

# 2017-2018 - Planned lead site activities for young people with, or at risk of, severe mental illness, funded under the Primary Mental Health Care Schedule

**PHN Name: South Eastern Melbourne Primary Health Network (SEMPHN)**

As a lead site for primary mental health care reform, Your Organisation will lead development and modelling of innovative approaches to regional planning, integration and stepped care in primary mental health care. Your organisation will also work with the Department and key stakeholders on **developing and testing models of care for young people with severe mental illness, including innovative ways to target a broader range of youth with, or at risk of, severe mental illness.**

Your Organisation is required to work with the Department on the approach to documentation, data collection and evaluation of activities and dissemination of information across PHNs.

Lead site activity is in addition to the standard funding agreement requirements under which all PHNs are required to meet local needs across six priority areas: low intensity services; severe services; youth mental health services; psychological services for underserved groups; community based suicide prevention activities; and Aboriginal and Torres Strait Islander mental health.

PHNs must use the table below to outline the activities proposed to be undertaken in the 2017-18 financial year. In general, these activities are expected to be above and beyond those funded from the general flexible funding pool specifically in relation to severe and / or youth mental health services. The activities listed should be confined to those that are specifically funded from the lead site funding allocated to your PHN.

## Proposed lead site activities for young people with, or at risk of, severe mental illness

**Lead site activity: Develop, test and share new models of care for young people with, or at risk of, severe mental illness which reflect the varying needs of this target group in line with an agreed national evaluation framework developed in consultation with lead sites.**  
Proposed Activity 1

In line with lead site activities, South Eastern Melbourne PHN (SEMPHN) is commissioning a range of activities that target young people with or at risk of severe mental illness with complex needs. SEMPHN will focus these activities in the Local Government Areas of Frankston and Casey with outreach support provided to Cardinia and Rosebud. These areas of high need have been identified from our Mental Health Needs Assessment.

Models of care were workshopped in consultation with key stakeholders (headspace Frankston and Narre Warren, The Alfred, Orygen, EACH, YSAS and SEMPHN). Reflective of the varying needs of this target group, the following activities were identified and proposed for this pilot:

**Increased mental health support for young people aged 12-16 years suffering severe anxiety and depression and have disengaged with their learning environment.**

Pilot locations: Narre Warren with outreach to Cardinia.

The aims of this activity are to:

- Increase service capacity to respond to youth with complex mental health issues
- Improve outcomes for young people who are disengaged and refusing to attend school.

Interventions that will be delivered are:

- Evidence based individual therapy (CBT, IPT, ACT)
- Assertive outreach interventions, including home visits, and engaging young persons in less threatening environments as part of graded exposure treatments
- Family sensitive intervention and inclusion models
- Care coordination (evidence recommends a care team approach of GP, mental health clinician, school staff, family inclusion and psychiatric support as required)
- Psychiatric support will be accessed through the current primary headspace clinical review processes that include weekly secondary consultation from both Monash health senior psychiatric registrar and hYEPP clinicians.

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| proposed Activity 2 (If applicable) | <p><b>Increased mental health services for young people aged 12 - 25 years suffering complex PTSD, and/or severe depression with treatment resistance.</b></p> <p>Pilot locations: Frankston with outreach to Rosebud</p> <p>The aims of this activity are to:</p> <ul style="list-style-type: none"> <li>• Increase service capacity to respond to this need</li> <li>• Improve outcomes for young people suffering complex PTSD.</li> </ul> <p>The following interventions will be delivered:</p> <ul style="list-style-type: none"> <li>• Acceptance and Commitment Therapy (ACT) and related WISE Choices program and DBT where appropriate</li> <li>• The ERIC model (emotional regulation and impulse control) developed by Deakin University. This model has proven effective in management of mood dysregulation and problematic substance abuse</li> <li>• Case management and care coordination of the young person based on their needs</li> <li>• Evidence based single session family consultation</li> <li>• Psychiatry will be provided through service level agreements with Alfred Health and Peninsula Health as needed for the duration of this pilot.</li> </ul> |
| Proposed Activity 3 (If applicable) | <p><b>Implement services for youth experiencing eating disorders.</b></p> <p>Pilot locations: Frankston and Narre Warren</p> <p>The aim of this activity is to increase service capacity to support young people and families impacted by an eating disorder.</p> <p>The referral pathways are currently being developed for this service.</p>   |

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| Proposed Activity 4 (If applicable) | <p><b>YSAS Youth Severe funded activity</b></p> <p>This activity aims to improve capacity and quality for wrap around care planning and coordination for the 'moderate' cohort with current care complexity.</p> <p>This activity will also re-instate an allocated resource for Single Session Family Consultation (SSFC) direct work in the Youth Access Team</p>   |
| Type of Service                     | <p>The following list details the evidence based models that will be delivered via the four pilot activities:</p> <ul style="list-style-type: none"> <li>• Delivery of the Maudsley Family Based Treatment model</li> <li>• Counselling (single, family and group counselling, centre-based and outreach), CBT, DBT, ACT</li> <li>• Delivery of the ERIC model</li> <li>• Single session family consultations</li> <li>• Evidence based family therapy such as Attachment Based Family Therapy for depressed and suicidal adolescents</li> <li>• Assertive outreach</li> <li>• Wrap around care planning, management and coordination.</li> </ul> <p>Training will be provided to increase workforce capacity to appropriately deliver these interventions and evidence based models.</p> <p>Interventions will be delivered by a combination of suitably qualified mental health workers including, senior mental health clinicians, family therapy clinicians, psychiatrist and carer and peer support workers.</p> |

## Collaboration

As part of the Stepped Care model design forums held in 2016, the youth severe service element was workshopped within the child and youth specific service grouping.

In addition, SEMPHN hosted a number of collaborative workshops, forums and individual consultations (face to face and via telephone) over several months, engaging with:

- YSAS - participated in the co-design process and lead agency for headspace Frankston
- EACH - participated in co-design process and lead agency for headspace Narre Warren
- headspace Frankston - participated in the co-design process and will deliver the proposed pilot
- headspace Narre Warren - participated in the co-design process and will deliver the proposed pilot
- Orygen - undertook a consultative role in the early co-design meetings (provided data and detailed evidence based examples); involved in the evaluation panel during the tender process
- Alfred Health (headspace YEPP) - participated in the co-design process; working with headspace Frankston and Narre Warren to implement an eating disorders pilot.

Lead agencies have held workshops with young people and their families, including consultations with their youth advisory committees in the design and implementation of the services.

All parties will have an ongoing role in the implementation, delivery and evaluation of the activities for the duration of the contracts.

The SEMPHN has attended and participated in scheduled meetings with the Commonwealth as required (face to face and via phone).

The SEMPHN was also involved in initial meetings with other PHNs delivering lead site activities and have agreed to share outcomes of all program activities.

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| Promotion of services                  | <p>A GP engagement strategy has been prepared by each headspace centre in response to GPs advocating for a youth severe response.</p> <p>Young people with severe mental health issues are currently presenting to both headspace centres (Narre Warren and Frankston). The pilots aim to work with these underserved clients in the first instance and as the pilot expands the service will be promoted to ensure reach into this cohort and facilitate pathways within the local networks.</p> <p>The SEMPLHN will also be able to promote activities via their website and newsletters.</p>  |
| Workforce                              | <p>The required interventions will be delivered by a combination of suitably qualified mental health workers including senior mental health clinicians, family therapy clinicians, carer and peer support workers, psychiatrist and a team leader.</p> <p>It is anticipated that a combination of an existing and new workforce will be used. In relation to training and support, it is expected that all new and existing staff will be trained (and roles clarified) as organisational capacity is increased to appropriately deliver these pilots.</p> <p>Both organisations have outlined in their proposals the level of staffing and training required to support the implementation and delivery of the pilot programs and in particular the specialised models.</p> |
| Communication and sharing of learnings | <p>SEMPHN will measure the effectiveness and efficiency in the delivery of these youth severe models. Learnings will be shared with other PHNs and outcomes that will inform the design of services to support youth with severe mental health issues.</p> <p>Learnings from the pilot will inform future commissioning opportunities across the organisation.</p> <p>SEMPHN is keen to understand the enablers, barriers and outcomes from those PHNs who implemented their pilot(s) with other youth services (not using the headspace platform). Early conversations are welcomed as well as the sharing of planning approaches for commissioning of 2018/19 programs.</p>  |

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| Other | <p>In co-designing these models of care SEMP HN will work with the centres to ensure the GP engagement strategies are implemented to support the GPs who are currently managing this cohort.</p> <p>It is anticipated that these strategies will encompass a range of activities including, but not limited to, referral pathways as well as supporting GPs who continue to stay engaged with the young person and their families.</p> |
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