

The Northern Metropolitan Adelaide Integrated Practice Unit for Youth Initiative

K. Oliver Schubert^{1,2,4}, Damon Fenech², Hannah D.Myles^{1,2,5}, Steven Wright⁴, Eli Rafalowicz^{2,3}, Matthew Guidolin^{2,4}, Scott R. Clark^{1,5}, Cherrie Galletly^{1,2,3}

¹Adelaide University, Adelaide, Australia; ²Northern Adelaide Local Health Network (NALHN); ³Ramsay Health Care, Mental Health (SA); ⁴Sonder; ⁵Central Adelaide Health Network (CAHLN)



Background:

The transition from adolescence to young adulthood is a critical period where the majority of chronic mental health conditions manifest for the first time. The investment into accessible and developmentally appropriate mental health care for young people provides benefits now, into adult life, and for the next generation of children.

Mental health difficulties in adolescents and young adults are highly heterogeneous and dynamic. Therefore, dynamic and responsive care systems are required that can deliver the most appropriate interventions in a personalized manner and at the right time. A model of stepped mental healthcare has been adopted by the Australian Government that guides commissioning and provision of mental health services to the community in a manner that recognizes individuals' differences in illness severity and clinical need. In the model, less severe expressions of mental distress would be addressed by services in primary care, while higher acuity, complexity, or disability would trigger interventions in specialized settings.

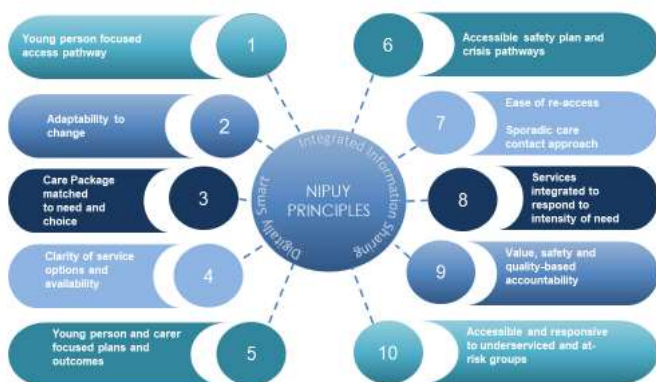
To translate stepped Youth mental health care into practice in our region, and to overcome the barriers of service fragmentation, we have established the multi-agency Northern Adelaide Integrated Practice Unit for Youth Mental Health Initiative (IPUY Initiative). Additionally, we have created an Integrated Referral and Assessment (IRAP) process that eases navigation and triage of the stepped mental health system for patients, referrers, and families.

Objectives of the Integrated Practice Unit for Youth Initiative:

- For individual services within the NIPUY Initiative to develop a shared understanding regarding the intensity of care each service can provide young people presenting with mental health difficulties based on funding streams, service purpose and human resource skill mix.
- NIPUY Initiative individual services to work as one multi-disciplinary team enabling flexibility and responsiveness to the individual needs of young people as they recover from their presenting mental health challenge.
- To ensure that young people are provided with a service, or services, that meet their level of need and has the greatest evidence base in which to meet the young persons desired health outcome.
- To address the traditional issues of over servicing and underservicing of the emerging adult cohort and enable access to the best evidence-based approach first time.
- To ensure that young people are transitioned between different services in a supported way to ensure continued engagement and inclusion in their treatment options and next steps.
- Services within the NIPUY Initiative work collectively under the same approach, sharing information regarding young person care and ensuring seamless movement between services as required.

Integrated Practice Unit for youth Initiative: Guiding Principles

Condition: Youth Mental Health 18 to 25 years of Age.



Adapted by Northern Metropolitan Adelaide Integrated Practice Unit for Youth Mental Health from Porter & Lee, Integrate Practice Units, Harvard Business review, 2013

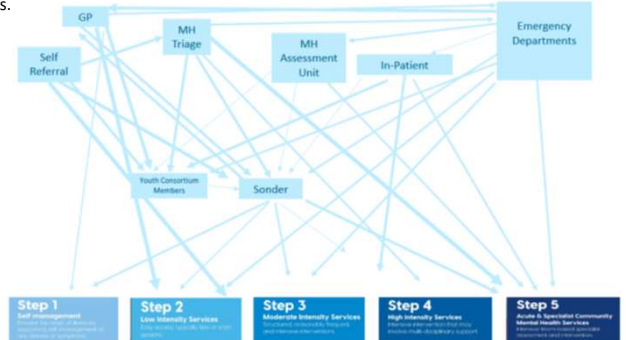
Research:

The Youth Integrated Referral and Assessment (IRAP) – Depression Study is a prospective cohort observational study consisting of young adults referred to NALHN and Sonder mental health services for depression. This will evaluate the real-world efficiency of the IPUY Initiative and its IRAP process, for Young people suffering from depression. The project aims to characterise depressive symptoms, functioning, cognition and quality of life at three time points: baseline (at time of entry into the IPUY Initiative); commencement of active treatment; 3 months following commencement of active treatment.

A/Prof Oliver Schubert: oliver.schubert@adelaide.edu.au

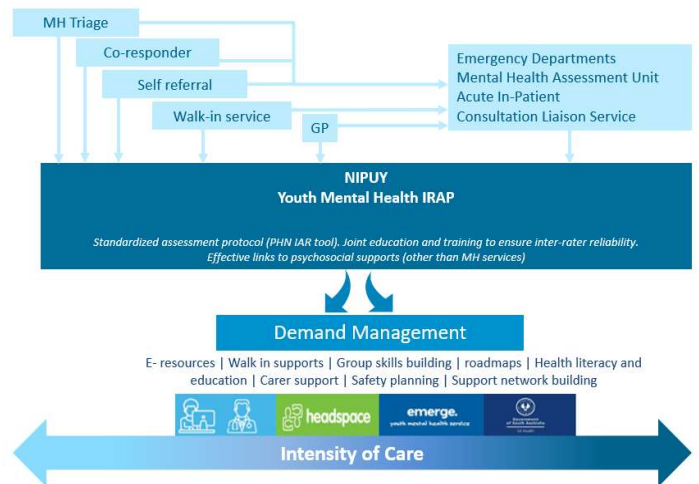
Client journey in standard model of care: Fragmentation and siloed services

NALHN is the state funded traditional "community mental health team", with SONDER and HYEPP receiving federal government funding to provide a similar high level specialist service. Navigating this landscape is overwhelming and risks vulnerable clients falling through the cracks.



Northern Adelaide Implementation of the Integrated Practice Unit: Services streamlined to immediate level of need

Referrers and clients are not expected to navigate the different services. Clients are supported in their journeys with services that utilise shared intake processes, shared clinical language around triaging, clinical discussion meetings that support stepping up and down of clients in a supported manner.



Clinical consultation meetings

Representatives from each service attend a fortnightly clinical consultation meeting where shared clients are discussed and stepping up and stepping down is facilitated.

- Thirty minute meeting- highly efficient
- Extra safety net for vulnerable disengaging consumers
- Efficient information sharing
- Supportive transitions
- Reviewing treatment responses
- Supervision from multidisciplinary team
- Builds relationships between services