



Building Bridges & Pathways

Improving Service Access for Young People

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A partnership between the three Early Psychosis services and two headspace centres in NSLHD in collaboration with Manly Drug Education & Counselling Centre



Case for change

Young people asked...
Why do we have to tell our story two or three times, or more?
Why do we have to wait so long to get the help we are seeking?
Why don't services talk to each other?
Why do we need an extended assessment and what can we expect during that process?



Why? Why? Why?

Goal

Coordinated, timely & efficient assessment and referral pathways for young people that optimise their experience and ensure that they receive the best possible mental health care in a timely manner

Objectives

- 100% young people receive information about the assessment process, recommendations and referral options
- Agreed process for communication and information sharing between services
- At least 90% of clinicians have confidence and skills to assess young people for risk or early symptoms of psychosis

Method

- Review of medical records & databases
- Interviews with clinicians
- Stories from young people and family members
- Education & training for clinicians



- Review of available data
- Map of referral and assessment pathways
- Workplace observation
- Solutions workshops
- Establish process for data collection and evaluation

Diagnostics

Key findings

- 15% of young people referred to Early Psychosis services in 2015 did not have a final diagnosis of psychosis
- 865 clinical hours utilised, young people didn't know what to expect during the extended assessment period, no clear end to the process or collaboration around treatment and referral options
- Missed opportunities for the early detection of psychosis
- Limited use of assessment tool that is used to identify young people at Ultra High Risk for psychosis or experiencing early symptoms
- Duplication and delay in the pathway for young people
- Duplication of assessments, delay in commencing treatment, delay in referral between services due to lack of understanding & communication
- Lack of data
- Specific data relating to referrals and assessments not available



Sustaining change

Continue project until July 2017

- **Track** individual assessment and treatment pathways of young people
- **Review** regularly with clinicians to look for **opportunities** for improvement
- **Feedback** from clinicians and young people, review and monitor available **data**



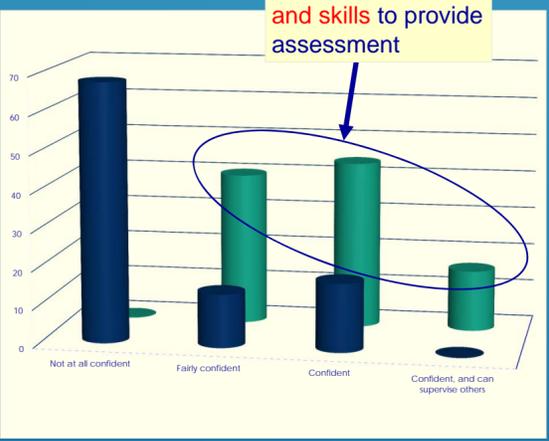
Conclusion

Processes and assessments are now in place to increase early detection of psychosis and improve pathways for young people between services. Communication and collaboration are well established

Quick Wins

90% clinicians trained on early detection and intervention in psychosis

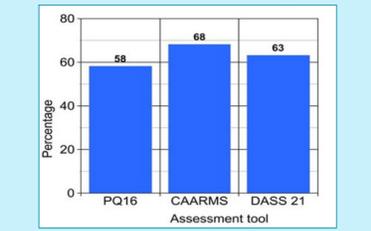
After training, all have confidence and skills to provide assessment



Before

No use of PQ16 screening tool and minimal use of CAARMS assessment tool

After



More than half of the clinicians surveyed had used the recommended screening and assessment tools.

"I am using the PQ16 more than anything now. It helps me flag the early signs psychosis"

Before

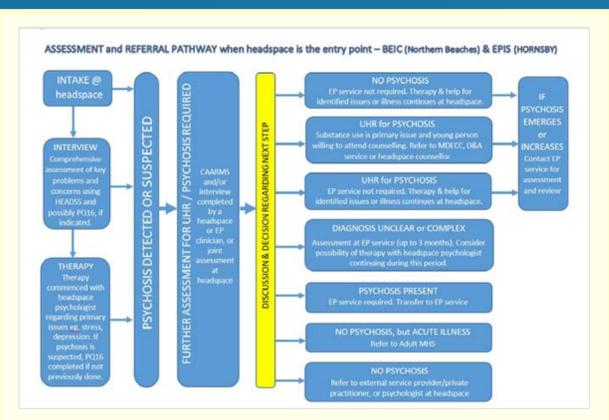
Few referrals between services, and no data system to record this information

After (in 3 month period)

- 3 Discharges from EP service to headspace
- 1 Referral from headspace to EP service
- 2 Shared care between 2 services
- 1 Discharge from EP service to MDECC

RESULTS

Pathways mapped, distributed and used to guide referrals between services



Before

Assessments duplicated at each service, no sharing of information, delay at each step in the pathway, and no process for collaborative decision making.

After (in 3 month period)

- 6 Assessments shared with another service, thus reducing duplication
- 4 Young people received a tailored program involving shared care across 2 services
- 4 Joint assessments by clinicians from 2 services

Before

15% of young people referred to EP services did not have psychosis, but utilised 865 clinical hours, didn't know what to expect from the assessment period, and stayed with the service for 3-6 months, or longer

After

- 1. Brochure explains assessment process
- 2. Suite of assessments to assist in diagnosis
- 3. Therapy may commence at MDECC or headspace while assessment continues in EP service



Before

- Doesn't make sense to be repeating my story
- Don't know what to expect
- In a void while they work out where I should go
- Why don't they pass on information?
- Don't want me because I don't have psychosis.
- What now?

What Young People say ..

- I felt listened to and understood
- I was told what would happen next
- I was satisfied with my first contact with the service
- I was informed about what to expect from the service

97% Satisfaction with communication and sharing of information between services



Acknowledgements

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