Senate Community Affairs Committee

ANSWERS TO ESTIMATES QUESTIONS ON NOTICE

HEALTH PORTFOLIO

Supplementary Budget Estimates 2016 - 2017, 19 October 2016

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OUTCOME: 2 - Health Access and Support Services

Topic: Early Psychosis Youth Services

Type of Question: Written Question on Notice

Senator: Polley, Helen

Question:

Can the Department provide details around the history, including a timeframe, of the 6 early psychosis youth services that are funded through PHNs? When did the services begin, where are the services being delivered and what are the funding arrangements from their inception and over the forward estimates? Can the Department confirm that 3 of these 6 early psychosis youth services will be trailed in 3 lead PHN sites in Tasmania, ACT & South East Melbourne? Can the Department detail how the National Centre of Excellence in Youth Mental Health will be centrally involved in providing expert advice to PHN lead sites?

Answer:

The Early Psychosis Youth Services (EPYS) program provides early intervention and intensive support for young people experiencing or at risk of first episode psychosis, through the headspace network. Services delivered under the EPYS program are based on the Early Psychosis Prevention and Intervention Centre model developed by Orygen that has 16 components (at Attachment A).

headspace was funded $148.3 million over four years to 2015-16 to deliver the EPYS program nationally. On average, funds of $17.9 million were provided to each site for operational and establishment costs, with an average of $6.9 million per annum for the delivery of the EPYS program when the centre had reached full capacity.

Orygen was also funded $6.4 million over four years to 2015-16, to assist headspace by providing workforce development, education and training to the enhanced headspace sites.

As part of its response to the National Mental Health Commission's Review of Mental Health Programs and Services, the Government decided to transition from the current EPYS program to new arrangements that support young people experiencing, or at risk of, severe mental illness.

From 1 July 2016, tapered funding that reflected tailored arrangements for each of the six EPYS centres was directed to Primary Health Networks (PHNs) to transition the EPYS program for young people in each region. During the election, the Government made a commitment to continue full funding for six EPYS centres.

Details around the timeframe and funding for each of the six EPYS centres are provided at Attachment B.

Funding has been directed to Tasmania, Australian Capital Territory and South East Melbourne PHNs to lead the implementation of 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. This funding is not to trial any of the six established EPYS centres referred to above.

During the election, the Australian Government also made a commitment that Orygen will be centrally involved in providing expert advice to these three PHN lead sites. The details of Orygen's role will be confirmed when the election commitment has been formalised and a funding agreement has been negotiated with the Department of Health.

Attachment A

16 Components of the EPPIC Model

A summary of the core components are given in the table below:

COMPONENT	COMPONENT DESCRIPTION	RATIONALE
Community Education and Awareness	Community Education position(s) embedded within the EPPIC service to improve the mental health literacy in the EPPIC catchment area and improve referral pathways for young people, who require interventions is provided. This may involve programs to educate teachers, education welfare counsellors, youth workers, general practitioners (GPs), police etc. Strategies would include the development of specific partnerships with non-government organisations and primary health care agencies to jointly provide programs to increase mental health literacy.	**Reduces the Duration of Untreated Psychosis (DUP).** Improving mental health literacy and knowledge of referral pathways to those people who work with young people and the general population increases the rate of early detection, smoother referral pathways and ultimately earlier treatment and better outcomes. There is a high level of synergy between Community Education activities and referral pathways. Relationships between referral sources and the service need to be developed and maintained by a dedicated person within the service who coordinates across-service Community Education activities.
Easy Access to Service	EPPIC services are accessible through one clear contact point. Young people referred, but assessed as not suitable for the EPPIC service, should be provided with appropriate referral to other services. Other key sub-components: • Service location(s) easily accessible by public transport • Services provided to clients in locations such as home and other community-based locations	**Reduces the DUP.** Easy access to the EPPIC service increases the rate of early detection, smoother referral pathways and ultimately earlier treatment and better outcomes. Engagement with young people is endangered when referral and pathways to care are complex. Having clear referral pathways to help seeking is important along with a flexible approach to engagement, and referral on, when a young person is not assessed as suitable for the EPPIC service.

Home-Based Care and Assessment (Youth Access Team)	A flexible, home-based assessment and intervention team. This is provided by an early intervention, multidisciplinary team providing a service response 24 hours a day, 7 days a week offering triage, assessment and crisis intervention services. Service capacities may require differing levels of staffing across the 24-hour time period depending on anticipated service demand.	**Flexibility in location and service provision hours is essential to engagement and treatment of young people with psychotic disorders.** Initial engagement into the service is crucial if interventions are to succeed. This requires a level of flexibility including seeing young people in an environment that suits them e.g. home, particularly during the early stages of engagement. This will reduce any delays in assessment and treatment, and improve outcomes. Responsive crisis intervention is also necessary in order to minimise trauma associated with psychosis and potential hospital admission by supporting home treatment in a least restrictive manner when possible.
Access to Streamed Youth-Friendly Inpatient Care	Access to a youth-friendly inpatient setting that provides specialised early psychosis care staffed by nurses, allied health professionals and doctors. Where a stand-alone youth-friendly early psychosis inpatient unit is not possible, a special section of an existing general acute unit should be provided. This setting provides inpatient care when it is needed until the young person is ready for discharge and ongoing treatment from the Youth Access and Continuing Care teams. The specialised youth-friendly inpatient setting has practices and protocols in place to ensure that inpatient stays are for the shortest possible time (normally less than 10 days). Early discharge is supported by discharge and treatment planning with the Home-based Care and Assessment team (YAT team), and the ongoing case management teams.	**Young people with first-episode psychosis benefit from a specific youth-focused inpatient setting.** Optimal inpatient treatment for the stage of illness is provided with better outcomes. This setting minimises trauma associated with hospital admission and improves engagement with the service. Maintaining age-appropriate activities while an inpatient provides an optimistic therapeutic environment.

Access to Youth-Friendly Sub-acute beds	Access to a youth-friendly sub-acute setting. This component provides a supported, post-acute transition to community care.	**For some young people, the post-acute phase of psychosis requires an additional level of management and support prior to transition full community care.** Issues of homelessness are common among young people with a first episode of psychosis and can affect all other aspects of recovery.
Continuing-Care Case Management	A continuing-care team that provides team-based case management and individually-focused therapeutic interventions. Young people are assigned an individual case manager, who may be either a clinical psychologist, social worker, occupational therapist, or mental health nurse and a psychiatrist or psychiatric registrar under the supervision of a consultant psychiatrist. The case mangers work collaboratively with the young person and their family or carers to provide a treatment approach tailored to the individual needs of the young person and appropriate to their stage of illness. Case managers ensure that the young person and their family are provided with information and education, and are linked to other useful support services (housing, educational, vocational, financial, and legal, etc) as well as providing individual therapies. An episode of continuing-care case management would be for a minimum of 2 years duration with the potential for an added 3 years of 'step-down' care for those young people with an incomplete recovery. Caseloads are targeted at 15 to 20 young people per case manager.	**The treatment and management of young people with a first episode of psychosis requires a level of coordination which can only be delivered using a case management model.** The 2 year minimum tenure of care addresses the 'critical period' where symptomatic and psychosocial functioning is known to deteriorate. Key person contact improves engagement with service and ultimately better recovery outcomes.
Medical Treatments	Evidence-based pharmacological interventions, prescribed by a psychiatrist are used to ameliorate symptoms and distress associated with psychosis, mood disturbance, anxiety and substance misuse. The evidence-based sequence of medications and their integration with psychosocial care is a key skill set to	**Guideline-based use of medication optimises adherence, speed and extent of recovery.** The medical care of young people during the early stages of mental illnesses is considerably different in style and content

	which all EPPIC young people have access. The physical well being of young people within EPPIC is also focused on through the adoption of preventive approaches including metabolic screening and preventative interventions.	compared with approaches used in older patients with established illness. Minimises side effect profile and subsequent added health risks.
Psychological Interventions	Evidence-based psychological interventions including individual psychotherapy and cognitive behavioral therapy (CBT) programs. These interventions will be delivered by the case managers, as a part of their case management role. Where clinically indicated, particularly with complex clients, a clinical psychologist may provide a more specialised psychological intervention.	**Psychological interventions enhance the speed and level of symptomatic and functional recovery in first-episode psychosis as well as preventing and treating secondary morbidities.** Psychological interventions have been found to accelerate symptomatic recovery and promote engagement with the treatment strategy. CBT, suicide and relapse prevention, adaptation to illness and interventions to reduce substance use are the key components deployed.
Functional Recovery Program	Evidence-based recovery programs including a vocational and educational program for young people wishing to remain in or return to education or work. This approach is based on the individual placement and support model. Within the EPPIC model, the vocational worker and educational liaison position are based within the service rather than in an external agency.	**Functional recovery interventions prevent loss of function, enhance the speed of recovery and improve educational and employment outcomes.** Preventing loss of function or recovering function reduces risk of negative sequalae such as loss of confidence, self esteem, and secondary depression.
Mobile Outreach	Intensive Case Management using a mobile, intensive outreach model is provided to young people who have difficulty engaging with mental health services or those who have more complex needs requiring intensive support (including forensic issues, homelessness, severe personality disorder and prominent negative symptoms). The team provides a multi-disciplinary approach to case management, crisis intervention, individual therapy, family support and systems consultations/liaison.	**Minimises chance of complete recovery and risks to self and others.**

Group Programs	A comprehensive Group Program that gives young people the opportunity to work on personal issues such as lack of confidence, low self esteem, anger or anxiety within a supportive peer group environment. Groups are usually small with four to eight people involved and may include groups focusing on school, study and work; better health such as physical fitness, reducing drug use, stress management; social and leisure groups that focus on self-exploration and expression such as outdoor adventure, music, or art; groups that help with management of anxiety about recovery from illness.	**Group programs enhance speed and level of symptomatic and functional recovery.** Provides an alternative medium for therapeutic approaches that may suit some young people better. Reduces social isolation and impact of psychotic and stigma experiences.
Family Programs and Family peer support	Family programs are provided for parents, partners, children, siblings, extended family, close friends and anyone who carries out a care-giving function for a young person within EPPIC. Family work is a function of case management with the support of a specific family therapist to provide family work for more complex cases. Family Peer Support Workers, who have themselves had experience of EPPIC services, provide phone and face-to-face support to new family and carers whose relative enters the early psychosis service. Family members have access to family support groups and a family resource room with access to a wide range of information.	**Reduces levels of distress of family members, and provides information and strategies that support recovery.** Increases level of family engagement, and skills, to manage the support role. Enhances speed of recovery and reduces risk of relapse.
Youth Participation and Peer Support	A Youth Participation Program that ensures each EPPIC service provides a youth-friendly environment is accountable and facilitates peer support between its young people. Youth Participation Program workers participate in staff selection by contributing to interview selection panels. All young people who have been part of the EPPIC service are eligible to join the youth participation team whose function is as a group to meet regularly to discuss possible improvements to the service or	**Ensures 'youth friendliness' of service.** Improves young person engagement ultimately improving service quality and young people outcomes. Provides support intervention from a 'lived-experience' perspective. Increases social awareness of first-episode psychosis and reduces stigma which improves pathways to care.

	have involvement in community education activities. Peer support workers who are past young people of the EEPIC service, visit current EPPIC young people in inpatient care as well as provide support to other young people on an outpatient basis. These peer support workers receive training, mentoring and support and are paid for their time.	EPPIC services are 'youth friendly' so that the service is attractive to young people who access their services. This may include factors such as building design, access to multi-media resources and minimising factors that may increase stigma.
Partnerships	Partnerships with other organisations that enhance the care of young people with first-episode psychosis. Examples may be community youth services, Headspace, Drug and Alcohol services.	**Established links and partnerships will enhance the quality and breadth of service** Services cannot operate in isolation from broader health and social systems. Improvement in referral and transition points for young people.
Workforce Development	A workforce development program. This includes training and supervision provision to staff involved in an EPPIC service. Strategies include in-service training and education, support for external or post-grad training, staff clinical supervision arrangements and attendance at professional development programs e.g. conferences and workshops.	**Enhances fidelity to the EPPIC model.** Core competencies of evidenced-based clinical knowledge and skills are required to work with young people experiencing first-episode psychosis. Encourages new knowledge generation and innovation.

Attachment B

Early Psychosis Youth Services centres

Site	Commencement date	Funding 2015-16 ($)	Funding 2016-17 ($)	Funding 2017-18 ($)
South East Melbourne	June 2013	11,187,802	11,187,802	11,187,802
Western Sydney	September 2014	9,233,273	9,233,273	9,233,273
Gold Coast	November 2014	7,169,421	7,169,421	7,169,421
North Perth	December 2014	9,545,593	9,545,593	9,545,593
Darwin	April 2015	2,757,385	2,757,385	2,757,385
Adelaide	January 2016	4,552,756	4,552,756	4,552,756