMHS

³⁵ SA Health (2013) SA Health Aboriginal Culture and History Handbook Department of Health and Ageing

³⁶ McCann, W. (2012) Review of Non-Hospital Based Services. Office of Public Employment and Review. http://files.oper.sa.gov.au/files/health-report_final.pdf (accessed last 28/7/14)

³⁷ Commonwealth of Australia (2014) Budget 2014-15 Health, <http://www.budget.gov.au/2014-15/content/glossy/health/download/Health.pdf> (accessed last 28/7/14)

- > Sharing information to support young person's care
- > Clinically robust, consistent handover practices to ensure that care is transitioned between services in a safe and quality assured manner.

7.4 Relationship with CAMHS and Community Mental Health Services

YMHS will provide a developmentally appropriate, coordinated approach to young people's care across the 16 – 24 age range and across the levels of care required. As such, relationships between CAMHS, YMHS and AMHS will reflect a common focus on the best interests of the young person and a seamless transition across care. There will be mechanisms such as Local Coordination Partnerships and Information Sharing Protocols that reflect the unique collaborative relationship as different agencies each providing aspects of the same System of Care.

7.4.1 Information Sharing

YMHS operates across 11 different electronic client information systems; none of which are compatible and none of which are universal. Principally, these are the Community Based Information System (CBIS) in metropolitan community based mental health services and southern CAMHS, the Consolidated Country Client Management Engine (CCCME) in country community based mental health services and BART in Northern CAMHS and OACIS, a hospital based service that provides access to results and discharge summaries. In order to provide quality care for young people, an agreed information sharing protocol must be developed. This will be consistent with Information Sharing Guidelines³⁸, Young Offender's Act 39, Privacy Act 40 and Child Protection⁴¹ legislative requirements. For YMHS this will incorporate;

1. Consent gathered from young person/Carer at initial contact for Youth Mental Health Services (wherever possible)
2. Information provided to young people and the people that are important to them about the multi-agency nature of the Youth Mental Health Service system of care
3. Consent revisited on annual basis

³⁸ South Australian government Information Sharing Guidelines 2007/8

³⁹ Young Offenders Act 1993

<http://www.legislation.sa.gov.au/LZ/C/A/YOUNG%20OFFENDERS%20ACT%201993/CURRENT/1993.57.UN.PDF> (last accessed 28/7/14)

⁴⁰ Privacy Act 1988 <http://www.comlaw.gov.au/Details/C2014C00076> & Privacy Amendment (Enhancing Privacy Protection) Act 2012 <http://www.comlaw.gov.au/Details/C2012A00197/Download> (both last accessed 28/7/14)

⁴¹ Children's Protection Act 1993

<http://www.legislation.sa.gov.au/lz/c/a/childrens%20protection%20act%201993/current/1993.93.un.pdf> (last accessed 28/7/14)

4. Consistent handover practices regardless of agency of origin that includes a face to face, telephone or digital telehealth conversation to allow provision of;
 - Episode
 - Alerts
 - Activity
 - Care Plan
 - Legal Orders
 - Alternative Identifiers
5. Working towards a single client record system

7.4.2 Bed Based Services

Where a young person has an open episode of care within the community part of the Youth Mental Health Service, their Care Coordinator will support them in their in-patient stay through in-reach⁴², collaborative care with the in-patient staff and involvement in discharge planning and follow up community based support.

Young people aged 16 – 18 years

Young people under 18 will access acute in-patient services provided by the Women's and Children's Health Network (Boylan Ward).

Acute admissions to adult facilities for young people between 16 and 18 will be assessed on a clinical case by case basis though may occur infrequently under extenuating circumstances.

Young people aged 16 and 17 are currently able to access Intermediate Care Centres & Community Rehabilitation Care facilities in accordance with their Clinical Business Rules ⁴³ and Integrated Mental Health Units in country South Australia in accordance with their Model of Service⁴⁴.

Young people aged 16 and 17 in country South Australia can access Intermediate Care Services (ICS) currently as this is provided within the home⁴⁵.

Young people aged 18 years and over

⁴² Where in-reach cannot be provided in person due to geographical constraints, this may be facilitated through digital teleconferencing or other acceptable SA Health mechanisms (acknowledging the availability and nature of these may change into the future).

⁴³ Metropolitan Adelaide Adult Integrated Community Mental Health Teams Clinical Business Rules Final Draft July 2011

⁴⁴ Country Health SA Local Health Network (2014) Country Health SA LHN Integrated Mental health Inpatient Units Endorsed Service Model February 2014

⁴⁵ Country Health SA Local Health Network Mental Health Model of Care.

Young people over 18 will access adult inpatient services. This will include acute, Intermediate Care Centre (ICC), Community Rehabilitation Centre (CRC) facilities and Integrated Mental Health Units. Each young person will be assessed to determine their unique strengths and vulnerability and clinical procedures across the in-patient stay will be enacted accordingly. This is consistent with current Metropolitan Adelaide Adult Integrated Community Mental Health Teams Clinical Business Rules and Country Health SA Model of Care⁴⁶.

7.4.3 CAMHS

Young people 16 – 18 years may at times be accessing CAMHS rather than Youth Mental Health Services in the community as not all CAMHS services were in-scope for this process and only 80% of in-scope services resources were identified for initial transfer⁴⁷ Services for young people in juvenile detention, the CAMHS services in the APY lands, the Department of Psychological Medicine, CAMHS education services and perinatal mental health will continue to be provided by the Women's and Children's Health Network. The decision about whether other young people will access community based CAMHS services or YMHS will be made based on;

- > Pre-existing therapeutic relationship (ie a young person under 16 may have been accessing CAMHS for some time and their clinician (in partnership with the young person and their family) may decide to complete their episode of care with CAMHS rather than transfer automatically to YMHS.
- > CAMHS service provision may be more clinically appropriate for individual young people
- > CAMHS may offer a specialist service that the young person is unable to access within YMHS – for example Aboriginal and Torres Strait Islander specific services, group based programs, family therapy services.

7.4.4 Adult Mental Health Services

Young people aged 18 years and over may access the Adult Mental Health Services rather than Youth Mental Health Services where;

- > Clinically indicated to access a specific specialist service for example, Clozapine Clinic
- > Clinically and developmentally appropriate to make the transfer/be allocated prior to their 25th birthday, such as where the young person is assessed with a mental illness and it is deemed to be of greater benefit to build long term adult supports rather than initiate services within YMHS and make care transitions.

7.4.5 Transition between Services

On occasion young people may require the supports of alternate services within our system of care. Community based care coordinators will continue to have an active role in the support of a young person and their families; as they access acute, sub-acute and residential rehabilitation services.

⁴⁶ Referenced as Country Health SA LHN do not have an equivalent Business Rules document

⁴⁷ This is to be reviewed after 12 months operation of Youth Mental Health Services.

It is recognised that CAMHS and adult mental health services in South Australia, as in other jurisdictions⁴⁸, have maintained differing structures, focus for service provision, philosophy and culture. It is therefore unsurprising that transition points for young people's ongoing care have proven to be one of the most critical times for disengagement from mental health services⁴⁹. Transitions between CAMHS or Community Mental Health Services and the Youth Mental Health Service should be planned, undertaken in partnership with the young person and at a time when they are experiencing relatively stable emotional wellbeing⁵⁰. Clear, concise and relevant information regarding the likely time of transition should be readily available to young people along with their family, friends and other supports. This should include the processes for transition and any changes the young person is likely to experience on transition. Discussions around transitional process should begin 6 months prior to when the young person will likely transition.

On transition, the referral agency should receive detailed referring information regarding the care of that young person including risk assessments⁵¹.

Where relevant, co-care coordination of a young person by both CAMHS/AMHS and YMHS should occur. Successful co-care coordination will require strong communication between CAMHS/AMHS and YMHS as well as a flexible approach to suit the young person's needs. Co-care coordination should be undertaken as long as it takes for the young person to feel comfortable, supported and engaged with the new services. In some instances this may take 3 – 6 months in recognition of the primacy of therapeutic relationship for young people and their vulnerability to disengagement with services.

7.5 Youth specific mental health services

7.5.1 Staffing and multi-disciplinary teams

Consistent with current CAMHS and AMHS practice, staffing of YMHS will be multidisciplinary to ensure young people are holistically supported in developing wellbeing, mental fitness and engagement with life. Staff professional background across YMHS may include;

- > Occupational Therapists
- > Nurses
- > Medical staff
- > Social Workers
- > Aboriginal Mental Health Workers

⁴⁸ McLaren, S., Belling, R., Paul, M., Ford, T., Kramer, T., Hovish, K., Islam, Z., White, S. and Singh, S. (2013) Talking a different language': an exploration of the influence of organizational cultures and working practices on transition from child to adult mental health services.' *BMC Health Services Research* 2013, 13:254 <http://www.biomedcentral.com/1472-6963/13/254>

⁴⁹ Singh, S., Paul, M., Ford, T., Kramer, T., Weaver, T., McLaren, S., and Hovish, K. (2010) 'Mental healthcare: multiperspective study: Process, outcome and experience of transition from child to adult' *British Journal of Psychiatry BJP* 2010, 197:305-312. <http://bjp.rcpsych.org/content/197/4/305.full.pdf> (accessed 31/3/14)

⁵⁰ Singh et al 2010 *ibid*

⁵¹ Singh et al (2010) *ibid*

- > Psychologists
- > Rehabilitation Consultants
- > Peer Workers
- > Administration and support workers

There will be staff resources contributed according to a population share of 16 and 17 year olds from Women's and Children's Health Network to each LHN. Each Local Health Network will also designate staff resource proportionate to the population of 18 – 24 year olds to work within the YMHS.

Whilst specialist Youth Mental Health staff would provide the greatest level of service, it is expected that all staff working within the LHN will competently work with young people. It is expected that specialist staff would take a leadership role in supporting other staff to develop/grow their skills in youth centred practice.

The staffing configuration and governance structures of the YMHS across LHNs will vary as some LHNs will implement a specialist Youth Service and others will work on an integrated model and others will develop their YMHS in accordance with a community development approach.

7.5.2 Hours of operation

These services are accessible 24 hour, 7 days a week. Community based YMHS in each LHN will operate in business hours. Mental Health Triage and Emergency Triage and Liaison Service, acute care, ICC, CRC, IMHU and Women's and Children's Emergency Department will provide the after-hours component of services to young people.

7.6 Priority populations and other young people who experience significant barriers to mental health services

7.6.1 Priority Populations

The following young people will be given priority access to assessment and interventions due to the greater population prevalence of mental health issues and/or barriers to accessing mental health services.

- > Young people from an Aboriginal and Torres Islander background^{52 53 54};
- > Young people from a culturally or linguistically diverse background⁵⁵ in particular recent arrivals and refugees^{56 57},

⁵² Chalmers, K.J., Bond, K.S., Jorm, A.F., Kelly, C.M., Kitchener, B.A. and Williams-Tchen, AJ (2014) *ibid*

⁵³ McNamara, PM. (2013) Adolescent suicide in Australia: Rates, risk and resilience

School of Social Work and Social Policy, La Trobe University, Australia *Clinical Child Psychology and Psychiatry* 18(3) 351–369

⁵⁴ Elliott-Farrelly, T. (2004) Australian Aboriginal suicide: The need for an Aboriginal suicidology?

Australian e-Journal for the Advancement of Mental Health (AeJAMH), Volume 3, Issue 3, 2004

⁵⁵ Gorman, D., Brough, M. and Ramirez, E. (2003) How young people from culturally and linguistically diverse backgrounds experience mental health: Some insights for mental health nurses. *International Journal of Mental Health Nursing* (2003) 12, 194–202 June 2003.

⁵⁶ McNamara, PM. (2013). *ibid*

- > Young people who are under the Guardianship of the Minister or post-care⁵⁸ 59;
- > Young people with a disability or developmental delay⁶⁰;
- > Young people who are homeless or at risk of homelessness⁶¹ 62;
- > Young people with co-occurring mental health and drug and alcohol issues⁶³ 64.

Other groups of young people who experience higher rates of mental ill health or barriers to accessing mental health services include;

- > Young people who are children of people with mental illness or drug and alcohol issues⁶⁵;
- > Young people who have experienced physical⁶⁶, sexual⁶⁷ or emotional abuse, neglect⁶⁸ and/or other trauma⁶⁹;

⁵⁷ **Ignacio Correa-Velez, I., Gifford, S.M. and Barnett, A.G. (2010)** Longing to belong: Social inclusion and wellbeing among youth with refugee backgrounds in the first three years in Melbourne, Australia. *Social Science & Medicine* 71 (2010) 1399e1408

⁵⁸ **McCluskey, Trish.** Leaving Care [online]. *Parity*, Vol. 23, No. 5, July 2010: 29-30. Availability: <<http://search.informit.com.au.ezproxy.flinders.edu.au/documentSummary;dn=618019372305998;res=ELFSC>> ISSN: 1032-6170. [cited 06 Jul 14].

⁵⁹ **Grainger, N. (2010)** Leaving Care without Losing Care [online]. *Parity*, Vol. 23, No. 5, July 2010: 31. Availability: <<http://search.informit.com.au.ezproxy.flinders.edu.au/documentSummary;dn=618038005277256;res=ELFSC>> ISSN: 1032-6170. [cited 06 Jul 14].

⁶⁰ **Mendes, P. and Snow, P. (2014)** The needs and experiences of young people with a disability transitioning from out-of-home care: The views of practitioners in Victoria, Australia *Children and Youth Services Review* 36 (2014) 115–123

⁶¹ **Flatau, P., Thielking, M., Steen, A. and MacKenzie, D. (2012)** The real costs of homelessness for young people *Parity*, Vol. 25, No. 6, Sept 2012: 6-7. Availability: <<http://search.informit.com.au.ezproxy.flinders.edu.au/documentSummary;dn=931004650655312;res=ELFSC>> ISSN: 1032-6170. [cited 06 Jul 14].

⁶² **Innes, A. (2014)** The homeless youth dual diagnosis initiative and the road home - roadwork in progress [online]. *Parity*, Vol. 27, No. 1, Feb 2014: 40-41. Availability: <<http://search.informit.com.au.ezproxy.flinders.edu.au/documentSummary;dn=196401333667293;res=IELHSS>> ISSN: 1032-6170. [cited 06 Jul 14].

⁶³ **Patton, G.C; Coffey, C., Carlin, J. B and Degenhardt, L.(2002)** Cannabis use and mental health in young people: Cohort study *British Medical Journal, International edition* 325.7374 (Nov 23, 2002): 1195-8.

⁶⁴ **Venning, A. Wilson, A. Kettler, L. and Elliott, J. (2013)** 'Mental Health among Youth in South Australia: A Survey of Flourishing, Languishing, Struggling, and Floundering' *Australian Psychologist* 48 (2013) 299–310

⁶⁵ Gatt, J. M., Burton, K.L.O., Schofield, P.R., Bryant, R.A., and Williams, L.M. (2014) The heritability of mental health and wellbeing defined using COMPAS-W, a new composite measure of wellbeing *Psychiatry Research* 219 (2014) 204–213 Council for Educational Research.

⁶⁶ **Perry, B.D. (2001)** 'The neurodevelopmental impact of violence in childhood.' Chapter 18: In *Textbook of Child and Adolescent Forensic Psychiatry*, (Eds., D. Schetky and E.P. Benedek) American Psychiatric Press, Inc., Washington, D.C. pp. 221-238, 2001

⁶⁷ **Boyd CP, Hayes L, Nurse S, Aisbett D, Francis K, Newnham K, Sewell J (2011)** Preferences and intention of rural adolescents toward seeking help for mental health problems *Rural and Remote Health* 11: 1582. (Online), Available from: <http://www.rrh.org.au>

⁶⁸ **Perry, B.D. (2001)** *ibid*

⁶⁹ **Mills, R., Scott, J., Alati, R., O'Callaghan, M., Najmane, S., and Lane, J.M.** Child maltreatment and adolescent mental health problems in a large birth cohort

- > Young people involved in the justice and forensic systems⁷⁰;
- > Young people disengaged or at risk of disengagement from education⁷¹ (schools and further education) or employment⁷²; Young people who have mental health issues lesbian, gay, bisexual, transgender, intersex and queer (LGBTIQ) identities (may include issues arising from discrimination)^{73 74 75 76 7778};
- > Young people living in rural and remote South Australia^{79 80};
- > Young people with gambling issues⁸¹;
- > Young people living in poverty^{82 83};
- > Young people with multiple and complex needs⁸⁴.

⁷⁰ **Cruise, K. R., & Ford, J. D. (2011).** Trauma exposure and PTSD in justice-involved youth. *Child & Youth Care Forum*, 40(5), 337-343. doi:<http://dx.doi.org/10.1007/s10566-011-9149-3>

⁷¹ **Breslau, J., Miller, E., Chung, J. and Schweitzer, J.B. (2012)** Childhood and adolescent onset psychiatric disorders, substance use, and failure to graduate high school on time *Journal of Psychiatric Research* 199 2012 51-57

⁷² **Harris, A. and Anderson, J. (2009)** The effects of mental illness on young people's participation in the workforce [online]. *Journal of Occupational Health and Safety, Australia and New Zealand*, Vol. 25, No. 1, Feb 2009: 19-27. <http://search.informit.com.au.ezproxy.flinders.edu.au/documentSummary;dn=200904178;res=IELAPA>> ISSN: 0815-6409 .

⁷³ **Hillier L, Jones T, Monagle M, Overton N, Gahan L, Blackman J and Mitchell A. (2010)** Writing Themselves In 3 (WTi3). The third national study on the sexual health and wellbeing of same sex attracted and gender questioning young people. *The Australian Research Centre in Sex, Health and Society*, La Trobe University.

⁷⁴ **King, M., Semlyen, J., See Tai, S., Killaspy, H., Osborn, D., Popelyuk, D. and Nazareth, I. (2008)** A systematic review of mental disorder, suicide, and deliberate self-harm in lesbian, gay and bisexual people *BMC Psychiatry* 2008, 8:70

⁷⁵ **McNamara, PM. (2013)**

⁷⁶ **Lea, T., Reynolds, R. and De Wit, J. (2013)** Alcohol and other drug use, club drug dependence and treatment seeking among lesbian, gay and bisexual young people in Sydney. *Drug and Alcohol Review* (May 2013), 32, 303–311

⁷⁷ **Grossman, A.H. & D'Augelli, A.D. (2006):** Transgender Youth, *Journal of Homosexuality*, 51:1, 111-128 To link to this article: http://dx.doi.org/10.1300/J082v51n01_

⁷⁸ **Murray Couch, M., Pitts, M., Mulcare, H., Croy, S., Mitchell, A. and Patel, S. (2007)**

Tranznation: A Report on the Health and Wellbeing of transgender people in Australia and New Zealand *Australian Research Centre in Sex, Health & Society (ARCSHS)* La Trobe University

⁷⁹ **Venning, A. Wilson, A. Kettler, L. and Elliott, J. (2013)** 'Mental Health among Youth in South Australia: A Survey of Flourishing, Languishing, Struggling, and Floundering' *Australian Psychologist* 48 (2013) 299–310

⁸⁰ **McNamara, PM. (2013)**

⁸¹ **Splevins, K., Mireskandari, S., Clayton, K. and Blaszczyński, A.W. (2010)** Prevalence of Adolescent Problem Gambling, Related Harms and Help-Seeking Behaviours Among an Australian Population

Journal of Gambling Studies Volume 26, Issue 2 Pages: 189-204

⁸² **Page, A., Morrell, S., Hobbs, C., Carter, G., Dudley, M., Duffou, J. and Taylor, R. (2014)** Suicide in young adults: psychiatric and socio-economic factors from a case-control study

BMC Psychiatry 2014, 14:68 <http://www.biomedcentral.com/1471-244X/14/68> McNamara, date 2014

⁸³ **McNamara, PM. (2013)** *ibid*

⁸⁴ **Beadle, S. (2009).** Complex solutions for complex needs: towards holistic and collaborative practice *Youth Studies Australia*. 28.1 (Mar. 2009): p21.

Identification with these communities will inform the assessment of need and risk of disengagement with YMHS. Care Coordination will be more assertive when working with these young people so they do not fall through the gaps in systems.

7.6.2 Engagement

Young people at high risk of developing serious mental illness are often not assertive seekers of assistance^{85 86 87}. We need to be mindful of the high incidence of mental ill health in a population with the lowest rate of help seeking. This awareness should result in service design that is assertive and engaging to reduce the risk of young people needing to reach crisis point before they find support. This focus on engagement needs to take place in an ecological framework, with the young person being welcomed into the service by friendly administrations staff, individually engaged by the worker, the family or other supports being welcomed and seen as partners, the environment and staff being conducive to engagement and the service meeting young people's needs^{88 89}. Young people often do not know what to expect when accessing a mental health service⁹⁰ and many of the priority populations have reported disbelief in the efficacy or mistrust in accessing support^{91 92 93}.

Staff will have training and development in engaging with the unique needs of priority populations, including training from young people themselves. To this end, all staff, including frontline administration, care coordinators, medical specialists will practice in a culturally competent manner. This will build over time until the YMHS is recognised as culturally safe space.

⁸⁵ **Yap, M.B.H., Reavley, N.J., Jorm, A.J. (2013)** *ibid*

⁸⁶ **Pedersen, E.R. and Paves, A.P. (2014)** Comparing perceived public stigma and personal stigma of mental health treatment seeking in a young adult sample *Psychiatry Research* 219(2014)143–150

⁸⁷ **Martínez-Hernández, A., DiGiacomo, S.M., Carceller-Maicas, N., Correa-Urquiza, M. and and Martorell-Poveda, M. A. (2014)** *ibid*

⁸⁸ **Muir, K., Powell, A. and McDermott, S. (2012)**, 'They don't treat you like a virus': youth-friendly lessons from the Australian National Youth Mental Health Foundation. *Health & Social Care in the Community*, 20: 181–189. doi: 10.1111/j.1365-2524.2011.01029.x

⁸⁹ **Kim, H.S., Munson, M.R. and McKay, M.M. (2012)** Engagement in Mental Health Treatment Among Adolescents and Young Adults: A Systematic Review. *Child and Adolescent Social Work Journal* 2012 29:241–266

⁹⁰ **Watsford, C., Rickwood, D. and Vanags, T. (2013)** Exploring young people's expectations of a youth mental health care service *eip_361 131.137 Early Intervention in Psychiatry* 2013; 7: 131–137

⁹¹ **Munson, M.R. Scott, L.D. Jr, Smalling, S.E., Kim HS. and Floersch, J.E. (2011)** Former system youth with mental health needs: Routes to adult mental health care, insight, emotions, and mistrust *Children and Youth Services Review* 33 (2011) 2261–2266

⁹² **Innes, A. (2014)** The Homeless Youth Dual Diagnosis Initiative and The Road Home — Roadwork in Progress *Parity*, Feb 2014, Vol.27(1), p.40-41

⁹³ **Chalmers, K.J., Bond, K.S., Jorm, A.F., Kelly, C.M., Kitchener, B.A. and Williams-Tchen, AJ (2014)** *ibid*

The YMHS will take account of the psychosocial characteristics of young people's lives in making assessments in relation to strengths, risks and vulnerabilities. This may be manifested in many ways but will include such strategies as;

- > Persistent attempts to promote engagement and develop rapport
- > A genuinely curious approach to understanding the lives of young people
- > Frequent checking-in regarding understanding of complex systems and their impact on the young person

For Aboriginal or Torres Strait Islander young people, this should be undertaken in a culturally sensitive manner⁹⁴ including;

- > In an appropriate location where the young person is comfortable (eg their home)
- > Clinicians understanding the impact of their culture of origin, gender and structural inequity within the interaction
- > Clinicians utilising culturally appropriate introductions, enquiry and use of their own body language
- > Clinicians enquiring non-judgementally about the young person's connections to family and kinship networks
- > Non-Aboriginal Clinicians working in partnership with Aboriginal Mental Health workers or cultural consultants where this is preferred by the young person
- > Clearly negotiating limits to confidentiality
- > Enquiring about issues in their community or family for their involvement in mental health services such as retribution or payback
- > Explore the young person's connection to their Aboriginal belief system and what interventions might already have been undertaken within their community
- > Offer to work in partnership with a Nangkarri or traditional healer where this is available

7.7 Youth friendly space

The Youth Mental Health Services will, wherever possible, work within youth friendly spaces. This may include partnering with other youth/youth mental health agencies to share premises, meeting the young person in their home or in a public place of their choice (where it is safe and appropriate to do so), re-decorating existing spaces in partnership with young people to be more youth friendly. These initiatives will be mindful of the heterogeneity of young people's experience and particularly aim to include elements that welcome young people from diverse populations eg young people who identify as LGBTIQ, Aboriginal and Torres Strait Islander young people. This may include artwork, posters and brochures, celebration of cultural festivals and dates. This should be designed or altered in consultation and close partnership with young people who identify with these communities. This may also include discrete waiting spaces and spaces for children to play (acknowledging parenting responsibilities, family or cultural obligations to provide care).

⁹⁴ Westerman, T. (2010) *ibid*

Youth friendly spaces should also incorporate practical additions such as phones, computers with internet access, ideally wi-fi access, public transport timetables and information, a place to charge phones or a charging station suitable to multiple phones. These strategies will be undertaken in the knowledge that even small efforts to co-develop welcoming spaces demonstrate good faith in the unique expertise of young people and are likely to promote greater engagement and commitment from young people to accessing and working with the services⁹⁵.

7.8 Service delivery and care pathways

(See Appendix 2 for diagrammatic representation)

7.8.1 Access

Referral

Young people (and family, friends and other supports of the young person's behalf) will be able to access YMHS through multiple entry points. These may include;

- > MHT/ETLSPhone
- > Walk in⁹⁶
- > Referral (eg from external agencies, education providers, GPs)
- > LCP meeting – referred from CAMHS /headspace/other participating MH agency
- > Emergency Department

Every door is the right door

The services will be open and available. All young people presenting to youth mental health services will be offered an assessment, and triaged according to risk which will allow:

- > The young person and their supports an opportunity for their story to be heard and valued
- > Youth mental health services to understand the presenting issue according to the young person
- > Enough information for the youth mental health services and the young person to explore the most appropriate service, information and/or intervention, and make appropriate referrals when required

⁹⁵ **Muir, K., Powell, A. and McDermott, S. (2012)**, 'They don't treat you like a virus': youth-friendly lessons from the Australian National Youth Mental Health Foundation. *Health & Social Care in the Community*, 20: 181–189. doi: 10.1111/j.1365-2524.2011.01029.x

⁹⁶ The availability of this element of service is variable across LHNs due to external funding. However, it is recognised as good practice in youth mental health service provision eg for Aboriginal or Torres Strait Islander young people who may have family obligations arise unexpectedly.. Young people may walk in to services in which the YMHS operates, such as when delivering services from a youth service or headspace. Young people may walk into CMHC, though this is not a common occurrence and not advertised. Young people aged 16 and 17 can also currently access NALHN's Commonwealth funded Walk In service and will continue to be able to while this service model exists.

YMHS clinicians will be competent and confident to identify or recognise early presentations of mental health issues, and will use a 'staged' approach, sensitive to the current needs of a young person.

Criteria for youth specific mental health services

Youth Mental Health Services will work with young people:

- > Whose mental health needs are currently not being met by existing Tier 1 (primary care) and Tier 2 services
- > Who require a more intensive, assertive mental health service to enable assessment, treatment and support
- > Who have moderate to high risk due to their mental health issues triaged according to mental health assessment criteria
- > Who require an integrated multi-disciplinary service not currently available through Tier 1 and 2 services

Families, friends or service providers may also contact YMHS if they are concerned about a young person who hasn't yet accessed the service to allow a confidential conversation about possible strategies or referral options. This will be recorded as an 'informal' interaction for the purpose of client information systems

7.8.2 Initial Assessment

Every contact with a young person provides a significant opportunity to enhance their wellbeing and to assist them in help-seeking behaviour. In recognition of this and the fact that young people most often access support from peers in the first instance, each contact is also an opportunity to enhance the reputation of YMHS as safe welcoming services. Watsford found that young people's first experience of a service has a significant influence on whether they would come back⁹⁷. Therefore it is critical that every contact a young person makes with a service, directly or indirectly, is a welcoming, supportive experience. If it is assessed that YMHS is not the appropriate for the young person's needs, the YMHS clinician will assist them in accessing other services. Through the LCP and the Regional Interagency Networks, clinicians will have excellent knowledge and connections to local agencies. The clinician will ensure directly via the other agency that they are able to provide a service to the young person. If the young person feels confident and capable of completing this process independently (or with existing supports if referred from another agency, provider), they will do so. However, if the young person is from one of the priority populations or requires further advocacy or connection, YMHS will support the referral process until they can be sure the young person is actively accessing the second service. This ensures that the young person has a good experience, learns about navigating systems and promotes their sense of safety in returning to the service themselves when they need it or with a friend who may require the service in future.

⁹⁷ Watsford, C., Rickwood, D. and Vanags, T. (2013) Exploring young people's expectations of a youth mental health care service eip_361 131..137 *Early Intervention in Psychiatry* 2013; 7: 13

If it is assessed that the young person would benefit from YMHS, every effort is made to link them in with their permanent worker as soon as possible. This recognises the importance of the therapeutic alliance^{98 99} and seeks to build trust and consistency with the young person from the beginning of service. Therefore;

- > Wherever possible, arrangements for follow-up contact are made at the time of assessment¹⁰⁰.
- > Follow-up is provided by the appropriate worker (the assessing worker where practicable ¹⁰¹ and indicated)
- > Therapeutic responses are incorporated at every contact.

Due to the ongoing impact of the history of Aboriginal people in Australia, there are more likely to be significant grief and loss issues. These may include;

- > Loss of family and kinship networks due to forced removal
- > Loss of connection to culture
- > Impact of dealing with racism
- > Impact of ongoing discrimination
- > Higher suicide and self-harm rates
- > Difficulty in parenting and other relationships due to history of trauma
- > Higher incidence of trauma and abuse

Grieving practices within Aboriginal culture may dictate that the deceased is not named. This may cause confusion or result in unintended offence if the clinician is not culturally aware.

7.8.3 Further Assessment and care planning

Young people are allocated a Care Coordinator at the time of referral – there are no waiting lists. Contact is made with referrer/client within one business day. Contact is offered depending on clinical assessment of need and the young person's availability; ideally within 3-5 business days from the date of referral. This is consistent with AMHS current practice¹⁰².

The current assessment process will be used which includes mental state, safety and risk assessment and any indications for psychiatric review. For young people, the assessment process will include specialist questions tailored to the developmental need, environmental and psychosocial circumstances appropriate to young people. This enables the ongoing use of the CBIS and CCCME systems with minor modifications¹⁰³.

⁹⁸ **Beadle, S. (2009).** *ibid*

⁹⁹ **Watsford, C., Rickwood, D. and Vanags, T. (2013)** *ibid*

¹⁰⁰ Where young people enter the service via MHT, ETLs or a Walk In service, this is not possible due to the structure of the service.

¹⁰¹ As above

¹⁰² Metropolitan Adelaide Adult Integrated Community Mental Health Teams Clinical Business Rules Final Draft July 2011

¹⁰³ As the Youth Mental Health System is established, further work will be undertaken to develop or adopt a Youth Specific Mental Health Assessment Tool.

The Care Plan is developed with the client, their family, friends or other supports as relevant to the young person's lifestyle. The Care Coordinator will be responsible for the young person's care throughout the episode of care and across settings, however, professionals from other disciplines may also be involved in treatment and planning. This can include:

- > Supporting care plan review and monitoring
- > Ensuring liaison with and information flow to the GP and other providers involved in the delivery of care
- > Ensuring that all required and appropriate service partners are involved in the care planning and delivery process
- > Assisting in the recovery of self-management practices by young people in partnerships with family, friends and other supports wherever possible and appropriate.

7.8.4 Treatment and support

The Care Plan will be an individually tailored response to the young person's need, taking into account their strengths, capacity, development and support mechanisms.

Treatment interventions provided may include:

- > Individual therapy (including but not limited to CBT, ACT, DBT, narrative therapy, supportive counselling)
- > Group work
- > Family work
- > Trauma informed care approach
- > Medical care including medication initiation/ review
- > Coordination (as appropriate) where the primary goal is the overall management of care for an individual with more complex needs and where there are a number of non-government and primary care services involved.
- > In-reach to acute and ICC/CRC/IMHU
- > Acute care¹⁰⁴
- > Step-down care¹⁰⁵
- > Physical assessment
- > Alcohol and other drugs assessment
- > Co-care with GPs, partner agencies and other service providers
- > Consultation and liaison services to support Tier 1 and 2 services.
- > Referrals to other services/agencies as appropriate.
- > Metabolic monitoring

¹⁰⁴ Existing WCH and LHN services

¹⁰⁵ Existing LHN services

Aboriginal and Torres Strait Islander people have traditionally held views of social and emotional wellbeing and the context and circumstances under which this is functional that consider a person as an intrinsic part of a complex web of inter-related people within family, community and cultural networks in symbiotic connection with country¹⁰⁶. Western medical models of mental illness or its absence do not readily align with these understandings and frequently fail to take account of their critical importance in terms of wellbeing¹⁰⁷. YMHS practitioners will seek out the young person's understanding of their issue and will respect and tailor their intervention to take account of this. For example, diagnosis of mental illness may not be accurate¹⁰⁸ or may not provide further insight, support or information for response for the young person.

Young people from Aboriginal and Torres Strait Islander background may prefer their YMHS clinician works in conjunction with a Nangkarri or traditional healer. It is important that the dynamic of this relationship reflects the specialist expertise that a Nangkarri may bring to a young person's treatment and support¹⁰⁹.

7.8.5 Continuity of care

Length of episode of care will be determined in partnership with the young person and tailored to clinical need. For some young people, their involvement may be characterized by a brief intervention model. There will be some young people who will choose to manage an initial set of issues or crisis and move on. There will be young people whose complex needs or severity of illness will mean a long therapeutic involvement. There will be no time limit set (beyond age) for young people's engagement with the service. Average length of episode will be measured across Youth Mental Health to assist with service planning into the future.

7.8.6 Care review

Care review including review of care plan, interventions and risk assessment will occur every three months or with major change in clinical condition (consistent with National Mental Health Standards¹¹⁰.) This is indicated where the young person

- > Requests a review
- > Declines treatment and support
- > Is at significant risk of injury to themselves or another person
- > Receives involuntary treatment or is removed from an involuntary order
- > Is transferred between service sites
- > Is going to exit the YMHS
- > Is observed through monitoring of their outcomes (satisfaction with service, measure of quality of life, measure of functioning) to be in decline.

¹⁰⁶ Combined Universities, 2006 ibid

¹⁰⁷ Vicary, D. and Westerman, T. (2004) ibid

¹⁰⁸ Westerman, T. (2010) ibid

¹⁰⁹ Westerman, T. (2010) ibid

¹¹⁰ National Standards for Mental Health Services 2010, 2010, Australian Government, Canberra <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-n-servst10-toc> accessed 31/4/14

7.8.7 Transition Points

As the young person approaches the end of their episode, transition will take place in the same planned partnership fashion that characterised their care journey. This means that exit from YMHS occurs in close consultation with the young person and where relevant, their family/friends/other supports. Information sharing will be planned so that ongoing care can take best advantage of the work done within YMHS. There will be easy entry back into the system, should it be necessary.

From YMHS, transition services could be;

- > Adult Community Mental Health Services
- > Community support
- > ATAPS
- > GP
- > Primary Care eg Youth Health or LHN adult primary care

7.8.8 Re-entry

There will be minimal barriers to re-entry. Young people and their significant others will know how to, and be encouraged to contact the YMHS when required during or after transition.

Young people may re-refer themselves back to the service via their former Care Coordinator, (where this is possible) or via the duty worker if leave or other factors mean their Care Coordinator is not available (or not suitable). They will not need to re-access the service through Mental Health Triage or ETLIS.

This worker triages call. If further service is required, the young person's episode is reopened. At times, the young person may be referred back to the discharge plan with further encouragement/assistance in following through with the plan.

If the young person does re-enter the service, follow up will be with the previous worker wherever possible unless otherwise indicated eg the issues raised would benefit from another approach or discipline.

7.8.9 Communication

The use of digital communication technologies has been found to be useful to young people to increase access to make contact with hard to reach populations 111). It has been found that treatment can be delivered effectively with fidelity and it has been found that young people and their families find it useful 112.

¹¹¹ Roy, H. and Gillett, T. (2008) People Failing to Engage with Mental Health Services? A Case Study E-mail: A New Technique for Forming a Therapeutic Alliance with High-risk Young Clinical Child Psychology and Psychiatry 13 (1)

¹¹² Katherine M. Boydell, K.M., Hodgins, M., Pignatiello, A., Teshima, J., Edwards, H. and Willis, D. (2014) Using Technology to Deliver Mental Health Services to Children and Youth: A Scoping Review *Journal of the Canadian Academy of Child Adolescent Psychiatry*. May 2014; 23(2): 87–99.

Effective communication with young people utilising tools and methods relevant to their lives will be employed. This will initially include face to face, telephone, digital tele-conferencing, SMS and email communication. These tools will be governed by a set of boundaries which must be agreed between the clinician and the young person. This agreement will be consistently applied across YMHS for the purpose of clarity of role for both workers and young people.

- > Where the clinician has a work mobile phone, clients may be given this number and advised that workers only pick up calls and messages in business hours
- > After hours contact numbers are provided
- > The young person agrees to not use SMS to disclose risk and self-harming behavior/ideation and to contact after hours numbers provided or emergency services
- > SMS may be used for confirmation and reminder of appointment times and arranging a time to check in on a young person's wellbeing (eg by telephone call within business hours.)
- > The young person may text/call the clinician after hours but knows that the worker will not receive the message until the next business day (or as agreed in the instance of leave)
- > Email may be used for passing on therapeutic materials e.g. fact sheets, links, session summaries or referral to websites for information
- > Email is not used for individual therapeutic conversations

Where the clinician is not provided with a work mobile number, they may utilise the email functions on their computer to send SMS to mobile phones. Workers can also use a generic email address for communication with clients.

7.8.10 Consultation and liaison services

Youth Mental Health Services will provide information and support to primary care and enhanced primary care providers including through;

- > Training
- > Advice
- > Consultancy
- > Seamless transition into and out of their service

8. Services for other priority groups and specific disorders

Youth Mental Health Services will evolve to meet young people's needs in accordance with available resources. Currently there are particular services within the LHNs and WCHN which specialize in treatment of specific disorders such as State-wide Eating Disorders Service (which became operational in 2014) and Dialectical Behaviour Therapy groups in AMHS. The non-government sector is also developing specific services such as Enhanced headspace which focusses on working with young people who may experience early psychosis or are at 'ultra-high risk' in terms of their mental health issues. YMHS will work effectively with partners across sectors to support young people in the best manner possible.

As Youth Mental Health Services are established, a diversity of services can be explored and developed, some in partnership with other agencies and all in accordance with young people's needs.

8.1 Services for priority populations

The establishment of YMHS is focussed on the development of community based services for young people across populations with a component of assertively supporting priority populations. YMHS, however, will continue to develop into the future, particularly in services tailored to priority populations. Specific services will be developed in close partnership with young people from that population, local services and communities. This is particularly important when working with Aboriginal and Torres Strait Islander and CALD or refugee communities. In the interim, Youth Mental Health Services will ensure that it;

- > Provides culturally accessible and acceptable services
- > Works respectfully and effectively in partnership with services specifically supporting priority populations such as Families SA, Aboriginal controlled health organisations, CALD support services, homelessness services and disability services
- > Seeks advice from appropriate bodies to improve service provision on an individual and population level
- > Involves young people and their supports from priority populations in representative functions to promote accessibility and accountability and
- > Examines the effectiveness of these initiatives as part of its evaluation.

9. Use of technologies

Youth Mental Health Services Clinicians will be flexible, dynamic and committed to ongoing learning and development in their work to best meet a young person's needs. As part of its focus on innovation, YMHS will utilise technologies to support young people's care where appropriate. This might include referral to online support services such as e-headspace, the use of evidence based apps or other devices eg pedometer, jawbone as either an adjunct to therapy or as a tool to facilitate therapeutic outcomes.

Decisions to use these technologies will be made in an ethical and evidentiary fashion. The clinician will ensure the proposed strategy is

- > Not harmful
- > Is useful to the young person
- > Is accessible to the young person
- > Ethical boundaries and use are agreed as part of the therapeutic alliance
- > Understood by worker
- > Understood by the young person

Available technologies will change over time given price, advances, usefulness and youth culture. Youth Mental Health Services will seek information including about research project such as the Young and Well Towns project to inform high quality decision making.

10. Evaluation of Youth Mental Health Services

10.1 Standards and monitoring

Clinical governance, safety and quality mechanisms that currently exist within LHNs will apply to the YMHS. These will include accountability to the National Safety and Quality Health Service Standards 113, National Standards for Mental Health Services¹¹⁴, existing quality assurance processes and an adherence to Youth Participation mechanisms.

10.2 Outcome measurement

National Outcome and Case Mix Collection Data (NOCC115) will continue to be used and reported on as is currently occurring. Youth Mental Health Services will utilise the Child and Adolescent set of Health of the Nation Outcomes Ratings Scales. This is a result of a decision made by a group of 45 clinicians across all Local Health Networks made in June 2014¹¹⁶. It is a reflection of the belief that the HoNOS-CA is able to better recognise the contextual factors and support networks that are developmentally relevant to young people¹¹⁷. Further recommendations on other casemix measure will be made by the Service Development and Monitoring Group (see 9.3.1) convened under the Project Implementation Committee.

YMHS will record all episodes opened by local Adult Mental Health Service teams, hospitals, Mental Health Triage, Emergency Triage and Liaison Service. For reporting purposes all multi-disciplinary assessments and interventions will be captured on CCCME or CBIS.

As has been agreed by the State-wide Mental Health Executive Committee in September 2013, measurements to indicate percentage of overall youth population accessing YMHS will be taken using the 2011 census data. These will be broken down into;

- > Age
- > Aboriginal and Torres Strait Islander status
- > Culturally and Linguistically Diverse background
- > Place of residence
- > Education/Employment status

Service delivery information will be collected including;

- > Length of time from referral to first assessment

¹¹³ Australian Commission on Safety and Quality in Health Care (ACSQHC) (September 2011), National Safety and Quality Health Service Standards, ACSQHC, Sydney. <http://www.safetyandquality.gov.au/wp-content/uploads/2011/09/NSQHS-Standards-Sept-2012.pdf> accessed 31/3/14

¹¹⁴ National Standards for Mental Health Services 2010, 2010, Australian Government, Canberra <http://www.health.gov.au/internet/publications/publishing.nsf/Content/mental-pubs-n-servst10-toc> accessed 31/4/14

¹¹⁵ National Mental Health Strategy, *National Standards for Mental Health Services 2010*. 2010, Australian Government, Canberra. Measuring Youth Mental Health (2014) A workshop convened and facilitated by Peter Coombs and Tim Brann on behalf of AMCHON.

¹¹⁶ **Brann, P., Alexander, M. and Coombs, T. (2012)** Routine outcome measurement in youth mental health: A comparison of two clinician rated measures, HoNOSCA and HoNOS *Psychiatry Research* 200 (2012) 884–889

- > Place of first assessment
- > NOCC scores on initial assessment
- > NOCC scores on discharge
- > Family involvement
- > Referrals made
- > Length of episode
- > Young person engagement in care plan development/review

A review process will be set up at the 12 month mark from the implementation of the Youth Mental Health Service (September 2015) to determine the following:

- > Key Performance Indicator targets from the measurement list with review of any targets set at regular twelve month intervals.
- > Review the measurements to make any changes to ensure ongoing relevance

There will then be a regular review process occurring annually from the initial review date.

Being a new service, these measures will be compared against LHN and WCHN data, interstate and internationally in the first instance and then as data from YMHS is accrued, Key Performance Indicators will be developed based on these measures.

10.3 Evaluation and research

10.3.1 Service Development and Monitoring Group

The Service Monitoring and Evaluation sub-committee has been established under the SYMHPIC and will be responsible for developing and implementing an Evaluation Plan for the YMHS. This group includes clinical representation from existing mental health services, and university and research partners. The group will determine the best method for gathering qualitative data from the YMHS. There is significant support for the inclusion of wellbeing measures in the evaluation to connect to the purpose of YMHS. There is also an expressed need to connect the information gathered with clinical practice so that collection is organic, meaningful and applicable to practice.

10.3.2 Professional Engagement

Youth Mental Health Services will engage with tertiary education sector to promote research and development that contributes to evidence base for youth mental health. YMHS will also share innovative practice through publication, presenting at conferences and seminars and where appropriate, training of other professionals.

11. Workforce development

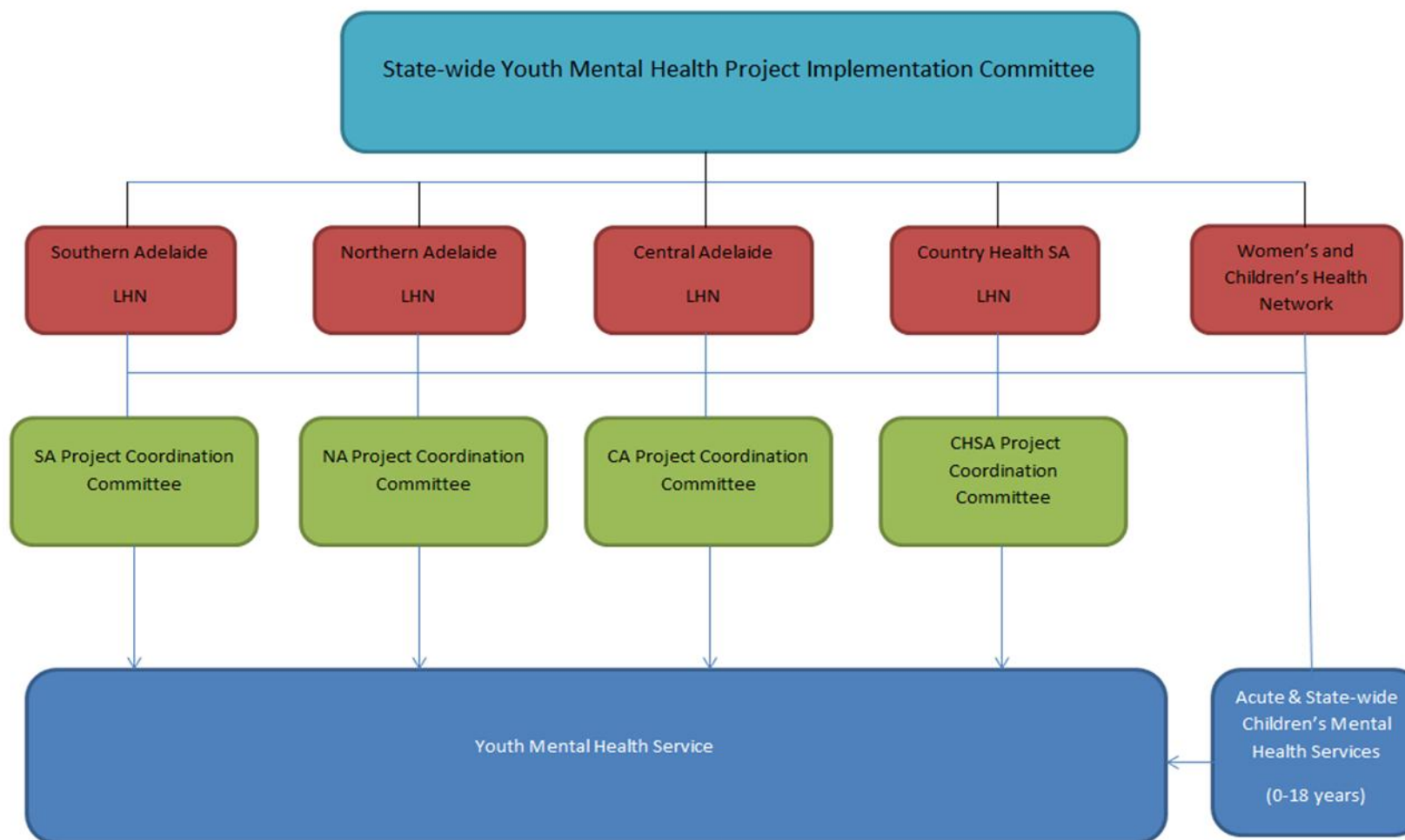
Youth Mental Health Services will have a commitment to innovation and excellence. A culture of ongoing learning, training and development will be fostered to grow practice across the service. All staff within the service will be actively engaged through the year through Performance Development and Review Processes to be continuously improving their work, together with the processes that operate YMHS.

A Training and Development committee comprised of a multi-disciplinary group from across LHNs has been established with the remit of developing and implementing a Training Plan for YMHS. The plan is to include a baseline level of education and training across all workers in YMHS and an intensive, comprehensive, lengthy program of learning and development to develop a core body of specialist skilled clinicians. This will be supported by 'placement', supervision, mentoring and other support mechanisms to support reflexive practice and ongoing learning. These people will then form the backbone of local training and development of the mainstream AMHS workforce and will provide mentoring, consultation and liaison as appropriate for their colleagues.

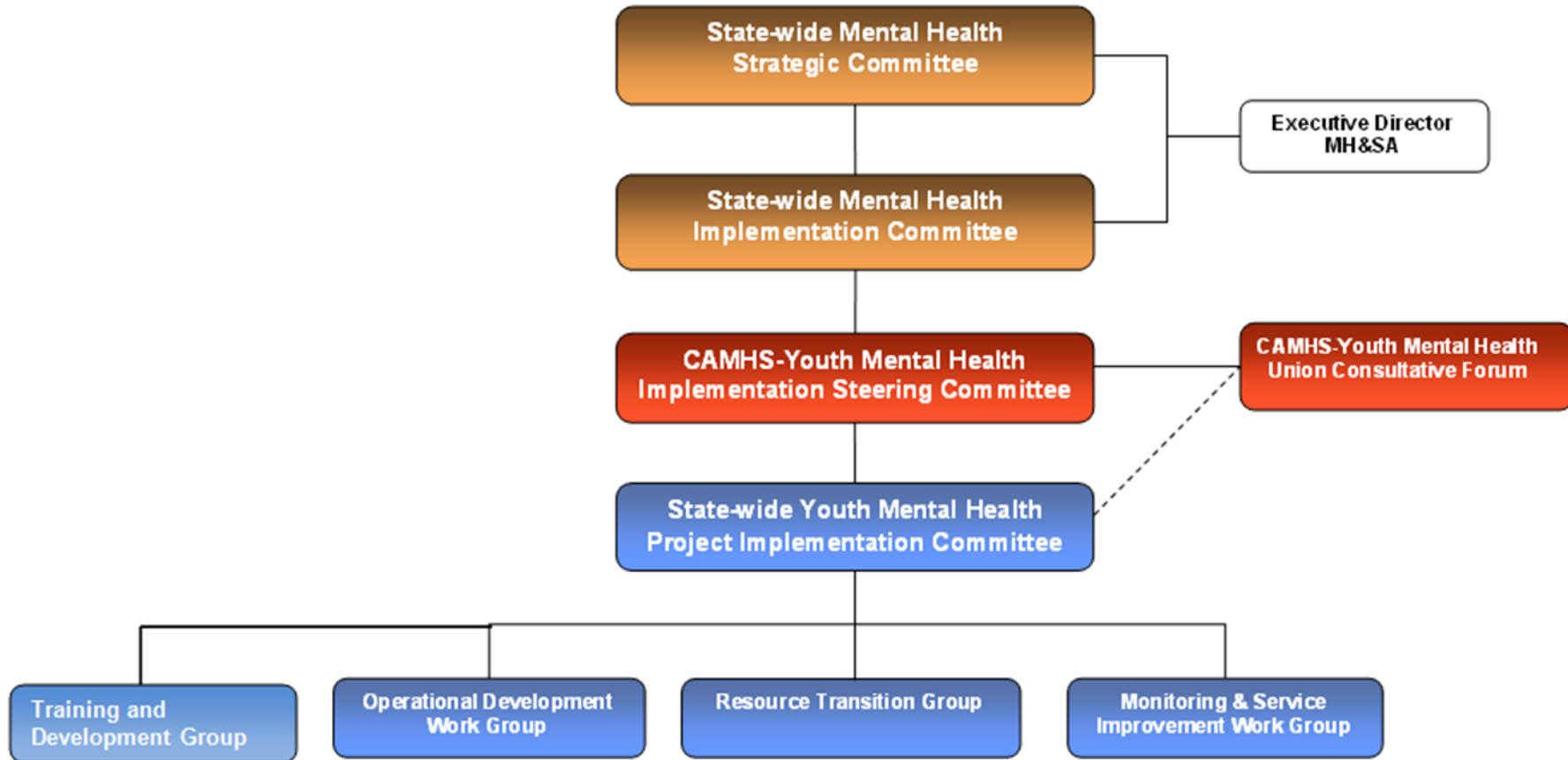
YMHS will continue to work with CAMHS colleagues to arrange peer supervision, support, to share training and to develop a cultural understanding of work. This will assist in building a critical mass of knowledge in working with young people in South Australia and will foster better mutual understanding among services to support, co care and transitions for young people¹¹⁸.

¹¹⁸ McLaren, S., Belling, R., Paul, M., Ford, T., Kramer, T., Hovish, K., Islam, Z., White, S. and Singh, S. (2013) *ibid*

Appendix 1: Youth Mental Health Services Implementation Structures



STATE-WIDE YOUTH MENTAL HEALTH & WELLBEING GOVERNANCE STRUCTURE





Referral Source

Young Person
 Family & Friends
 General Practitioner
 Hospital
 Emergency Department
 Allied Health Practitioner
 Private Psychiatrist
 Non-Government agency
 Community agency
 Child & Youth Health Services
 Schools
 Child & Adolescent Mental Health Services
 Adult Mental Health Services
 Headspace

Pathways into Service System

Mental Health Triage or Emergency Triage and Liaison Service
 (24 hours / 7 days a week)
 Regional LHNs Emergency Departments
 Regional LHNs' Medical Wards
 Youth Mental Health Services
 Walk In* (face to face)
 Duty Worker

*where available

Mental Health Triage/ETLS Scale utilised to stream care into one of three streams:

- > Emergency response
- > Urgent Response
- > Non-Urgent Response

These streams determine referral on to specific care pathways:

Acute services & Supports

Urgent allocation to Care Coordinator (CC) from Adult Mental Health Services (AMHS)

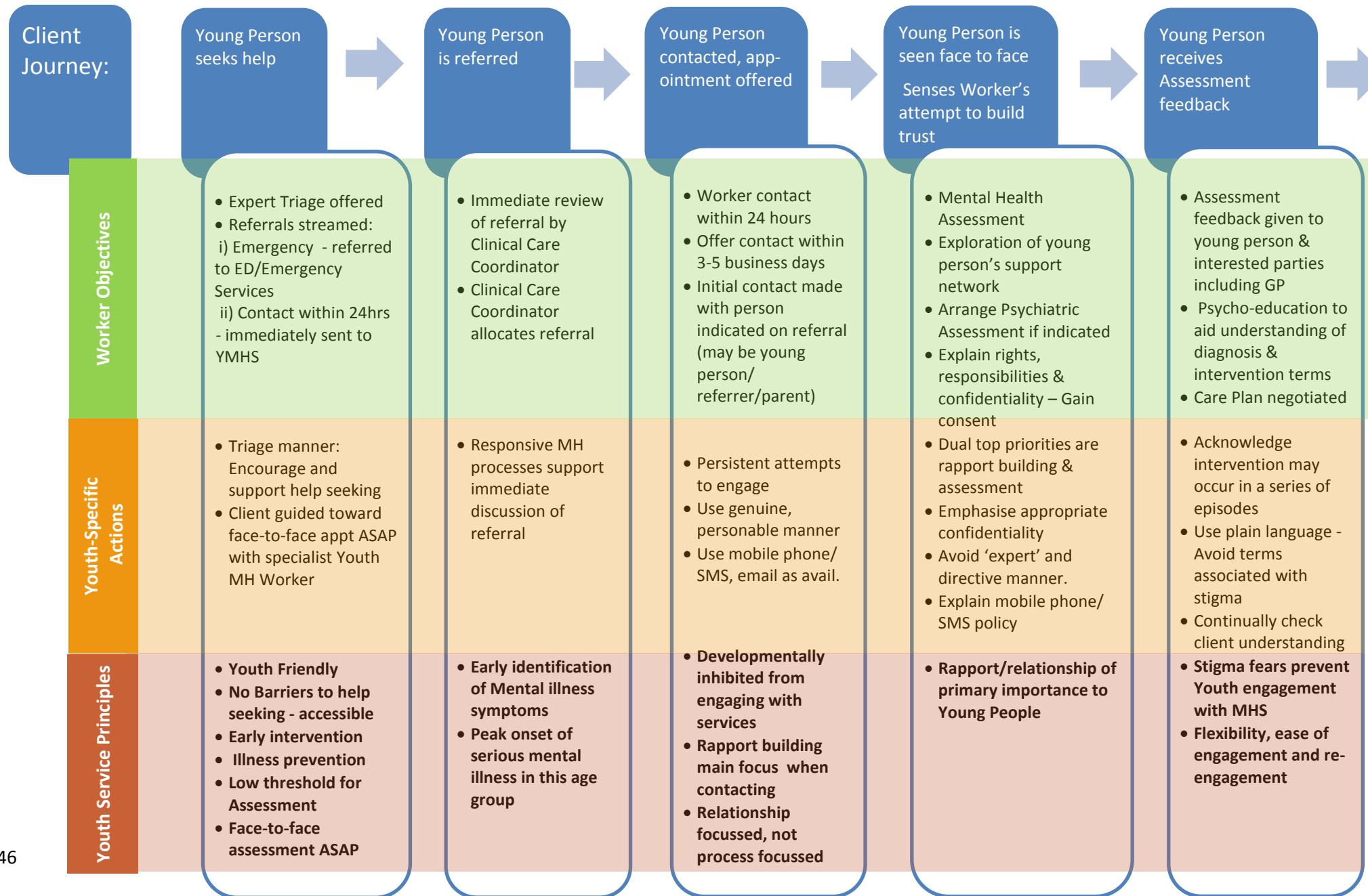
Delayed allocation to CC from AMHS

Referral on to alternate services other than Mental Health

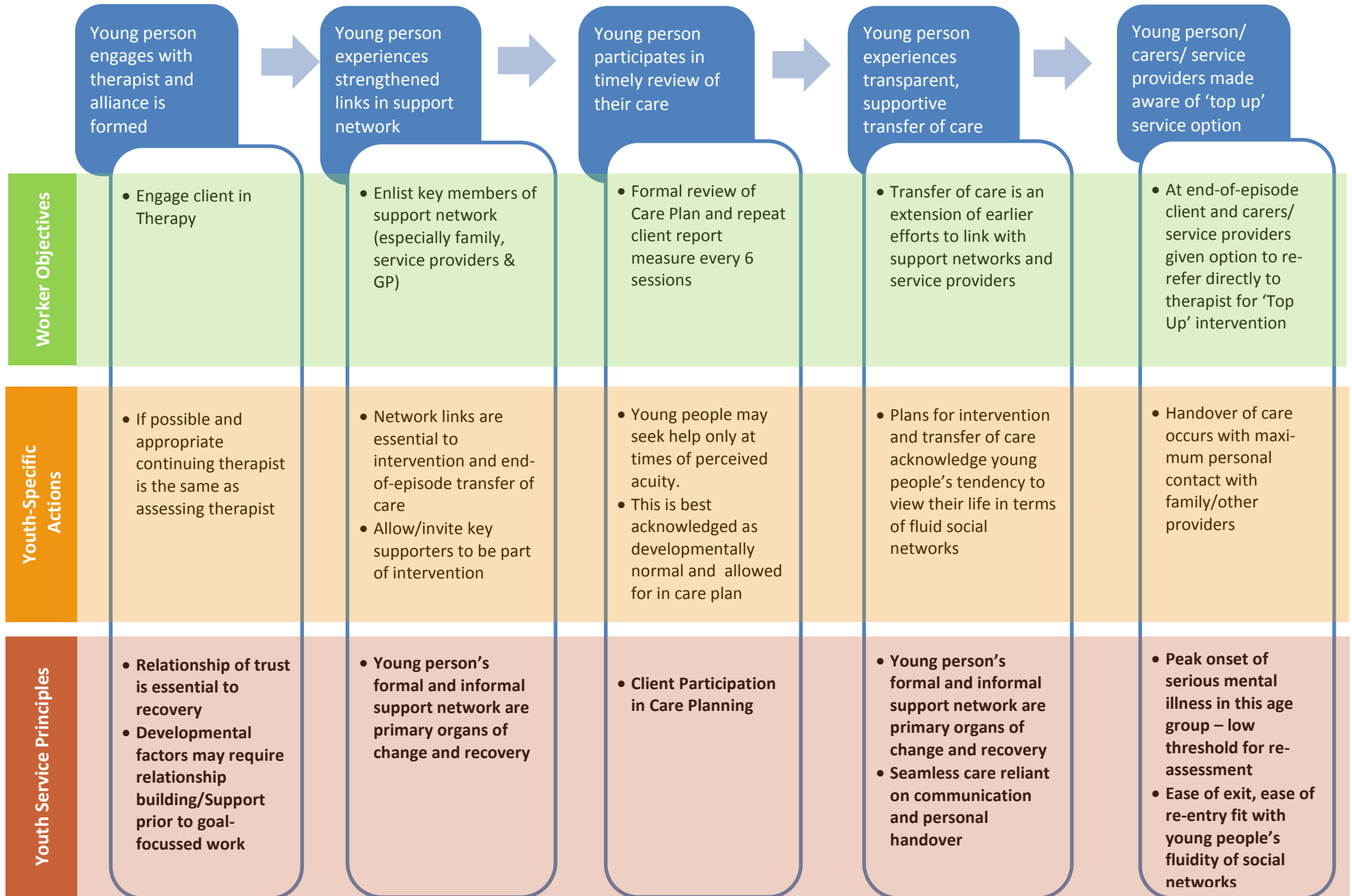
Interventions Offered

Comprehensive mental health assessment **
 Consultation liaison support for Tier 1 and 2 services
 Individual, group & family work
 Individual / group psychosocial
 Rehabilitation support services
 Shared care with other agencies
 Care planning & review
 Peer support services
 Shared care with comorbid substance misuse agencies

Appendix 2.2: Youth Mental Health Services Clinical Pathways (adapted from YouthLink model)



Appendix 2.2: Youth Mental Health Services Clinical Pathways (adapted from YouthLink model)



For more information

Mental Health and Substance Abuse Division
Email: MentalHealthFeedback@health.sa.gov.au
www.sahealth.sa.gov.au/reviewsandconsultation

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