Adolescent Extended Treatment and Rehabilitation Models
Summary of Site visits to Victoria

Date: Visits conducted from 14 – 16 August 2013

Purpose: To review alternative models of Adolescent Rehabilitation and Extended Treatment

Reviewers:

- Dr Stephen Stathis, Clinical Director, Children's Health Queensland (CHQ) Child and Youth Mental Health Services (CYMHS)
- Ms Judi Krause, Divisional Director, CHQ CYMHS
- Dr Leanne Geppert, A/Director of Strategy, Mental Health & Specialised Services, West Moreton HHS
- Dr Trevor Sadler, Clinical Director, Barrett Adolescent Centre (BAC).

Sites visited:

- Royal Children's Hospital (RCH) Parkville
- Orygen Youth Health, Western Hospital and Parkville sites
- Mindful Centre for Training & Research in Developmental Health
- Y-PARC Dandenong, Southern Health
- Youth Support & Advocacy Service - Residential Facility – Noble Park
- Y-PARC Frankston, Peninsula Health Service.

BACKGROUND

The site visits was precipitated by the announcement that the Barrett Adolescent Centre (BAC), a fifteen bed inpatient adolescent extended treatment and rehabilitation facility based at The Park, Wacol, would be closing in late December 2013. An Expert Clinical Reference Group (ECRG) had identified a range of recommendations across the continuum of extended treatment and rehabilitation spectrum to best meet the diverse needs of this cohort.

Characteristics of Adolescents requiring extended treatment and rehabilitation:

- severe and complex mental illness
- impaired development secondary to their mental illness
- persisting symptoms and functional impairment despite previous treatment delivered by other components of child and adolescent mental health services including CYMHS community clinics, Evolve, day programs and acute inpatient child and youth mental health services
- will benefit from a range of clinical interventions

Severe and complex mental illness in adolescents occurs in a number of disorders. Many adolescents present with a complex array of co-morbidities as outlined below:

1. Persistent depression, usually in the context of childhood abuse. These individuals frequently have concomitant symptoms of trauma eg. PTSD, dissociation, recurrent self-harm and dissociative hallucinoses.

2. Adolescents diagnosed with a range of disorders associated with prolonged inability to attend school in spite of active community interventions. These disorders include Social Anxiety Disorder, Avoidant Disorder of Childhood, Separation Anxiety Disorder

and Oppositional Defiant Disorder. It does not include individuals with truancy secondary to Conduct Disorder.

3. Complex post-traumatic stress disorder. These individuals can present with severe challenging behaviour including persistent deliberate self-harm and suicidal behaviour resistant to treatment within other levels of the service system.

4. Persistent psychosis non responsive to integrated clinical management (including community-based care) at a level 4/5 service.

5. Adolescents with a persistent eating disorder such that they are unable to maintain weight for any period in the community. These typically have co-morbid Social Anxiety Disorder.

Royal Children's Hospital, (RCH) Parkville / Orygen Youth Health Service and Mindful Centre for Training and Research in Developmental Health.
These sites represented mental health care for adolescents in the Western metropolitan region of Melbourne. RCH and Orygen Youth Health (OYH), at Western Hospital provided acute inpatient services. RCH admitted an age range of 12 – 18 year olds and OYH admitted 16 – 25 year olds. Neither service had access to extended treatment and rehabilitation beds. They managed the cohort described above by offering an Intensive Mobile Youth Outreach Service (IMYOS). Dr Sandra Radavini, Child Psychiatrist from the Mindful Centre for Training and Research in Developmental Health was a co-founder of the IMYOS team.

The IMYOS model is a sub-acute program targeting difficult to engage, high risk young people with complex needs 15 – 24 years, who are experiencing mental health difficulties. IMYOS teams have caseloads of approximately eight and work as part of the integrated MH service. They provide assertive outreach mental health assessment and treatment to young people who are homeless, have substance abuse or forensic history and clients who are unable to leave their residences due to severe anxiety or psychosis. IMYOS also inreach to youth residentials managed by the Non-Government sector.

Y-PARC (Dandenong)

The Youth Prevention and Recovery Care Service (Y-PARC) is a collaboration between Southern Health (SH), Mind Australia (Mind) and Youth Support & Advocacy Service (YSAS).

SH is the largest health service in Melbourne and provides comprehensive integrated health care services to nearly 1.294 million people in the south-eastern suburbs of metropolitan Melbourne and nearby catchment populations.

The Mental Health Program is one of the largest integrated public mental health services in Victoria. The programs support more than one million people across Southern Health's geographically and culturally diverse catchment population including areas of significant socioeconomic disadvantage.

Mind Australia is a community managed mental health service supporting people recovering from the effects of mental health problems for over 30 years in Victoria and more than four years in South Australia. Mind provides support services to approximately 5,000 people every year, including families and carers. Mind is a leading non-government provider of consumer focussed, recovery oriented mental health services in the community managed mental health sector, with high levels of expertise, knowledge and skills. Mind Staff have a

minimum qualification of Certificate IV in Mental Health and the majority have Bachelor Degrees in Psychology, Social Work or a related field.

YSAS is an accredited community service organisation providing a range of innovative and client centred services to vulnerable young people aged 10 to 25 years. Operating from metropolitan and regional Victoria, services provided include: early intervention, youth outreach, short-term residential withdrawal, residential rehabilitation, home-based withdrawal, primary health, family reconciliation, day programs, youth supported accommodation, young parents support and alcohol and drug youth consultancy.

The Y-PARC is an element of the acute end of the clinical service continuum and aims to provide a short term residential treatment service in a youth friendly environment to young people aged 16 to 25 years. This 10 bed facility is a purpose built home-like environment to meet the needs of young people.

The partnership between SH, Mind and YSAS recognises the unique opportunity to provide young people and their carers/families with support during the early stages of an illness or episode and to provide them with treatment and strategies to manage mental health problems and engage them in recovery focused interventions and activities.

The Y-PARC model of care recognises the impact that mental health problems can have during the developmental stages and the resulting lower rates of participation in age appropriate activities for these young people. The model of care also recognises the importance of the formation of local partnerships with relevant services such as community mental health services, alcohol and other drug services (AOD), housing, primary health, education and vocational/training services.

The key principles of the Y-PARC model of care include but are not limited to**:**

- Early in life, early in illness and early in episode interventions;
- Treating young people with dignity & respect;
- Providing a supportive and safe environment, and an understanding of young people's physical, sexual and emotional safety needs;
- Gender sensitive care which considers gender identity and sexual preferences; and an awareness that a wide range of other factors interplay with gender identity which may have a negative impact on young people's health and wellbeing;
- Trauma informed care that gives insight into how trauma can have enduring effects on people that may interrelate with mental health and AOD issues, and developmental and age related issues; and
- Providing an individual client recovery focus as well as family/carers engagement in care planning.
- CALD Population sensitivity

SH have primary responsibility for the delivery of clinical services, and Mind have primary responsibility for the operational management. Staff from SH, Mind and YSAS work together and form collaborative professional working relationships in providing a clinical /recovery focussed service to clients.

Frankston Y-PARC

The Frankston Y-PARC is a collaboration between Peninsula Health Mental Health Service (PHMHS), Mind Australia (Mind) and Peninsula Support Services (PSS). PHMHS provides a range of integrated mental health services within the designated catchments of Frankston, Chelsea, and the Mornington Peninsula.

PSS is a community managed mental health service that supports people adversely affected by their mental health issues. Based in the local area PSS supports approximately 600 people per year with a range of services including; Home Based Outreach (1:1 support), Rehabilitation Groups, HACC Day Programs, Carer Support and a duty/intake service.

Y-PARC	**Dandenong – 10 beds**	**Frankston – 10 beds**
Target Population Characteristics **(same across both sites)**	• 16-25 yrs • live in catchment/ client of SH mental health • voluntarily agree • significant mental health issues/ high risk/ vulnerable • Safe to treat within community setting – low to moderate risk • Step up or step down from acute inpatient services	• 16 – 25yrs • live in catchment/ client of PHMHS • voluntarily agree • significant mental health issues/ high risk/ vulnerable • Safe to treat within community setting – low to moderate risk • Step up or step down from acute inpatient services
Exclusion Criteria (same across both sites)	• Clozapine 1st day treatment • Level of acuity or risk assessed as too high (actively suicidal, homicidal or aggressive) • No capacity to engage and comply with treatment • Milieu not conducive • Actively using illegal substances	• Clozapine 1st day treatment • Level of acuity or risk assessed as too high (actively suicidal, homicidal or aggressive) • No capacity to engage and comply with treatment • Milieu not conducive • Actively using illegal substances
Client Mix (Varies – this is a point in time snapshot only)	• At time of visit: • Male: • Female: • Age 19 – 22 • 60% step up • Will take clients under MHA	• At time of visit: • Male: • Female: • Age 16 – 19 • 80% step up • Will take clients under MHA
Client Diagnoses (similar profile across sites)	• Psychosis • Mood disorders • Borderline Personality Disorder	• Psychosis • Mood disorders • Borderline Personality Disorder
Length of Stay	• Up to 28 Days (average 2 weeks)	• Up to 28 Days
Staffing Mix (Variability re: staffing shifts, Frankston model has extended clinical coverage).	• SH Mental Health Service – determine entry • Clinical staff work day shift (0800 – 1700), YSAS staff work 3 shifts (day, evening/night) • .2 Psychiatrist and .5 Registrar (shared across acute inpatient unit AIU) • Nursing staff – closed roster with rotations from AIU • Overnight staff liaise with SH triage team for urgent/crisis mh response	• PHMHS – determine entry • Clinical staff work 2 shifts (day/evening until 2230), PSS staff work 3 shifts (day, evening/night) • .2 Psychiatrist and .5 Registrar (shared across acute adolescent inpatient unit) • Nursing staff - closed roster • Overnight staff liaise with PHMHS triage team for urgent/crisis mh response
Budget: **Facility Build** **Operational Budget**	 • 3.5 million (excluding land) • 1.8 million (approx.)	 • 5 million (excluding land) • 1.8 million (approx.)

Interventions
There were different levels of structure between the two Y-PARC programs. Family engagement and therapy are well supported and both therapeutic (e.g DBT) and life skills groups are offered which are supplemented by individual treatment and support. Young people have free access to the community, and some will continue with school and part time work in the local area. There are cooking and life skills groups in the evening.

Environmental Factors
Both the Dandenong and Frankston Y-PARC services are in new purpose built buildings which had in common

- Stand alone, unmarked suburban locations on a land area of approximately 3000 sq metres.
- Predominant open living design with quiet areas for art, music and sensory rooms
- Strong use of glass to connect to outdoor areas utilised for recreation, retreat and garden projects
- 10 private bedrooms with en suites. These have no internal visibility to others (including staff) which are accessed by residents with their own access card. Staff have swipe card access to all bedrooms.
- Open meal preparation areas (including access to all knives). All meals are prepared by residents, with some assistance from staff if necessary.
- Visitor rooms and family assessment/therapy rooms
- Standard anti-ligature fittings
- Staff offices

Youth Support & Advocacy Residential Facility – Noble Park
This facility provided ten beds configured in five two bedroom units on a shared campus. Young people 18 – 25 reside there for up to two years. There are support staff rostered 9 – 5pm seven days per week. There is an on call system to the Manager overnight and young people can access the crisis & triage team from SH. Young people are linked to either the SH mental health service or private psychiatry. They are supported by youth workers to engage with vocational education, tertiary studies, employment opportunities and develop their independent living skills. There is currently a waiting list for young people to access the residential facility.

ALIGNMENT OF THE Y-PARC MODEL TO THE EXPERT CLINICAL REFERENCE GROUP RECOMMENDATIONS
The Expert Clinical Reference Group (ECRG) developed a service element document which proposed four tiers of service provision for adolescents requiring extended mental health treatment and rehabilitation:
Tier 1 – Public Community Child and Youth Mental Health Services (existing)
Tier 2a – Adolescent Day Program Services (existing and new)
Tier 2b – Adolescent Community Residential Service/s (new)
Tier 3 – State-wide Adolescent Inpatient Extended Treatment and Rehabilitation

Service (new)

The IMYOS service would complement Tier 1, 2 and potentially Tier 2b. It would be hypothesized that assertive outreach intervention would engage young people, provide evidence informed treatment and reduce the need for both acute and extended treatment inpatient admissions.

The Y-PARC model would complement Tier 1 by providing both a step up and a step down sub-acute contemporary bed based model of care. It would further support Tier 2 and 2b. With significant adaptations, the Y-PARC model could potentially meet some of the Tier 3 requirements.

Day Programs – the reviewing team did not visit any Day Programs in Victoria. Day Programs have been identified by the ECRG as a critical component of the continuum of care for Adolescent Extended Treatment and Rehabilitation Models (Tier 2b)

Model adaptations would include:

- Decreasing the age range to 14 – 17 years (this would impact on staffing levels required and ratio of health professionals vs. NGO/youth workers, consent and duty of care issues relating to minors)
- Broadening the catchment from local to a more cluster based or state-wide model
- Increasing the length of stay up to 3 months (extended stays can be negotiated on an individual basis by the treating team).
- Provision of in – reach educational and vocational support to the Y-PARC students with an aim of linking them back to their local community on discharge or consideration of an outreach model to local education/ vocational support facilities able to provide interim support for young people and linkages back to their community of origin.

Recommendations:

- Consider establishing assertive outreach model based on IMYOS to link to existing Tier 1 & Tier 2 CYMHS teams
- Consider establishing a range of new Day Units to support the continuum of care for extended adolescent and rehabilitation treatment
- Consider scoping a model based on Y-PARC with adaptations to meet the geographically diverse needs of Queensland and modified to suit an adolescent cohort. This would align with Tier 3
- Consider establishing Youth Residentials in local areas to support all Tiers of CYMHS
- Consideration of Activity Based Funding (ABF) in scope models being the basis of any future model developments for Queensland

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