



SOUTH AUSTRALIAN YOUTH MENTAL HEALTH SYSTEM OF CARE

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Purpose

The purpose of this document is to concisely describe a youth mental health system of care for South Australia (SA).

This description provides a consistent, practical and authoritative reference for the implementation of South Australia's youth mental health system.

It is also intended to provide guidance for the SA Department of Health and Ageing when considering program resourcing, evaluation and accountability arrangements.

Introduction

Mental health is fundamental to wellbeing, physical health and quality of life. For children and young people, mental health is vitally important at all developmental stages as it will impact on a person's wellbeing later in life. Mental health enhances people's resilience, capacity to be optimistic, build positive relationships with others and be socially included. The experience of mental illness or poor mental health can have a significant impact on young people who are still developing socially, emotionally and physically. In particular, it can significantly impact on their social development, relationships with family and others, educational and employment outcomes.

Youth is a time of general good health and wellbeing for a large proportion of the population and it is also a critical time in the emergence of mental health problems. Mental illness has been described as the chronic disease of young people with **75% occurring for the first time before the age of 25 years** (McGorry 2009).

To maximise the wellbeing of young people in our community, individuals, agencies and organisations across the community need to work in a coordinated, positive and collaborative way to ensure opportunities for effective prevention, early intervention and treatment of mental ill health and distress (Raphael 2000). It is timely therefore for SA to develop a youth mental health system of care that is comprehensive, coordinated and integrated, and engages young people, their families/carers and other organisational partners.

Service Context

Legislative and Policy Context

State Strategic Context

- SA Mental Health Act 2009;
- SA Carers Recognition Act 2005;
- Children's Protection Act 1993;
- Criminal Law Consolidation Act – Mental Impairment Provisions (1995);
- Social Inclusion Board's Stepping Up: A Social Inclusion Action Plan for Mental Health Reform 2007–2012;
- SA Mental Health and Wellbeing Policy 2010;
- South Australian Strategic Plan (SASP);

- SA Health Strategic Plan 2008 – 2010;
- SA Health Primary Prevention Action Plan 2011–2016;
- SA Health Aboriginal Health Policy and Cultural Respect Framework 2007;
- SA Aboriginal Health Care Plan 2010-2016;
- SA Aboriginal Mental Health Action Plan;
- SA Keeping Them Safe and Rapid response;
- SA Homelessness Strategy 2009-2013;
- SA Information Sharing Guidelines for Promoting the Safety and Wellbeing of Children, Young People and their Families including Mental Health Practitioners Guide to Sharing Consumer Information.

National Strategic Context

- National Mental Health Policy 2008;
- Fourth National Mental Health Plan: an agenda for collaborative government action in mental health 2009;
- National Standards for Mental Health Services 2010;
- National Practice Standards for the Mental Health Workforce 2004;
- National Indigenous Reform Agenda - Closing the Gap;
- National Framework for Protecting Australia's Children 2009–2020;
- National Partnership Agreement on Homelessness 2008.

Other Key Reform Initiatives

- National Partnership Agreement: Sub-Acute Initiatives;
- 2011-12 National Mental Health Reform Budget Measures (including funding for Early Psychosis Prevention and Intervention Centres (EPPIC) across Australia);
- Rollout of *headspace* centres/services across Australia.

Information and Available data

Demographic data

Australian Bureau of Statistics (ABS) projections as at 30 June 2011 indicate that SA had a population of 1,667,444 people with 223,853 (13.4%) of these people being aged between 15-24 years. It is projected that by 2026, this number will have increased to 227,061 young people.

Of the total population, 49.9% are males and 50.6% females. Aboriginal people comprise 1.7% of the total SA population compared with 2.3% Aboriginal people in Australia. South Australians born overseas accounted for 20.3% of the state's population compared to 22.2% for Australia.

SA is a highly urbanised state, with an estimated 73.71% of its population living in Adelaide. The Adelaide metropolitan area continues to grow both north and south, as well as east into the Mount Lofty Ranges. South Australia's coastline is also experiencing significant population growth.

Although the majority of the SA population live in or around Adelaide, it is recognised that rural and remote areas of SA are geographically spread with often high levels of disadvantage (according to the national Socio-Economic Indexes for Areas (SEIFA) index. Just over 50% of people from an Aboriginal and Torres Strait Islander background live in country SA.

Epidemiological data

As indicated earlier, mental illness has been described as the chronic disease of young people with **75% occurring for the first time before the age of 25 years** (McGorry 2007).

The 2007 National Survey of Mental Health found that young people aged 15-24 years have the highest prevalence of mental illness than any other age group, with 26% estimated to have experienced a mental illness in the previous 12 month period. The most common disorders were anxiety, substance use and affective disorders or a combination of these. This is the highest prevalence of such disorders across the lifespan and encompasses 55% of the burden of disease.

Drug and alcohol research indicates that early intervention for sub-clinical anxiety would reduce the burden of alcohol dependence in adults by up to 10% and other substance dependence by up to 25% (Robinson et al 2011).

The national survey also showed that experiencing a mental disorder is associated with lower educational attainment, joblessness and poorer physical health. Risk factors that increase the likelihood of mental illness were identified as individual eg prenatal brain damage, genetic factors; family/social factors eg social isolation, family discord; school context eg bullying; life events eg physical/ sexual/emotional abuse and neglect; and community/cultural factors and socioeconomic disadvantage.

Although 75% of mental illness and substance use disorders begin before 25 years of age, Australian data indicates **70% of young people with mental health issues are not seeking professional help**. Young people with high prevalence disorders such as anxiety or depression have reported 5-15 years delay before they received care (Hickie et al 2007).

Beyond the high prevalence mental illnesses, lower prevalence disorders can also have a significant effect on a person's health and quality of life and emerge at differing stages of development.

The onset of most impulse control disorders such as conduct disorder and ADHD emerge before 14 years of age. Developmental disorders such as autism spectrum disorders develop early in life and affect around 12-36 out of every 10,000 Australian children aged 6-12 years. Psychotic disorders often accompanied by acute impairment in reasoning, social disruption and disturbed behaviour, generally become evident between the ages of 15-25 years, often in association with substance use disorders.

The prevalence of mental illness in the youth community and its potential personal and social impacts are compelling reasons for ensuring that the strength, resilience, capacities and future of our young people are maximised and supported.

Current mental health services for young people in SA

In terms of SA specialist mental health services, different services are provided in the metropolitan and country areas. Depending on locality, the service options will vary although there are some overarching state-wide services. Services to young people aged 16-24 years are delivered by a range of child, adolescent and adult mental health service teams.

There are two Child and Adolescent Mental Health Services (CAMHS), one provided by the Women's and Children's Health Network (WCHN) and the other by Adelaide Metropolitan Mental Health Directorate. These CAMHS services provide services to the northern metropolitan and country areas and southern metropolitan and country areas respectively. The age range for CAMHS is 0 – 17 years inclusive.

Inpatient care for adolescents up to 18 years is provided through Boylan Ward at the Women's and Children's Hospital whilst young adults in metropolitan and country areas access adult acute mental health inpatient units in metropolitan Adelaide.

Adult Metropolitan Mental Health Directorate (AMMHD) and Country Mental Health Division (CMHD) provide community based services to young people 18 years of age and over.

SA Government mental health services are however only a part of a broader service system that provides mental health and other services to young South Australians with mental health issues. In 2011, the SA adolescent and young adult mental health service system was mapped by the State-wide Youth Sub-Acute Unit Project Management Group using the Social Inclusion Board's *Stepping Up* framework. The mapping included primary care, private, non-government/government mental health and other services, including Commonwealth and state funded programs (see Appendix 1).

International and national research literature and SA mental health service usage data highlight that Child and Adolescent and Adult Mental Health Services tend to have difficulties providing a seamless and effective service continuum for adolescents and young adults.

International and Australian context

Given the significant impact that mental health issues have on young people's health, wellbeing and quality of life, there has been a move internationally and in jurisdictions across Australia to focus attention on the particular needs of adolescents and young adults. Whilst the particular details of services vary such as age criteria and the way services are delivered, there are some common features. Some of these are:

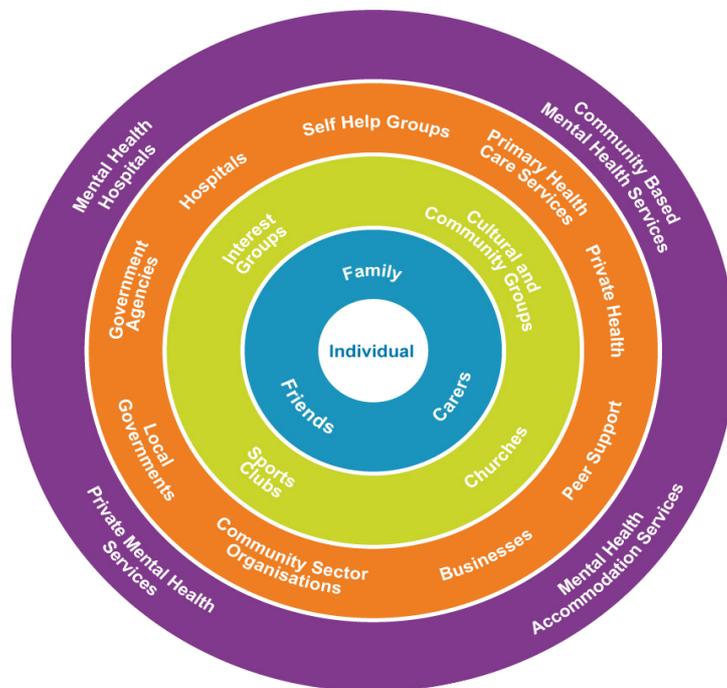
- Provision of early, age appropriate care and support to young people with emerging or existing mental health issues/disorders and their families;
- Increased coordination and integration of services across sectors working with young people;
- Increased early identification and intervention through universal services such as schools and primary care services;
- Provision of targeted youth specific mental health services to young people with higher level needs who are 'at risk' including young people with early psychosis, children of parents with mental illness;
- Increased access by primary care and other service providers working with young people to mental health consultation and advice;
- Provision of mental health education to families, communities and agencies.

System of Care Approach

Based on the above, a strong system of care is required in SA for young people with mental health issues in order to strengthen their resilience and personal capacities, prevent mental illness, prevent or minimise psychosocial disability, maximise the resilience, capability and capacity of families and service providers who support young people and overall achieving positive personal, social and economic outcomes for young people.

To meet the multiple and changing needs of young people, their families and carers, youth mental health services need to be part 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/carer, holistically addressing all aspects of physical and mental health as well as social and community participation.

The following person centred diagram is useful in describing the system of care that is potentially available to people when seeking help. Informal, familial and community supports are the majority of supports or 'services' with whom a young person is likely to be connected to (the inner layers). More formal services including many government and primary care services are the next layer. Specialist mental health services, which provide support to approximately two per cent of people with mental health issues, are the final layer. These services complement and support primary care, informal community care and self-care for people with mental illness.



Source: *Mental Health 2020: Making it personal and everybody's business* (2010)
Government of Western Australia Mental Health Commission

Alternatively, the National Mental Health Working Group's report *Responding to the Mental Health Needs of Young People in Australia* describes the service system using a 'tiers of care' approach to meet the needs of young people with mental health issues (Department of Health and Ageing 2004).

The three tiers are:

- Tier 1: Primary care;
- Tier 2: Specialist care with mental health expertise;
- Tier 3: Specialist mental health services.

Tier 1 services are usually the first point of contact when problems start and provide the first line of response for most young people. Importantly, although Tier 1 services 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, teachers, employers and friends;
- health sector services such as GPs, community health services, general hospitals and emergency departments;
- the education sector including schools, TAFE colleges;
- non-government and community services such as youth focussed services, homelessness services, cultural organisations, workplaces, sports clubs;
- mainstream government services such as juvenile justice, child protection and care services, Centrelink.

Tier 2 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.

Tier 3 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. Tier 3 includes services provided by the non-government mental health sector.

In order to maximise the resilience, capacities and positive mental health of young people in SA, a youth mental health system of care is required that incorporates and supports the continuum of 'services' at an appropriate level and in a coordinated and integrated way.

System of Care Description

Aim

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.

Overarching Principles

The following overarching principles underpin the youth mental health system of care:

Resilient and positive – the system of care 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 service environment will be respectful of and acceptable to young people. Appropriate support where required by young people will be provided given this transitional developmental phase is marked by changing family, educational and social support patterns.

Consumer and carer engagement and participation – young people and their families will be actively and meaningfully engaged and involved in all aspects of service delivery, policy, planning and evaluation.

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.

Accessible and responsive – services will be easily accessible, responsive, flexible and appropriate to the needs and experiences of young people (as they define them) irrespective of age, gender, cultural background, socio-economic background or location.

Continuity and coordinated care – a continuum of services with easily navigated transition points (where possible invisible to the young person) 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 with mental health issues who self identify or are identified as requiring support will be provided with an appropriate range of information, assessment, support, treatment and care as early as possible to maximise resilience and positive mental wellbeing, prevent the potential longer term impacts of mental illness and disability and maximise the opportunity for recovery.

Collaboration and partnership – collaborative relationships will underpin service delivery to youth, their families, other service agencies and stakeholders that provide services to meet the holistic needs of adolescents and young adults including health, drug and alcohol, education, vocational, welfare and social/recreational services.

Quality and performance – services will continuously improve the quality and effectiveness of service delivery to young people, their families and other stakeholders. Consistent service standards including the gathering of consumer and carer experience of service, should apply across the mental health continuum of care irrespective of geographic location.

Workforce culture and development – services will develop a culture that fosters opportunities for learning to enhance workforce confidence and

effectiveness through improved knowledge, skills and satisfaction. This will include the incorporation of lived experience of consumers and carers into the workplace skill base.

Evidence based practice, innovation and reform – services will identify, research, publish, implement and evaluate innovative and effective interventions that achieve positive outcomes for young people.

Tiered system of care - SA will adopt a 'tiered/stepped' system of care including informal, community, primary care and specialist services working together to ensure that the multiple and changing needs of young people with mental health issues, their families/carers are met in a coordinated and integrated way.

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 consumer 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 his or her own aspirations, despite the difficulties or limitations that can result from the experience of mental illness. It does not necessarily mean the elimination of symptoms or a return to the young person's pre-illness state.

This approach to recovery emphasises that every young person who experiences mental illness, including those seriously affected by mental illness, can achieve an improved level of wellbeing and a renewed sense of 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 health and wellbeing differently. The process of recovering from mental ill health will also be experienced differently and be based on different recovery goals. While recovery can be understood as an overall process of positive personal growth, this process 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 and carers to encourage and empower the young person to facilitate their own recovery (SA Mental Health and Wellbeing Policy 2010).

Distinguishing characteristics of a recovery approach include:

- A positive holistic view that focuses on the young person, not the

- symptoms;
- Focuses on young people's capacities, resilience, potentialities and possibilities;
 - Supports the young person to achieve full citizenship with all its rights and responsibilities;
 - Recognises that recovery from mental illness is possible;
 - Acknowledges the uniqueness of each young person's journey;
 - Acknowledges the young person as the driver of their own journey;
 - Builds hope and supports the young person to take control of his/her own life;
 - Acknowledges young people's strengths and capacity to learn, grow and change;
 - Values and supports natural and informal systems of support;
 - Recognises that recovery is a complex non-linear process;
 - Connects the young person to a broad range of services and opportunities that meet his/her needs;
 - Requires a comprehensive, coordinated, community based approach based on partnership;
 - Ensures adequate, flexible and responsive services appropriate to the young person's changing needs;
 - Is non-stigmatising and non-discriminatory.

Aboriginal Youth

Access to mental health services that are culturally appropriate is key to encouraging engagement of Aboriginal youth suffering mental health and social and emotional wellbeing issues. Any recovery approach needs to identify or acknowledge key factors that are relevant for Aboriginal youth who are exposed to intergenerational factors for poor mental health, including the ongoing grief and loss caused by colonisation, stolen generation, socioeconomic disadvantage and discrimination.

Research undertaken shows that Aboriginal youth are significantly more likely to experience emotional and behavioural problems and to attempt suicide than non-Aboriginal youth but are less likely to access mental health services.

Fundamentally, the concept of mental health is different for Aboriginal and non-Aboriginal Australians. For Aboriginal Australians, mental health is an inseparable part of spiritual, cultural and social wellbeing, with the wellbeing of the individual, family and community inextricably linked. However, little is known about Aboriginal concepts of young people's mental health, the factors that influence it or how Aboriginal people perceive child and adolescent mental health services.

To ensure appropriate outcomes for Aboriginal young people, the system of care will identify and address the current social, emotional and intergenerational factors experienced by Aboriginal people.

'At Risk' Vulnerable Young People

Key Priority Groups

In accordance with the Australian and SA Governments' policy directions, youth mental health services will ensure priority of access and interventions including culturally appropriate services to adolescents and young adults

from the following population groups due to their substantial vulnerability and risk of experiencing mental health issues:

- Young people from an Aboriginal and Torres Islander background;
- Young people from a culturally or linguistically diverse background in particular recent arrivals and refugees;
- Young people who are under the Guardianship of the Minister or post-care;
- Young people who are homeless or at risk of homelessness;
- Young people with comorbid mental health and drug and alcohol issues.

Other 'At risk' Vulnerable Groups

The following groups of young people are also considered by the SA Government as being vulnerable and 'at risk' of experiencing mental health issues. Youth specific mental health services will be developed and implemented to ensure that the significant needs of these young people will be addressed:

- Young people who are children of people with mental illness or drug and alcohol issues;
- Young people who have experienced physical, sexual or emotional abuse and/or other trauma;
- Young people involved in the justice and forensic systems;
- Young people disengaged or at risk of disengagement from education (schools and further education) or employment;
- Young people with a disability;
- Young people who have mental health issues arising from lesbian, gay, bisexual, transgender, intersex (LGBTI) issues;
- Young people living in rural and remote South Australia;
- Young people with gambling issues;
- Young people living in poverty;
- Young people with multiple and complex needs.

Youth Mental Health System of Care Components

Early detection and prevention

Early detection is the fundamental first step of the youth mental health system of care. It provides the opportunity for early intervention and treatment, changing the course of mental health disorders, reducing the duration and restoring the normal bio-psychosocial development of young people. Without early detection, the availability of effective interventions becomes meaningless if people experiencing the early signs of mental health disorders go undetected.

Research has shown that the provision of focussed community awareness raising and education programs targeted at Tier 1 and Tier 2 'services' including young people, families, GPs, non-government and government agency staff including youth services assists in the early detection of young people with mental health issues, thereby reducing illness duration and risk of suicide, and improving social recovery.

Building the capacity of Tier 1 and 2 'services' will be an essential element of service delivery to support service system partners and increase uptake of services by young people. Areas for strengthening would include:

- increased access to information and services including e-mental health options for young people, their families/carers and agencies working with young people;
- enhanced consultation and liaison services to better support Tier 1 and 2 services;
- development of an integrated approach between education and mental health services for responding to young people with serious mental health issues;
- increased shared care with Tier 1 and 2 services to deliver non-stigmatising treatment and support to young people;
- increased mental health literacy and awareness, education and training across all elements of the support system.

Consumer and carer consultants have an important role to play in this process by enhancing people's understanding of the 'lived experience' of mental illness and recovery.

Youth mental health services will offer placement opportunities for external service providers such as the South Australian Police, education agencies and vocational services. These initiatives will facilitate the development of understanding across the community and improve the supports available for families seeking access to services for young people with emerging mental ill health.

Primary care

Primary care services play a key role in the provision of services to people with mental health issues. GPs are often the first point of contact and the pathway to a range of psychological programs funded by the Commonwealth Government such as Better Outcomes in Mental Health Care and Better Access to psychological services by allied health professionals through the Medicare Benefits Schedule and Access to Allied Psychological Services (ATAPS).

Enhanced primary care services such as the Commonwealth Government's youth friendly *headspace* centres and services (including online and phone counselling) will increasingly become the first point of contact for young South Australians aged 12-25 years who have concerns about their mental health and wellbeing and require information, advice and support. SA will have five *headspace* centres by 2013 including northern metropolitan Adelaide, Murraylands, Riverland, Noarlunga and Upper Spencer Gulf with further centres to be announced.

Non-government organisations including youth services and universal service providers such as Centrelink are also often the first point of contact for young people particularly those who have complex needs such as homeless young people or those who do not want to seek help from more formal, office based health care providers such as GPs.

The development of clear, collaborative partnership arrangements between the primary care sector including Medicare Locals (formerly Divisions of General Practice), *headspace* centres, other primary care organisations, non-government (including youth) organisations and youth specific mental health services at the local level are pivotal for the delivery of integrated

services to young people. Youth specific mental health services will support the primary care sector in the early identification, assessment and management of young people with mental health issues, ensuring that these partnerships communicate effectively and prioritise service experience and expediency to meet young peoples' needs when and where required.

Initiatives between youth specific mental health services, Aboriginal youth services and health organisations that break down the barriers that currently exist for Aboriginal youth in accessing primary health care will be supported. The role of a Traditional Healer is an option that some Aboriginal people want available to choose as a form of treatment in conjunction with western clinical practices.

Easy access to assessment

The data indicates that 70% of young people with mental health issues are not seeking professional help. It also shows that for those young adults who do seek help, a negative experience at the first point of contact deters them from seeking further help.

Meaningful, culturally appropriate, quick, easy, supportive and youth friendly access to assessment, consultation and treatment (for first episodes and re-entry into services) is required for reducing treatment delays and enhancing the engagement of young people, their families and carers.

A state-wide referral, intake and advice service will be available to young people, their families and other stakeholders on 24 hour/7 day basis using existing mental health triage services (Mental Health Triage and Emergency Triage and Liaison Service).

Additionally, young people, their families, GPs, regional *headspace* agencies and other youth service providers will be able to make direct referral to or request support from their local youth specific mental health services for mental health assessment, brief interventions and support. The mental health services will identify the most appropriate stream of care for the young person, their family and carers. The southern YouthLink model, which has been operating since 2002, provides an effective operational example of such a service.

Youth specific mental health services will have strong links and relationships with Tier 1 and 2 services. Primary care will be the most appropriate services for many young people with mental health issues particularly those with high prevalence disorders who are willing to be engaged with services. Where a young person requires referral to other services, youth specific mental health services will be responsible for facilitating the referral and supporting the young person and their families/carers to navigate the service system. Guidelines for the smooth transition of young people and their families between services (ideally invisible to the young person and their families) will be developed to ensure a positive, effective service experience and that young people don't fall through service gaps.

Assessment by the youth specific mental health services will be provided in a variety of locations including community settings such as cafes, schools,

youth agencies, *headspace* centres, emergency departments, via telemedicine and home visits.

It is important to recognise that for Aboriginal people, mental health is holistic, bound up in identity, social, emotional, spiritual and cultural life of people and communities. An appreciation of this aspect of health and mental health is absolutely vital as part of the assessment of Aboriginal youth engaging with mental health services.

Collaborative partnerships promote integrated service delivery

The Stepping Up report and *SA Mental Health and Wellbeing Policy* describe the need for continuity and integrated care from the least to the most intensive care services. A core component of the youth mental health system of care is to ensure positive, recovery oriented, seamless and integrated service delivery across agencies and service sectors and at each part of the continuum to facilitate best possible outcomes for young people, their families and carers.

Good relationships and partnerships at a local level between service providers such as GPs, *headspace*, non-government youth oriented services, mental health services and other key agencies are vital for the delivery of coordinated care. The collaborative development of coordinated care and review processes through formal partnerships and informal networks at the local level will support integrated service delivery.

There is a strong need to facilitate and coordinate partnerships with Aboriginal health organisations, government and non-government organisations and community groups to ensure a greater understanding and awareness between mental health and broader health issues of young Aboriginal people.

.....unless you were absolutely aware of Aboriginal culture, Aboriginal health, the whole history, socioeconomic conditions and so on, and if you just approached this strictly from a mental health or emotional social wellbeing [viewpoint] without taking all the other issues into account, you could make the wrong decision and therefore subject not only the child, but the parents and everybody, to needless hours of the wrong way of treating it. (Williamson et al 2010)

Access to youth specific community mental health services

Some young people will require more intensive, assertive and/or longer term mental health services that are unable to be met solely through Tier 1 and 2 services. These young people will require a recovery oriented, flexible, multidisciplinary and coordinated care approach and access to a more comprehensive range of youth friendly mental health services that can be delivered to young people in their homes or community. These services include:

- Triage and assessment services;
- Mobile intensive community based assessment, treatment and support services;
- Mobile intensive case management services for young people with complex needs who are difficult to engage in office-based care;

- Individual and group based psychosocial rehabilitation and support services focussed on personal, social and vocational recovery;
- Individual and group therapeutic and family services;
- Specialist disorder-specific services for young people including early psychosis intervention services and services for young people with severe personality, eating and anxiety disorders;
- Consultation and liaison for Tier 1 and 2 services including hospitals/emergency departments;
- Co-morbidity services;
- Consumer and carer peer-support programs.

The Adolescent and Young Adult Mental Health Service System mapping undertaken in 2011 (see appendix) highlights that although these services already exist in CAMHS and AMMHD, they are:

- not consistently available to young people on a state-wide basis;
- not consistently available to young people under 18 years of age eg assertive outreach;
- not able to be provided at a local level given their specialised statewide function eg Boylan Ward, Early Psychosis Intervention Service (EPIS).

Access to youth sub-acute services

A significant feature in recent years has been the growing importance of sub-acute services for the delivery of health and social care to people at the intersection of primary, acute and community care services.

A youth friendly 15 place residential unit specifically for young people aged 16-24 years with emerging or existing mental health disorders is being built to provide an alternative option to an acute inpatient unit admission.

Other facility/non-facility based sub-acute initiatives for young adults aged over 18 years are:

- 24 hr supported Crisis Respite Centres and in home crisis respite;
- 24 hr supported Community Rehabilitation Centres;
- 24 hr supported Intermediate Care Centres/services;
- Hospital at Home programs;
- Accommodation support 'packages' (15 'packages' for young people aged 15-18 years).

Access to Mental Health Inpatient Care

Although services for young people will generally be delivered in the home or community setting, there is currently no dedicated stand alone youth inpatient facility in SA for young people aged 16-24 years who require this level of care.

Inpatient care for adolescents under the age of 18 years will be provided by the Women and Children's Hospital's Boylan Ward (including some intensive care services). For metropolitan and country young adults between the ages of 18-24 years, inpatient care will be provided in psychiatric inpatient units in metropolitan public general hospitals and private hospitals. Secure care services including longer term rehabilitation services are provided at Glenside Campus and metropolitan general hospitals.

Inpatient and sub-acute services are part of an integrated youth mental health system of care. A collaborative 'team' approach involving the young person, their family/carer, mental health and other service providers will be involved in the provision of coordinated care while the young person is in the inpatient unit and in their transition back to the community.

Use of Technologies in Service Delivery

Young people respond well to the use of communication and other technologies. Rickwood et al (2007) highlight that the internet is increasingly becoming the support of choice for young people with research demonstrating that young people are more likely to seek information, refer themselves or discuss sensitive issues through online technology as well as 'offline' through the use of email, mobile phones and SMS messages.

Web based technology such as the *Reach Out* program provides opportunities for young people to engage in web group discussions and self help strategies.

The availability of high speed internet is expanding the use of telemedicine which facilitates the delivery of services to country areas as well as providing opportunities for communicating with, supporting and training mental health practitioners and other service providers.

New technological service delivery models are needed to cater for young people with mental health issues. The youth mental health system of care will be informed by evidenced based technologies and incorporate new innovations into practice.

Use of research and innovative practice

The youth mental health system of care aims to achieve positive mental health and wellbeing outcomes for young people. This will require effective detection and intervention methodologies and optimal management of mental health issues/disorders in order to enhance resilience and capacity, and maximise wellbeing and quality of life at this very important stage of a young person's life. The collation of young peoples' experiences of care, therapeutic interventions and other service delivery modalities will be essential in informing service development and improvement.

The youth mental health services will have a strong emphasis on embedding innovative youth oriented research approaches into practice and building a youth oriented learning culture. The research, which will include a range of professional disciplines and groups, will involve collaborations with all major SA universities as well as expert collaborations from Australia and overseas.

The Mental Health Observatory (MHO), which is already established in the Country Mental Health Local Health Network, provides one research mechanism option that has the capacity to identify creative and innovative solutions that enhance the health, wellbeing and quality of life of young people, their families and carers.

To date, there has been very little clinical or other research undertaken in relation to the mental health needs (including drug and alcohol) of young South Australians. Strong collaborations between researchers from academic university departments, clinicians and other key stakeholders

involved in the youth mental health system of care would embed research into practice and improve the outcomes for young people with mental health disorders.

The SA Health and Medical Research Institute (SAHMRI) – Brain and Mind stream would also be well placed to have a focus on youth mental health research in particular for young people from an Aboriginal or Torres Strait Islander background.

***'Stepping Up'* for Young South Australians**

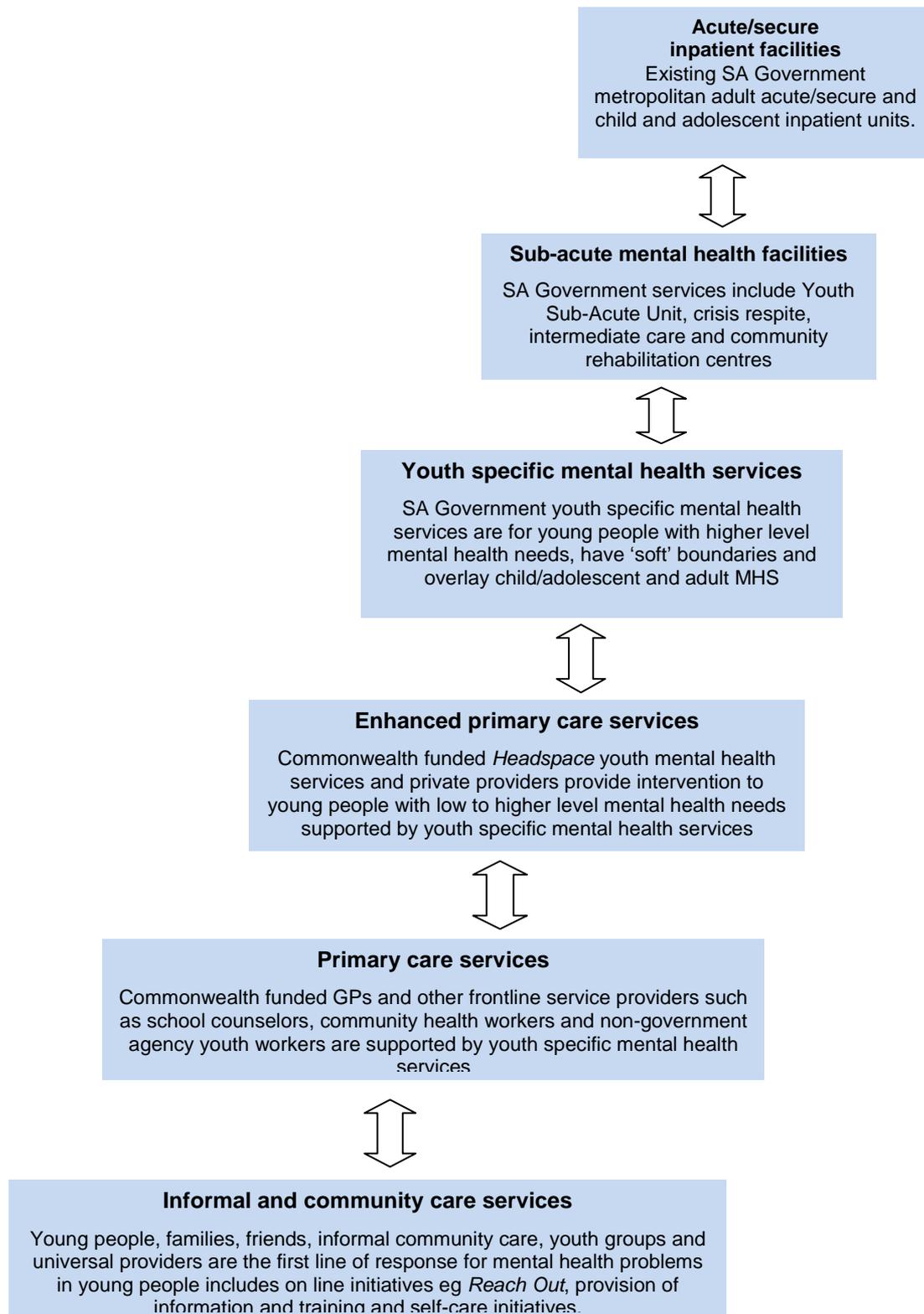
The *Social Inclusion Board's Stepping Up: A Social Inclusion Action Plan for Mental Health Reform 2007 - 2012* provides a reform agenda focussed on the implementation of a socially inclusive, responsive and integrated stepped system of care so that people including young people with mental health issues can receive the right support at the right time in the communities where they live.

Consumers, families and carers are at the heart of the system of care. People who have emerging or existing mental health issues or disorders enter the new stepped system of care at the level that their needs require. The stepped system of care, composed of less to more intensive services from community based services to inpatient care, allows people to move flexibly between the service system 'steps' which are integrated, coordinated and underpinned by collaborative partnerships.

Investing in prevention and early intervention to promote the health, wellbeing and quality of life of children and young people including Aboriginal young people, is also a key focus of the *Stepping Up* report and the SA Government's mental health reform agenda. The report strongly emphasises the need to work in partnership with young people, their families/carers and service providers across the continuum including primary care providers such as GPs, *headspace*, education services; non-government organisations and other community services to facilitate and maximise positive outcomes at this very important developmental stage of young people's lives.

The following diagram uses the tiered system of care outlined above and the Social Inclusion Board's *Stepping Up* framework to describe the mental health *Stepped System of Care* for young South Australians. Young people will be able to move flexibly between the service 'steps' depending on their needs.

SA Youth Mental Health Stepped System of Care



Source: Based on an article by McGorry P. et al, *Investing in youth mental health is a best buy*, Medical Journal of Australia 2007 and SIB's *Stepping Up: A Social Inclusion Action Plan for Mental Health Reform 2007–2012*.

Relationships and Partnerships

Mental health is 'everyone's business' and therefore requires a whole of government and community response to ensure better integration of services. Strong relationships and partnerships across and between the key stakeholders (outlined below) are pivotal in ensuring young peoples' mental health and wellbeing is maximised through the provision of the right service, in the right place, at the right time.

- Child and adolescent and adult mental health systems;
- Drug and alcohol services;
- Health including primary care, emergency, consultation and liaison services;
- Private practice;
- Mainstream government services including schools and education, child welfare, youth, justice, disability, housing, police and other relevant services;
- Commonwealth funded health, mental health eg *headspace*, employment and other relevant youth and mainstream non-government services;
- Aboriginal health organisations (metropolitan and country);
- Non-government mental health, youth, family and community services;
- Young people, families and carers;
- Universities.

Relationship between Child and Adolescent, Youth and Adult Mental Health Services

Integral to the youth specific mental health services is a strong relationship between Child and Adolescent and Adult Mental Health Services to ensure appropriate access for young people to services and seamless transitions between services.

Flexibility in relation to age criteria is required to ensure young people are able to access services from child and adolescent and adult services depending on developmental appropriateness and need. Formal agreements and written protocols will clarify the relationship, roles and expectations.

Youth, Carer and Family Participation

Consistent with Recommendations 1, 2 and 41 of the *Stepping Up: A Social Inclusion Action Plan for Mental Health Reform 2007-2012*, young people need to be integrally involved in all levels of decision-making relating to their services. They also need to be provided with the opportunity for meaningful, genuine and active participation in developing, implementing and evaluating services to ensure that services meet their needs. Families and carers must also be seen as partners in the care process and receive timely, appropriate information and support, and be offered the same opportunities to shape services. For that reason, **youth mental health services in SA will be young person led and family focussed.**

Young people and carers will be represented at strategic and local/network service levels. Young people with lived experience as well as other young people from a range of backgrounds and experience, will develop a framework for the engagement and participation of young South Australians

in the development, implementation and ongoing evaluation of the SA youth mental health system of care. The employment of young people with lived experience as well as carer consultants will also be a key component of service delivery.

Framework for interagency coordination and care

A comprehensive partnership framework will underpin the youth system of care to ensure interagency coordination and care.

State-wide youth coordinated care partnership

A State-wide Youth Coordinated Care Partnership Committee will be established to oversee the coordinated implementation of the youth mental health system of care across SA.

High level representatives for this committee would include (but not be 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*, employment;
- Non-government mental health and youth services;
- Consumer and carer representatives;
- Aboriginal and CALD representatives;
- SA universities.

Network youth coordinated care partnership

Youth coordinated care partnerships will be implemented at a network level to ensure coordinated implementation of the youth mental health system of care.

Representation for these committees would be similar to the state-wide committee but would be determined at a network level to allow for local requirements.

Formal Strategic and Operational Partnership Arrangements

Consistent with the youth mental health integrated service system's approach, formal strategic and operational partnership arrangements (using Memorandum of Understanding or other protocol) will be put in place with key organisations such as drug and alcohol, housing, child welfare, juvenile justice, disability, primary health care, education and employment to ensure young people have access to an integrated, coordinated and responsive range of services that meet their individual needs and achieve positive outcomes.

Workforce development

In order to provide services to young people who have mental health issues/disorders that emphasise flexibility, responsiveness and creativity,

staff require specific knowledge and skills as well as high level commitment. Staff electing to work in this area must be able to collaborate with one another and build a 'team' culture which enacts these values.

There is already considerable expertise in the broader mental health system of care acquired by working with young people although youth specific mental health knowledge or expertise may be variable. There is also expertise in the existing mental health service workforce particularly in CAMHS which has an understanding of the needs of young people and have a developmental focus.

It is important that the youth specific mental health workforce including non-government mental health sector has the knowledge, skills and commitment in working with young people that enables them to build therapeutic relationships that maximise positive outcomes. The adult mental health workforce that will be providing services to young people will also need to have a strong understanding of young people's developmental needs.

A workforce development program specifically targeted to the needs of young South Australians will be developed to support the youth specific mental health workforce, adolescent and adult mental health workforces and broader range of services that support young people with mental health issues. Core components of the workforce development program will include;

- resilience and recovery;
- building therapeutic relationships with young people at different developmental stages;
- cultural understanding and awareness;
- information, education and training in relation to drug and alcohol use;
- lived experience of young people and their families in managing mental health and wellbeing.

Additionally, the workforce development program will include placement opportunities that meet the needs of the youth specific mental health service workers, adult mental health and broader system of care service providers.

Safety and quality

The *Australian Safety and Quality Framework for Health Care*, *National Safety and Quality Health Service Standards*, *National Health Performance Framework* and *National Standards for Mental Health Services* are important for the provision of safe and high quality youth specific mental health services. The latter two are linked with accreditation processes.

The *National Standards for Mental Health Services* which are relevant to public, private, non government and primary care organisations provide a useful framework for the planning, delivery, improvement and evaluation of youth specific mental health services. The Standards emphasise desired outcomes for the mental health of consumers, carers and the wider community, and reflect the rights, dignity and empowerment of individuals. They inform consumers, carers, service providers and the wider community of expected standards of mental health services.

The underlying principles are recovery-focussed, consumer and carer centric, integrated and evidence based. The principles are:

- Mental health services should promote optimal quality of life;
- Services are delivered with the aim of facilitating sustained recovery;
- Consumers should be involved in all decisions of treatment and care, and their treatment setting;
- Consumers have the right to have a nominated carer involved in all aspects of care;
- Roles, needs, capacities and requirements of carers are recognised;
- Participation of consumers and carers in development, planning, delivery and evaluation of mental health services;
- Mental health treatment, care and support should be tailored to meet the specific needs of the consumer;
- Mental health treatment, care and support should impose the least personal restrictions on rights and choices of the consumer.

Quality improvement, described as the continuous process of striving for improved performance, involving problem identification, the testing of solutions and the monitoring of solutions on an ongoing basis, will be incorporated as an essential element of the implementation of the youth system of care.

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Appendix 1: SA Adolescent and Young Adult Mental Health System

SA Adolescent and Young Adult Mental Health System (using SIB Stepping Up Framework) April 2011

