

Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH AND AGEING PORTFOLIO

Supplementary Budget Estimates 2012-2013, 17 and 19 October 2012

Question: E12-296

OUTCOME 11: Mental Health

Topic: EARLY PSYCHOSIS YOUTH CENTRES

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Senator: Senator Fierravanti-Wells

Question:

Provide details on components that make up an EPPIC service, in relation to negotiations with states.

Answer:

Jurisdictions that wish to participate in the expansion of the Early Psychosis Prevention and Intervention Centre (EPPIC) measure are required to demonstrate that their implementation model delivers the core components of the EPPIC model.

Attachment A provides details of the core components.

Early Psychosis Prevention and Intervention Centre (EPPIC) model - Core Components

EPPIC model	
Component	
Community Education and Awareness	<p>Designated Community Education roles exist within the service.</p> <p>'On the ground' community education activities are provided by the service.</p> <p>Community Education activities may also be provided by service clinical teams where appropriate. For example providing education to GPs or schools within the catchment area, thus enhancing relationships and clarity of pathways to care.</p> <p>Referrals to the service are accepted from all sources via one clearly identified contact point.</p> <p>All clients referred to the service who meet age, catchment and prior service use criteria will undergo an assessment. This assessment will be provided within 48 hours.</p> <p>Clients referred out of service will be assisted to engage in the most appropriate service.</p> <p>There are staff and infrastructure (eg. mobile phones, cars) in place, which supports home or other community based visits to engage young people referred to the service.</p>
Easy access to Service	<p>The service is physically accessible by public transport.</p> <p>The service will provide 24 hours a day, 7 days a week multidisciplinary assessment and crisis interventions.</p> <p>The multidisciplinary team will include a multi-disciplinary skill-mix provided by doctors, mental health nurses, psychologists, social workers and/or occupational therapists.</p> <p>The service will provide the resources to enable this such as access to cars and mobile phones for home visits.</p>
Home-based care and assessment (Youth Access Team)	<p>There is access to a designated early psychosis (or youth mental health) inpatient setting. There is an appropriate skill mix of clinicians including mental health nurses, doctors and allied health staff.</p> <p>Evidence of policies and procedures which reflect a philosophy of 'least restrictive treatment' in line with the Australian Clinical Guidelines for Early Psychosis.</p>
Access to Streamed Youth-friendly Inpatient Care	<p>Evidence of cross-team input into clinical care e.g. cross-team clinical reviews, early discharge is planned and backed-up by community support post-discharge.</p> <p>Evidence of age appropriate functional activities and programs within the inpatient unit.</p>

<p>Access to Youth-friendly Sub Acute beds</p>	<p>There is access to a designated early psychosis (or youth mental health) sub-acute setting.</p> <p>Evidence of cross-team input into clinical care e.g. cross-team clinical reviews, discharge is planned and backed-up by community support post-discharge.</p>
<p>Continuing Care Case Management</p>	<p>Evidence of age appropriate and phase-based functional activities and programs within the sub-acute setting.</p> <p>There is a dedicated multidisciplinary continuing care case management team.</p> <p>Each client is assigned a case manager and a treating psychiatrist or registrar (under the supervision of a psychiatrist).</p> <p>The multidisciplinary team will include a skill-mix of doctors, mental health nurses, psychologists, social workers and occupational therapists supported by admin staff.</p> <p>Services provide a minimum 2 year tenure of care with the potential for an added 3 years of 'step-down' care for those young people with an incomplete recovery.</p> <p>Case load numbers are between 15 and 20 clients per case manager.</p> <p>Services will provide evidence of processes and documentation to ensure each client's care and treatment is based on case formulation and planned in collaboration with the client and family.</p>
<p>Medical treatments</p>	<p>There are designated medical staff (which includes Consultants as well as registrars) employed within the IPU, acute and continuing care teams.</p> <p>Local prescribing guidelines which are concordant with the Australian Clinical Guidelines for Early Psychosis.</p> <p>There are interventions supported by clinical processes that address the physical health needs of young people, particularly in relation to the metabolic side effects of antipsychotic medication. These include metabolic monitoring and preventative and treatment interventions.</p>

<p>Psychological Interventions</p>	<p>A Senior Clinical Psychologist will be employed to oversee psychological interventions.</p> <p>There is individual or group supervision for the multi-disciplinary team related to key psychological interventions including a cognitive behavioural case management approach.</p> <p>There is ongoing, planned professional development to enable knowledge and skill development of psychological interventions including a cognitive behavioural case management approach.</p> <p>Clinical resources such as treatment manuals are provided to clinicians in the service (e.g. CBCM manual, COPE manual).</p> <p>There is a designated employment consultant role employed within the service.</p> <p>There is a designated education liaison role (teaching background) employed within the service.</p> <p>There are group activities aimed at functional recovery within the service's group program.</p> <p>There is a designated <i>intensive</i> multi-disciplinary case management (ICM) team.</p> <p>There are clear criteria for referral and acceptance of clients into the team.</p> <p>Case loads for case managers in the intensive team will be capped at 8 to 10 clients per case manager.</p> <p>There is a designated psychiatric support within the team. The psychiatrist may work across Community Care and Intensive Case Management teams.</p> <p>There is a system of review of entry into and out of the ICM team.</p> <p>There is a discrete group program delivered by a multi-disciplinary team of clinicians.</p>
<p>Functional Recovery Program</p>	<p>Groups are tailored to working with young people, and address the key issues relevant to FEP as per the Australian Clinical Guidelines for Early Psychosis</p> <p>There are demonstrated partnerships with other youth focused group program providers in the community e.g. general community youth groups.</p>
<p>Mobile Outreach</p>	<p>The Service provides partner organisations with education and training in strategies for working with young people with a first episode psychosis.</p>

<p>Family Programs and Family peer support</p>	<p>There is a designated, suitably qualified senior clinician, as family therapist and overseer of family interventions amongst clinicians employed within the service.</p> <p>Individual or group supervision regarding key family interventions are provided.</p> <p>Ongoing, planned professional development is provided to enable knowledge and skill development of family interventions.</p> <p>There is a discreet family peer support program in place with one or more family peer support workers employed in the role.</p> <p>Supervision and support of the Family Peer Support Workers from the clinical or group program is provided.</p> <p>There is a designated person employed as a youth participation coordinator.</p> <p>There are policies and procedures that support the involvement of the service's consumers in service development, peer support, community education and advocacy activities.</p> <p>There is a mechanism in place to provide supervision and support to peer support workers.</p> <p>Youth participation into the planning of the physical design and 'look' of services will occur for new or upgrade of existing services.</p> <p>There is a designated space for youth participation activities such as a 'drop-in' room, peer support, access to multi-media psycho-education resources.</p> <p>There is a mechanism of client / family feedback to address the service youth-friendliness and improve service quality.</p>
<p>Youth Participation & Peer Support Program</p>	<p>There are service agreements, or memorandum of understandings, detailing clear purpose, expectations and outcomes of the services, with all partner services.</p> <p>Co-location of partner services with the youth early psychosis services is planned for where possible and appropriate.</p> <p>Strategies for achieving partnerships, integration of services or co-location should be clearly identified</p>
<p>Partnerships</p>	<p>There are service agreements, or memorandum of understandings, detailing clear purpose, expectations and outcomes of the services, with all partner services.</p> <p>Co-location of partner services with the youth early psychosis services is planned for where possible and appropriate.</p> <p>Strategies for achieving partnerships, integration of services or co-location should be clearly identified</p>

<p>Workforce Development</p>	<p>All clinical staff are provided with training in the core modules of the EPPIC model which are aligned with the clinical guidelines.</p> <p>There are arrangements for clinical staff to receive appropriate clinical supervision related to working with young people with First Episode Psychosis.</p> <p>Policies and resources that support ongoing training, professional development and conference attendance.</p> <p>Services demonstrate access to a comprehensive range of early psychosis resources e.g. clinical guidelines, clinical manual and multi-media resources.</p> <p>There are established links with clinical schools to foster clinical placements.</p>
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Ultra High Risk of Psychosis Populations

In the course of assessing help seeking young people for a First Episode of Psychosis, services may identify young people at Ultra High Risk (UHR) of developing psychosis. Although not a focus of this measure, the following table identifies the additional component of UHR interventions that could be addressed by the early psychosis service.

Component	EPPIC model
<p>Ultra-high risk detection and care.</p>	<p>Acute assessment component in the service provides assessment to identify help-seeking young people who have presented at the service and are at UHR of developing psychosis.</p> <p>The UHR group are provided with a separate stream of care to those with threshold FEP as per the Australian Clinical Guidelines for Early Psychosis. This stream of care may be co-located with the FEP stream or in a third party service such as headspace, youth employment services, youth drug and alcohol services etc</p> <p>There are designated roles (case managers and psychiatrists or psychiatry registrars) to manage and treat the UHR group.</p>