



**SYNERGY YOUTH ENHANCED
SERVICE (YES) IN TASMANIA**

CASE STUDY

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ACKNOWLEDGEMENTS



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SYNERGY

“The combined power of a group of things when they are working together that is greater than the total power achieved by each working separately,”

– Cambridge Dictionary¹

From the Greek ‘synergos’,
meaning “to work together”.



EXECUTIVE SUMMARY

BACKGROUND

Adolescence and early adulthood are critical periods in young people's development, with mental health challenges at this life stage having long-term impacts on wellbeing, relationships, and lifelong trajectories. Many young people experiencing complex or severe mental health challenges have limited access to care that is both timely and appropriate to their needs.

Youth Enhanced Services (YES) was developed to respond to unmet complex or emerging mental health needs among Australian young people. YES programs aim to bridge service gaps by integrating psychological and psychosocial care through a flexible model of care.

There is growing recognition that existing service data collection and evaluation approaches do not provide a comprehensive picture of YES programs. Thus, a case study project called 'Project Impact' was created to highlight the voices of young people, families, and service providers. This report presents findings from a case study with Tasmania's 'Synergy' program; one of the 67 YES programs currently operating in Australia, delivered by Life Without Barriers (LWB) who provide care for young people residing in Southern Tasmania. The program is funded by the Australian Government through Primary Health Tasmania (Tasmania PHN).

This case study aims to address the following key questions:

- What activities do they deliver and to whom?
- What are the program's strengths?
- What impact has the YES program had on young people, families, and the local healthcare system?
- What challenges does the program face?
- What are the opportunities for improvement?

METHODOLOGY

This study used a mixed-methods approach. Quantitative routine service data from young people accessing Synergy between 1 July 2024 and 30 June 2025 was collected and analysed using descriptive statistics. Qualitative data from 17 semi-structured interviews with 3 young people, 2 family members, and 12 service providers (6 Synergy staff, and 6 external stakeholders) were thematically analysed to generate key themes.

KEY FINDINGS

Synergy provides vital support for young people experiencing complex and severe mental health challenges. During the reporting period, Synergy supported 34 young people across 35 episodes of care. At referral, young people were aged 17.2 years on average and mostly engaged in secondary (51 per cent) or tertiary education (29 per cent). Over a third identified as LGBTQIA+ (35 per cent) and 23 per cent were living in short-term, emergency, or non-conventional housing.

“An essential service” providing flexible, holistic, wraparound care

Synergy is widely recognised in the region for providing “exceptional”, “top tier” care through its individually tailored, family-inclusive approach and commitment to care continuity. Outreach is a highly valued part of the program; Synergy recorded 765 outreach occasions, with staff travelling an average of 69 kilometres and spent 65 minutes per occasion. This reflects the large proportion of the cohort (48 per cent) residing in inner to outer regional areas of Southern Tasmania, including Kingborough and Central Highlands.

“I’m ready for the world”: Impacts on young people

Synergy fosters young people’s long-term trajectories by improving mental health, functional recovery, and engagement with education, work, and social connections. Over one third reported increased engagement with education (37 per cent) and work or vocation (34 per cent) during their time with Synergy.

While quantitative data did not reflect Synergy’s wider impacts, interview participants highlighted positive impacts on family wellbeing and relationships by helping to take the “weight off their shoulders”. Participants also recognised Synergy’s role in filling a gap in local youth mental health services and easing pressures on the broader healthcare system, with “no other services like it” in the region.

Doing “really good work” despite systemic challenges

Interview participants identified multiple challenges hindering Synergy’s delivery of effective, holistic care that were not captured through service data. Key challenges include:

- Limited program capacity due to small staff numbers, creating risks to staff wellbeing and limiting the number and types of referrals they can accept.
- Fragmented service continuity, resulting in difficulties with supporting young people transitioning into and out of the program.

Recommendations to make Synergy “bigger and better”

Reflecting a hope that others in the community can also benefit from Synergy, interview participants identified opportunities to strengthen the program’s reach and impacts through targeted funding, government and PHN support, and leveraging systemic resources. The following recommendations were developed for consideration by government and PHNs to support the program’s sustainability and future improvements:

- **Expand Synergy’s capacity** through increased staffing, integrated care, and revised program length.
- **Strengthen workforce capability** through protected time for professional development.
- **Enhance access and continuity** by reviewing eligibility criteria and referral pathways, and establishing clearer step-down options.
- **Better capture service activities and impacts** by improving data infrastructure and use of outcome measures.

CONCLUSIONS

This case study combines stakeholder insights with routine service data, demonstrating the value of hearing directly from people who have engaged with a service to illustrate its activities, impacts, and opportunities for improvement. Findings highlight the importance of flexible, integrated care for enhancing young people’s mental health and broader wellbeing. The recommendations offer directions for decision makers and funders to support the ongoing delivery and improvement of youth mental health care.





BACKGROUND

YOUTH ENHANCED SERVICES

Mental health challenges affect an increasingly large proportion of young people worldwide, with most not receiving timely or adequate care.^{2,3} Ensuring young people's access to effective youth-appropriate supports via integrated clinical intervention and psychosocial care is vital for enhancing recovery, broader wellbeing, and participation in everyday life.^{4,5}

In Australia, rising prevalence and severity of mental health conditions contribute to a 'missing middle service gap', particularly for young people whose needs are considered too complex for primary care yet not severe enough for tertiary mental health services.⁶ This gap stems from systemic barriers including inflexible services, limited service availability, workforce shortages, and social disadvantage.^{7,8} Youth Enhanced Services (YES) was introduced to address this service gap.⁹

YES is comprised of regional youth mental health programs commissioned by Primary Health Networks (PHNs), which aim to support young people who often fall through the 'missing middle' service gap presenting with or at risk of developing severe and/or complex mental health issues such as early psychosis, major depression, severe anxiety disorders, and personality disorders.⁹⁻¹¹ Care is focused on reducing the impacts of mental health challenges and addressing external factors (such as homelessness, family violence, and lack of social supports) to promote holistic wellbeing and functional recovery.

To aid the design and implementation of YES programs, Orygen developed a **YES Model**¹² which provides a flexible framework for providers to adapt programs to address local and individual needs while delivering best practice in youth mental healthcare. As of 2025, there were 67 YES programs operating across all states and territories of Australia. Though YES programs routinely collect service data such as client demographics and types of care delivered, the data provides limited insights into strengths, challenges, and wider impacts of program delivery.

PROJECT IMPACT

Project Impact combines service data and interviews with young people, families, and service providers to develop a case study of an individual YES program that answers the following questions:

- What activities does the YES program deliver and to whom?
- What are the program's strengths?
- What are the impacts of the YES program on young people, families, and the local healthcare system?
- What challenges does the program face?
- What are the opportunities for improvement?

This case study is not designed for benchmarking purposes. Rather, it aims to provide crucial insights into the Synergy program, supporting the continuous improvement of services and strengthening our collective understanding of the needs of young people experiencing severe and/or complex mental ill-health conditions.

The first Project Impact case study '[The Youth Enhanced Support Service - Western Sydney: A Case Study](#)' published in 2025, described the activities and impacts of a YES program in Western Sydney (YESS WS).

Synergy

Synergy is a YES program based in Hobart, delivered by Life Without Barriers (LWB) and commissioned by Primary Health Tasmania. It provides support for young people (aged 12–25 years) and their families with, or at risk

of, significant mental health challenges in the Southern Tasmanian region. The program integrates clinical care (including trauma-informed and therapeutic interventions such as cognitive behaviour therapy (CBT), dialectical behaviour therapy (DBT), acceptance and commitment therapy (ACT), and psychological assessments), wraparound psychosocial support, and case management for up to 12 months via outreach. Psychosocial support involves supporting young people to develop and implement skills, engage in exposure work, participate in sports and recreation, and (re-)engage in education and employment. As an outreach program, sessions typically occur in the community (e.g., homes, schools, natural environments, or while driving or while taking public transport).

During the 2024–25 financial year, Synergy's multidisciplinary team comprised a total of 4.1 FTE: one senior clinician (team leader; 0.8 FTE), two clinical staff (1.0 and 0.8 FTE), one senior youth worker (0.8 FTE), one operations manager (0.5 FTE), and one program assistant (0.2 FTE). In addition to direct service delivery, the Synergy team accesses primary and secondary consultations through Child and Youth Mental Health Services (CYMHS) teams to support young people's care and referral pathways, and secondary (primarily psychiatry-based) consultations through Orygen to support care plan reviews and professional development. The service established and continues to lead joint referral meetings where referrals and service options amongst local youth mental health (CYMHS and headspace) services are discussed.

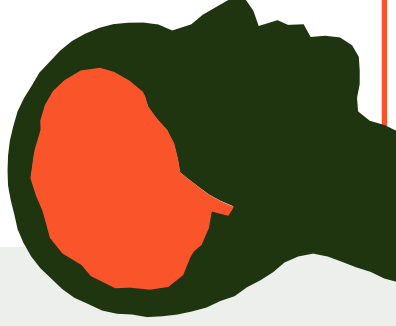


ELIGIBILITY CRITERIA

- Aged between 12–25
- Young person experiencing or at risk of experiencing severe and complex mental health issues
- Residing in Southern Tasmania
- Presentation and support needs assessed as level 4 of the Initial Assessment and Referral Decision Support Tool (IAR-DST)

KEY PRESENTING ISSUES

- Personality disorders
- Post-traumatic stress disorder
- Generalised anxiety disorder
- Disordered eating
- Depression
- Undiagnosed neurodevelopmental disorders
- Psychosocial issues such as unemployment, education, transport, financial stresses and unstable and unsafe accommodation



INTAKE

headspace Hobart, Eastern Shore headspace and CYMHS discuss potential referral with their respective clinical lead

Clinical leads contact Synergy senior clinician for discussion around capacity of the program and young person's presentation

Synergy presents at clinical review meeting, if appropriate and there is capacity, referral can be discussed at joint meeting where collateral service information is gathered

Referral formally accepted, young person is allocated to clinician for warm handover and assessment

REFERRAL PATHWAYS

If referral is out of scope or no capacity, senior clinician works with services lead to discuss alternative options

Referrals can come from outside joint referral process but are redirected to alternative supports

YOUNG PERSON MEETS ELIGIBILITY FOR SERVICE

GOALS

Program goals: to support the young person to develop skills and strategies to manage their mental health goals, while also providing wrap around supports to improve their functional capacity and meet complex psychological and psychosocial needs in a holistic manner. Consideration of discharge planning and treatment endings with the young person from the start of the episode of care.

Young people's goals: Collaboration with the young person, clinician, family and supports to define goals, reviewed every 3 months and modified or completed. Progress towards goals is measured through outcomes measures (qualitative and quantitative) every 3 months.

ENHANCED ACCESS

- Community based outreach and home visits for most of the work
- In-reach to school settings
- Ability for clinician/youth worker to support young person to attend GP, psychiatry, employment services
- Capacity to adjust work hours to support clients during weekdays
- Telehealth as required



THERAPEUTIC SUPPORTS

- Therapeutic support provided by allocated clinician and senior youth worker, including wrap around clinical case management offered weekly or more frequently in response to client need, across clinical, psychosocial and case management activities
- Psychological interventions including Dialectical Behaviour Therapy (DBT), Cognitive Behaviour Therapy (CBT), Acceptance and Commitment Therapy (ACT) and DNA-V, Eye Movement Desensitization and Reprocessing (EMDR) & Schema Therapy
- Regular communication with school wellbeing teams
- Advocacy and support for YP to access NDIS, Centrelink payments
- Exposure activities in community settings aligned with YP's goals
- Primary and secondary psychiatry consultations as required through CYMHS
- Regular communication with GPs, paediatrician and other medical professionals

STAFFING PROFILE

Clinician 1 FTE (Mental Health Social Worker)
Clinician 0.8 FTE (Social Worker)
Senior Clinician 0.8 FTE (Clinical Psychologist)
Senior Youth Worker 0.8 FTE
Program Assistant 0.2 FTE
Operations Manager 0.5 FTE (Social Worker)

CASELOADS

10 - 12 clients per full time FTE for a clinician

DURATION OF CARE

Up to 12-month episode of care with capacity to extend where clinically appropriate and in response to the client's needs

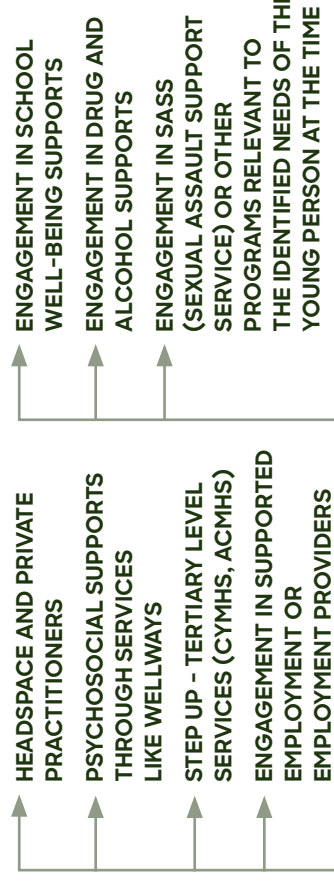
PARTNERSHIPS AND INTEGRATION

- Step up to the CYMHS Youth Extended Team (18-24 year olds) and psychiatry primary and secondary consults
- Step up to CYMHS Community Team (under 18s)
- headspace Eastern Shore and headspace Hobart as step down option as well as private psychology options
- Developing relationships with the headspace Early Psychosis Hobart service for step across options

PROGRESS MONITORING

- YP complete client voice form as part of review, highlighting progress and feedback to the team/program
- 3 monthly clinical reviews
- Outcome measures (AQoL, K10, SDQ)
- SOFAS as a clinician measurement of functioning
- Psychometric measures to monitor symptom severity as clinically indicated (e.g. DASS, RCADS, PCL-5, MDQ)
- Measures of function to monitor improvements/decline in functioning as indicated (e.g. WHOQOL, LSP, ABAS-3)

WARM HANDOVER TO EACH OF THE SERVICES BELOW TO SUPPORT TRANSITION



DISCHARGE



METHODOLOGY

This case study utilised a mixed methods study design, incorporating quantitative (numbers-based information that provides information about the program's reach and the activities delivered) and qualitative data (words-based information that captures people's experiences, perceptions, and insights). Quantitative and qualitative insights are incorporated into the ['Findings'](#) section of this report and informed the recommendations presented in the ['Recommendations to make Synergy "bigger and better"'](#) section.

QUANTITATIVE DATA ANALYSIS

Service data collected between 1 July 2024 to 30 June 2025 was extracted from the LWB client management system, including:

- Demographics: age, gender, Aboriginal and Torres Strait Islander status, country of birth, LGBTQIA+ status, employment, education, residential postal code, accommodation status, referral source.
- Clinical characteristics: primary (principal clinical concern) and secondary (additional or co-existing) presenting issues. Presenting issues were recorded by staff at referral and the end of the care episode (or their most recent/current presenting issue if still in the program).
- Service activity: duration of care, number of service contacts, types of services accessed, number and type of referrals out, outreach activity (distance travelled, time spent on outreach, and locations of outreach visits).
- Outcome measures: Kessler Psychological Distress Scale (K10), Strengths and Difficulties Questionnaire (SDQ), Social and Occupational Functioning Assessment Scale (SOFAS), and work and study outcomes (work/study status at episode start versus most recent status reported by staff).

Data was analysed using descriptive statistics. To allow pre- and post-program comparison of outcome measures, K10, SDQ, and SOFAS analyses were restricted to the first (episode start) and most recent (e.g., service exit) available scores within each episode of care during the reporting period.

QUALITATIVE DATA ANALYSIS

Qualitative data was collected via semi-structured interviews. Synergy staff approached eligible participants including:

- Young people: aged 12–25 years and had received at least three months of care at Synergy within the last 12 months.
- Family members: aged over 18 years and were the parent, guardian, or primary support person of an eligible young person.
- Staff: from Synergy, LWB, Primary Health Tasmania, and other local mental health services (e.g. private providers) who had a relationship with the Synergy program.

Interviews were conducted online between November 2025 and February 2026, and transcripts were qualitatively analysed using applied thematic analysis.¹³

Ethical approval for this study was granted by the University of Melbourne Human Research and Ethics Committee (2024–30166–57193–3).





FINDINGS

This section presents insights from quantitative service data and key themes generated through qualitative analysis of interviews. Quantitative data was drawn from 35 episodes of care while a total of 17 participants took part in interviews: three young people, two family members, six Synergy staff members, two Primary Health Tasmania staff members, and four staff from other mental health services.

CHARACTERISTICS OF YOUNG PEOPLE ACCESSING SYNERGY

Between 1 July 2024 and 30 June 2025, 34 young people accessed the Synergy program. One young person had two episodes of care in this time, resulting in a total of 35 episodes. Table 1 presents a summary of young people's demographics at episode start. Young people were aged 17.2 years on average, mostly identified as female, and were engaged in secondary or tertiary education. Over a third of young people identified as LGBTQIA+. Around one-fifth of young people were living in short-term, emergency, or non-conventional housing, reflecting higher proportions than the general population.¹⁴



Table 1. Demographics of young people in the synergy program at referral (n=35)

CHARACTERISTIC	NUMBER (%)
Age (years)	
12–15	10 (29%)
16–18	16 (46%)
19–21	5 (14%)
22–25	<5 (11%)
Gender	
Female	19 (56%)
Male	6 (18%)
Other ^a	9 (26%)
LGBTQIA+ identifying	12 (35%)
Aboriginal and/or Torres Strait Islander (TSI) status	
Aboriginal	5 (15%)
Neither Aboriginal/TSI	29 (85%)
Country of birth	
Australia	29 (85%)
Outside Australia	5 (15%)
Education status	
Secondary education ^c	18 (51%)
Tertiary education ^d	10 (29%)
Not engaged	7 (20%)
Employment status	
Not in the labour force ^b	17 (49%)
Employed	<5 (6%)
Unemployed	16 (46%)
Accommodation status	
Established home	27 (77%)
Short-term or emergency accommodation	6 (17%)
Sleeping rough or in non-conventional accommodation	<5 (6%)

Note: Percentages may exceed 100% due to rounded values.

a. 'Other' categories include: 'non-binary or other gender diversities (n=4, 44%); 'prefer not to say' (n=3, 33%), and 'not defined' (n=2, 22%).

b. 'Not in the labour force' is defined as those aged over 15 years who are neither 'employed' nor 'unemployed', including people who undertook unpaid household duties or other voluntary work only, voluntarily inactive, and those permanently unable to work.¹⁵

c. Includes mainstream, alternative, or online schooling, and 'limited engagement with secondary education' (few hours or days per week; 17%, n=6).

d. Includes college, TAFE, or university, and 'limited engagement with tertiary education' (inconsistent attendance or deferred from studies; 6%, n<5).

“AN ESSENTIAL SERVICE” PROVIDING FLEXIBLE, HOLISTIC, WRAPAROUND CARE

This first overarching theme reflects how Synergy provides much-needed support for young people requiring care for complex and severe mental health challenges in Tasmania. Participants across all interview groups valued how Synergy provides its model of care through a range of supports and intervention modalities, outreach, family inclusion, commitment to care continuity, and skilled workforce. Staff were frequently commended for providing “exceptional”, “top tier level of care”, and the program was widely recognised and trusted within the region.

Outreach

Synergy offers outreach services including therapeutic interventions, skill development, and functional support for young people such as attending healthcare appointments and school and engaging in volunteer work. During the reporting period, Synergy provided a total of 765 outreach contacts. Most outreach (79 per cent, n=605) occurred in ‘other’ settings, such as sessions in the car or public transport while travelling, as well as at cafes, beaches, and other places in young people’s local communities. Outreach was also delivered in young people’s homes (10 per cent, n=77), schools or educational settings (four per cent, n=33), and GP clinics (three per cent, n=23). Sessions held in headspace centres, young people’s workplaces, and other medical or primary care settings each accounted for less than one per cent of outreach contacts.

Staff described how outreach enables them to model skills and behaviours, co-regulate emotions, problem-solve, and provide feedback and encouragement to young people in real time. Young people interviewed expressed that engaging in therapeutic work in the community, doing activities they enjoy in familiar places of their choice and where they feel comfortable, was more preferable than in traditional clinics or office-based settings.

“ I think the environment made me more comfortable to open up, I don’t think going to Hobart and sitting in a small office talking to a psychologist would help me. I think I would get overwhelmed... feel a bit closed in... and, even if I liked the psychologist, I couldn’t see myself getting excited about it.”

YOUNG PERSON

“ We’re not just having to ask them about it, we see it [and] we’re able to act in real time with them on what’s working... for a lot of young people self-reflection can be really, really hard... So, us being in there in real time, we can help them do that and help them see things clearer...”

STAFF

“ You get such a deeper level of therapeutic relationship and understanding of the young person. The clinician is able to see so much more and not rely just on first report for the young person or prior records.”

STAFF

Synergy provided outreach to young people and families living in rural regions. Figure 1 shows young people’s area of residence at referral categorised by local government area and geographic remoteness level.¹⁶ Most young people resided in Glenorchy (29 per cent, n=10) and Hobart (23 per cent, n=8). A large proportion resided in the inner/outer regional areas of Kingborough, Huon Valley, Southern Midlands, Central Highlands (each 14 per cent, n=5), and Sorell (nine per cent, n=5). Acknowledging that regional areas have limited options and accessibility of developmentally appropriate supports, interview participants highlighted that Synergy’s outreach component “took those barriers away and provided [young people] with that level of connection that they needed,” (external stakeholder).

The map displays the state of Tasmania, divided into its various Local Government Areas (LGAs). The LGAs are color-coded based on their remoteness:

- Inner regional areas (Red):** These include Glenorchy, Hobart, Sorell, Brighton, Clarence, and Rosny Park.
- Outer regional-remote areas (Blue):** These include Central Highlands, Southern Midlands, Huon Valley, Kingborough, and Flinders.

Other LGAs shown include Circular Head, Waratah-Wynyard, West Coast, Derwent Valley, Meander Valley, Kentish, Central Coast, Burnie, Devonport, George Town, West Tamar, Launceston, Northern Midlands, Break O'Day, Glamorgan-Spring Bay, Tasman, and Dorset. Numerous towns and cities are labeled throughout the state.

Legend

- Inner regional areas
- Outer regional-remote areas

TASMAP PRODUCTION

Table 2 summarises the distance and amount of time travelled to provide outreach care for young people. Within the reporting period, staff spent a total of 34,105 minutes (approximately 568 hours) and travelled 36,182.9 kilometres to provide outreach. The discrepancy between means and medians for distance and travel time reflect the large proportion of young people residing in farther regional areas from where LWB is physically located.

“ They’re servicing rural communities that otherwise may not be serviced.”

EXTERNAL STAKEHOLDER

Table 2. Distance and time travelled per outreach contact (n=765)

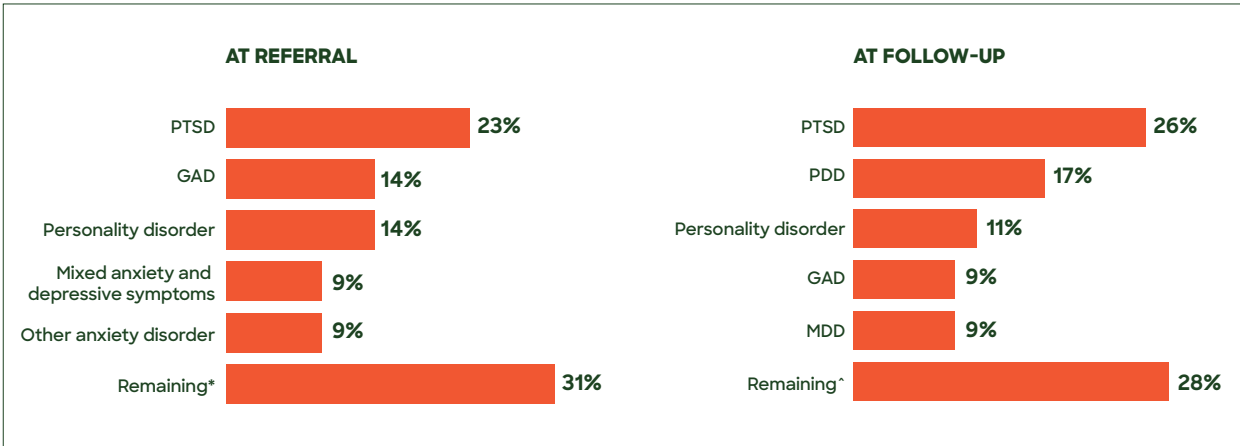
MEASURE	DISTANCE TRAVELLED (KM)	TRAVEL TIME (MINUTES)
Average (mean)	69	65
Median	51	50
Minimum	1.5	10
Maximum	1,239	280
Total	36,183	34,105

Individually tailored care

Young people presented with a range of primary diagnoses during episodes of care, with these fluctuating throughout episodes; illustrated in Figure 2 at referral and end of care (or at most recent diagnosis for young people still in care). Post-traumatic stress disorder (PTSD) was the most common principal diagnosis at both referral

(23 per cent, n=8) and follow-up/end of care (26 per cent, n=9). Pervasive developmental disorder (PDD)—a diagnostic term now more commonly known as autism spectrum disorder—was recorded only at follow-up/end of care (17 per cent, n=6), indicating diagnosis of previously unidentified presenting issues occurs within Synergy.

Figure 2. Primary diagnosis at referral and follow-up/end of care (n=35)



Abbreviations: GAD: generalised anxiety disorder, MDD: major depressive disorder, PDD: pervasive developmental disorder, PTSD: post-traumatic stress disorder.
Note: ‘Remaining’ diagnoses include agoraphobia, bipolar disorder, eating disorder, social phobia, and ‘other’ diagnoses at both time points; *in addition to cyclothymic disorder and major depressive disorder at referral only, and ‘adjustment disorder, mixed anxiety and depressive symptoms, and social anxiety at follow-up only.’ⁱ

ⁱ ‘Other’ reflects a service-level classification (aligned with minimum dataset reporting requirements) used for presentations not captured by prescribed diagnostic categories, including subthreshold symptoms, emerging or partial diagnoses, or clinically significant traits without a formal diagnosis.

Service data also showed the range of settings that referred young people to Synergy. Of the 24 episodes of care with recorded referral sources, most were from public mental health services (67 per cent, n=16) such as Child and Youth Mental Health services (CYMHS); the remaining referrals came from community organisations (e.g., headspace), public hospitals, general practice, and self-referrals (each n<5).

Reflecting the diversity of young people presenting to Synergy, the data shows how different supports and service components are tailored to address individual goals and circumstances, rather than taking a “cookie cutter” or one-size-fits-all approach. Staff and external stakeholders described how the program undertakes a three-month assessment period, alongside therapeutic work and formulation, to “understand who the young person is, what’s going on for them, [and] the why behind it,” (staff).

“ They’re not treatment resistant. It’s the system that’s not working for them.”

STAFF

Interview participants highlighted this flexible, responsive, and strengths-based approach as a key strength of the program. Young people particularly valued how intervention was centred around their needs and preferences. Staff also noted how the program’s intensity (in terms of therapeutic work and session frequency) was beneficial for young people requiring intensive mental health support.

“ Every young person that comes through the door is an individual and we work with them in that way. There’s no cookie cutter approach for mental health... We look at what’s going on for each individual and tailor what we need.”

STAFF

“ I got to do things that I liked, whether it was going for a walk or getting a coffee... the Synergy program really worked for me because it was not completely on my terms, but it was, “what would you like to do? How can we make you more comfortable?”

YOUNG PERSON



“ You can choose how often you want them, the length of the appointments... You can choose the location. It doesn’t have to be at the office, they offer phone sessions if necessary, which I took them up on... they catered everything around each individual person depending what care they needed.”

YOUNG PERSON

“ There’s so many instances where they’ve been able to pick up on things that haven’t been recorded previously... I think it’s because the clinicians are out with the young people in a different way than they’ve been interacting with healthcare professionals before.”

STAFF

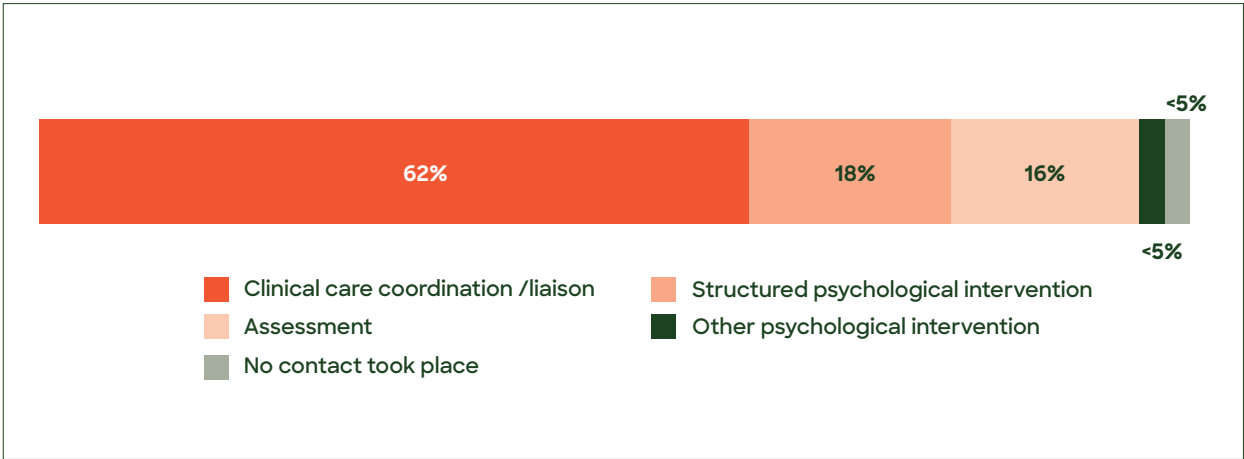
A total of 2,096 service contacts were recorded within the reporting period, summarised in Figure 3. Most service contacts were for clinical care coordination and liaison (62 per cent, n=1,295), followed by structured psychological interventionsⁱⁱ (18 per cent, n=367) and assessments (16 per cent, n=341). A small proportion involved other psychological interventionsⁱⁱⁱ (less than five per cent, n=50), while less than five percent (n=43) indicated that no service was delivered (e.g., a young person was unable to attend a scheduled contact).

Reflecting this data, interview participants identified a range of intervention modalities that Synergy offers such as cognitive behavioural therapy (CBT), dialectical behaviour therapy (DBT) and radically open DBT (RO-DBT), psychosocial support, family programs, and trauma informed therapeutic work.¹² Staff also recounted instances of providing specialised intervention for complex mental health challenges such as eating disorders

and personality disorders when required, despite having limited clinical capacity to provide these. Participants valued Synergy for being a free service, offering a range of options that would typically require significant out-of-pocket payments in other local services.

No activity was recorded for several service type categories including psychosocial support, clinical nursing services, child or youth-specific assistance, cultural-specific assistance, and access to Allied Psychological Services program. Given no ‘psychosocial support’ activities were recorded, this highlights a discrepancy with interview data as participants described a range of ways Synergy provides psychosocial support such as emotional and behavioural skill development, encouraging engagement with services and education, and involving family and other support people in care. This suggests a mismatch between the data MDS captures and the program’s activities.

Figure 3. Service contacts, by type (n=2,096)



ii ‘Structured psychological interventions’ are defined as recognised structured techniques utilised to support mental health issues such as but not limited to psychoeducation, motivational interviewing, Cognitive Behavioural Therapy (CBT), skills training, interpersonal therapy, and relaxation strategies.¹⁵

iii ‘Other psychological interventions’ are defined as those not meeting criteria for ‘structured psychological interventions’ such as narrative therapy.¹⁵

Flexible episodes of care

Interview participants identified Synergy's nominal 12-month episode of care as a strength, as it enables staff to get to know young people (particularly those with complex presentations), build rapport and trust within therapeutic relationships, establish psychosocial stability, identify presenting and underlying issues, and engage in deeper therapeutic work without feeling "rushed". Within the reporting period, young people's average duration of care was 260 days (range: 3–641 days, median: 231 days). Figure 4 shows that most episodes of care lasted up to 12 months (71 per cent, n=15), while almost one third (29 per cent, n=10) were longer than the program's nominal 12-month length. These data include episode lengths calculated up to 30 June 2025 for episodes that remained open on that date.

“We get to understand their situation and their life in a deep level, working with them for 12 months, we get to understand not just what skills work and why, but what gets in the way... I think the 12-month time frame gives us a really good opportunity to assess, to formulate, to intervene, and to provide stabilisation before therapy.”

STAFF

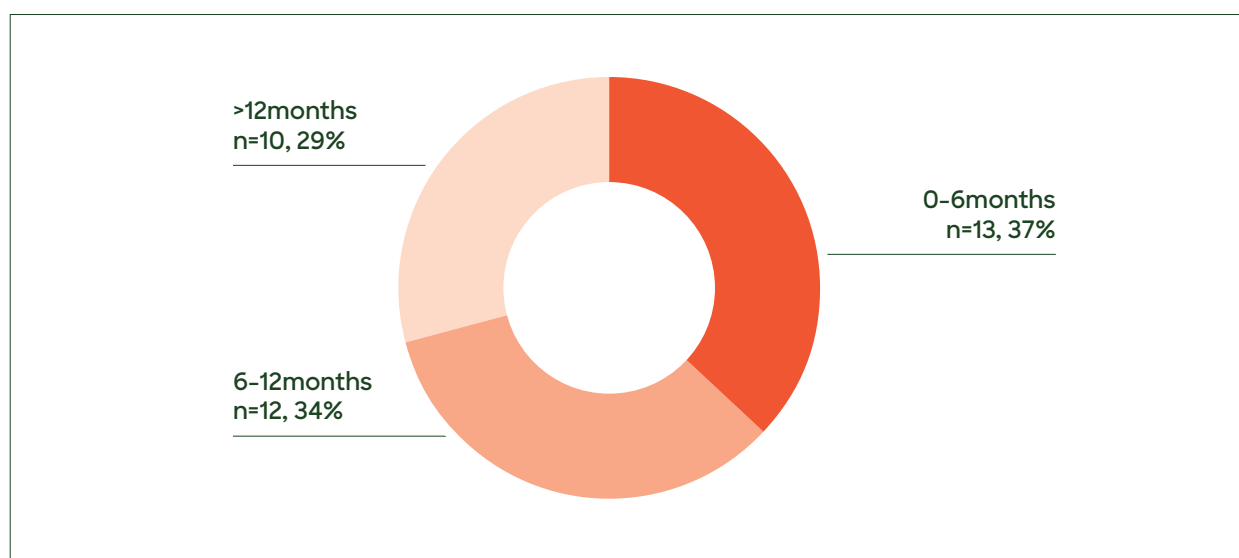
Notably, almost one third of episodes of care were longer than the program's nominal 12-month timeframe. Interviews highlighted Synergy often extends episodes according to individual circumstances rather than exiting young people who still require care.

“I'm thinking of another family that I'm working with at the moment who has actually finished the 12 months, but we're going to have to extend it indefinitely at the moment because of the complexities...”

STAFF

Synergy made a total of 160 referrals to external services within the reporting period. Referrals were sent both during and at the end of episodes of care and were mostly directed to medical support services (e.g., urgent care clinics; 16 per cent, n=25), support lines (e.g., Lifeline; 13 per cent, n=21), and emergency services (12 per cent, n=19).

Figure 4. Young people's duration of care (n=35)

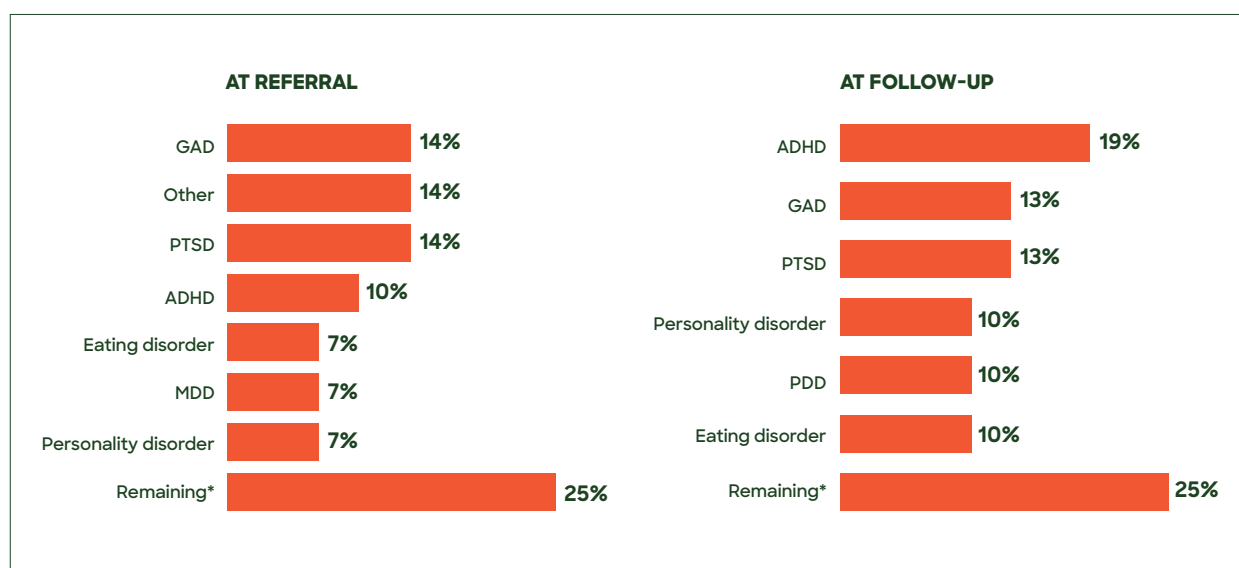


Specialist assessments

Synergy supports young people and families to access specialist (including neurodevelopmental and cognitive) assessments and support. Where financial or engagement barriers are identified, the Synergy senior clinician (who has clinical psychology qualifications) will conduct cognitive assessments with young people. Participants acknowledged the prevalence of autism, ADHD, and learning or cognitive difficulties among young people in Synergy, many of which had not been identified or were the focus of interventions at previous services. Figure 5 displays secondary diagnoses at referral and follow-up/end of care among those with available data at referral (80

per cent, n=28) and follow-up/end of care (91 per cent, n=31). Notably, ADHD was a secondary diagnosis for 10 per cent of young people at referral and increased to 19 per cent at follow-up/end of care; similarly, PDD was a secondary diagnosis for less than five per cent at referral and increased to 10 per cent at follow-up/end of care. Interview participants identified the diagnosis of previously overlooked neurodiversity as a key strength as it enabled individually-tailored care that supported young people's sense of identity and self-understanding.

Figure 5. Secondary diagnosis at referral (n=28) and follow-up/end of care (n=31)



Abbreviations: ADHD: attention deficit hyperactivity disorder, MDD: major depressive disorder, GAD: generalised anxiety disorder, PDD: pervasive developmental disorder, PTSD: post-traumatic stress disorder.

Note: 'Remaining' includes anxiety symptoms and panic disorder at both time points; *in addition to agoraphobia, depressive symptoms, mixed anxiety and depressive symptoms, other anxiety disorder, and PDD at referral only, and ^chromosomal disorder, cyclothymic disorder, generalised and social anxiety, and 'other' at follow-up only.

“ Sometimes young people come to us, and they’ve been seeing people since they were five or six and things aren’t getting better. And when we look at it, there’s neurodiversity there that no one’s ever picked up.”

STAFF

“ He’s been diagnosed with autism now. Helping us get a diagnosis for him [paved] the way to where he’s at now.”

FAMILY MEMBER

Family inclusive care

As service data on family involvement was not available, insights on family inclusive care were illustrated through interviews. Interview participants frequently mentioned how Synergy involves families in young people's care to ensure "there's enough connection to support that young person ongoing". Staff and external stakeholders noted that many young people in Synergy come from family backgrounds characterised by trauma, disrupted relationships and socioeconomic disadvantage. Because of this, participants highlighted the importance of understanding the young person's context including their family relationships and home environments, to inform care and strengthen young people's support networks to sustainably improve wellbeing.

“ Witnessing of the family dynamics and the deeper understanding of the family relationships is a real success, to be able to work on what's at the core.”

STAFF

Interview participants described a range of ways the program provides support to family members, such as psychoeducation and open communication with the family unit throughout the young person's recovery journey.

“ They have offered us as a family, programs to go to, to understand things, even just emailing the information about psychosis and depression and everything that I need to know, I had no idea about any of it.”

FAMILY MEMBER

“ Whilst [they're] also there helping [my son], if I have questions about [my daughter], she'll send me the information... to go and have a read and find out some information.”

PARENT

Continuity of care

Interview participants described Synergy's commitment to continuous care to ensure young people experience safe and comfortable transitions between services.

Staff described a “warm handover” process where they meet young people before they enter the program and work with the referring service, sometimes “months in advance”, to ensure smooth transitions. Throughout episodes of care, staff maintain awareness of appropriate services for young people to move onto when they exit and provide opportunities to meet with the new service or clinician. Participants considered these processes critical in supporting young people's service engagement because it prevented them from repeating their history and clinical information, and provided a gradual transition into a service whose approach may be different. Additionally, participants highlighted the program's efforts in working across sectors, such as with primary care and youth accommodation, to ensure young people have access to the necessary connections to support their broader wellbeing needs.

“ No young person comes into our program without us meeting with them and the person that they're working with. No young person goes out of our program without us meeting with them and the person that we're handing them over to.”

STAFF

“ She worked really, really hard to engage this young person and communicated with me the whole way through about a plan to step down... I haven't worked with many services that work that hard.”

EXTERNAL STAKEHOLDER

“ They're working with really complex psychosocial presentations and doing a fantastic job at keeping all parts of the system involved, whether it be GP or school sites or school counsellors.”

EXTERNAL STAKEHOLDER

High-quality care

Participants across all interview groups valued the qualities and capabilities of Synergy's staff, describing them as "passionate", "empathetic", "skilled", "experienced", "kind", "caring", and "respectful". Synergy's "small but mighty team" was frequently commended for its high-quality work in responding to young people's challenges and complexities and building strong therapeutic relationships. Participants also commended Synergy's team for leading the integration of youth services in the Southern Tasmanian region through the establishment of joint referral meetings, regular communication, and collaborative partnerships with local service providers.

“ I was always excited to have an appointment with [staff].”

YOUNG PERSON

“ The team are really passionate about making a meaningful difference in the lives of young people and just strive every way to do so.”

STAFF

“ I think it's exemplary, the level of clinical expertise that they have been able to maintain in their workforce to service a very broad presentation of needs from young people.”

EXTERNAL STAKEHOLDER

“ It can be a lottery sometimes as to what you step down care towards... but with Synergy, myself and my colleagues never had any doubt that the stepping down of care to Synergy would always be in good hands.”

EXTERNAL STAKEHOLDER

Interview participants also commended the Synergy team's high level of specialist capability and willingness to work with young people with complex challenges. This is supported by Synergy's leadership who highlighted their commitment to professional development to support staff wellbeing and safety and ensure consistent delivery and improvement of care.

“ [We have] hugely skilled staff that we personally in our budgets invest huge amounts of training in to make sure they're able to provide the best possible care they can to those young people and be as skilled as they can.”

STAFF

“ I haven't worked with many services that work that hard. I think for a really complex young person, a private psych would have given up, I would have given up immediately to be honest... but they work really, really hard. I remember being quite astounded by that.”

EXTERNAL STAKEHOLDER

Synergy's 'dual worker model' which utilises both a clinician and a senior youth worker in young people's care, was considered "instrumental" in bridging clinical and psychosocial support, and in identifying where gaps may exist in the care plan.

“ Having that dual support where the clinicians focus on more the therapy side and [the peer worker] being there to help them practice skills in a practical and community setting... there's a feedback loop that occurs because I get to see if certain strategies are working, if they're not, what things they're struggling with.

STAFF

“ We can wrap around young people when things aren't going well... We can bring in the senior youth worker to embed those skills and give more intensity to the supports rather than young people having to move on because they're getting 'too much' or 'too hard' for our program.”

STAFF

“I’M READY FOR THE WORLD”: IMPACTS ON YOUNG PEOPLE

Synergy fosters young people’s “trajectory for the long term” by supporting their mental health and functional recovery, enhancing confidence and self-understanding, strengthening their “skills to adapt to challenges”, and increasing engagement with study, work, and social connections. Overcoming challenges such as using public transport and going to the supermarket were noted achievements in young people’s recovery and sense of progression.

“ I feel ready for the world. I’m not scared. I’m not stuck.”

YOUNG PERSON

“ I don’t know what I would have done without them. I feel like [my son] would be in a completely different situation now without them.”

FAMILY MEMBER

“ [Synergy] has become a service that has made access to care better than it was prior to the service being in place.”

EXTERNAL STAKEHOLDER

“ There’s no other service like theirs in the south of the state. There’s certainly mild to moderate, but most of the services that we can transition to is fee-for-service models or private models, and not everybody can afford that sort of support.”

EXTERNAL STAKEHOLDER

Mental health and wellbeing

Interview participants noted several improvements in young people’s coping skills, confidence, and independence, all of which promoted a more positive outlook on life and themselves. Staff recognised that upon entry to the program, many young people had a sense of mistrust in healthcare due to previous negative and inadequate experiences. Staff perceived an increased level of young people’s faith in services, observing an increased willingness to seek support and engage with services. Young people reported feeling happier and more hopeful than they did prior to attending Synergy. These insights contrasted with the limited amount of quantitative outcome measure data (K10: n=8, SDQ: n=5) which showed negligible improvements in young people’s outcomes.

“ [They] encouraged me to be more independent and outgoing and confident... I’ve noticed I’ve been more happy and optimistic about things... I also find that I can handle stressful and uncomfortable situations better since I’ve been seeing Synergy.”

YOUNG PERSON

“ She’s more serene and flexible and adaptable. And I can only guess that it’s come through this program teaching her strategies.”

FAMILY MEMBER



Synergy supported young people's understanding of themselves and any diagnoses that were previously overlooked. Participants recognised this helped build young people's sense of identity which in turn enhanced recovery by giving them the knowledge and tools needed to self-manage symptoms.

“ I pretty much started seeking help in 2022, and for those two years, I was not getting anywhere, I started to feel like, ‘OK, maybe I’m beyond help. This is just how I am.’ And then when I started with Synergy, for the first time ever, I felt comfortable to be vulnerable. I felt safe, seen, and heard.”

YOUNG PERSON

“ [The staff were] like, all right, let's do all the screenings, let's rule some things out and we'll go from there, which I found incredible. Then [they] figured out that BPD was actually the main cause of everything, but there was also mixtures of ADHD and neurodivergence. So, we altered our appointments around that, understanding it more, figuring out why my brain works the way that it does, why I view the world the way that I do.”

YOUNG PERSON

“ [They] help me with therapy... Talking about trauma and things I've been through, and challenges I'm encountering... I'm learning how to cope with them for the future, so I can be more wise in dealing with challenges and coping with the trauma”

YOUNG PERSON

“ Synergy provided them with an ASD diagnosis that I don't think would have occurred without that level of care and that level of attention to detail... nothing like that had been picked up. So that provided that young person with clarity on themselves and clarity on how they see the world and how people respond to them and why they respond in particular ways.”

EXTERNAL STAKEHOLDER

Social benefits

Participants reported enhanced capacity, willingness, skills, and confidence to socialise which in turn improved young people's relationships with parents, siblings, and friends.

“ I was very isolated, but now I'm getting out there. I am pushing myself to make these friends and when I have made them, I'm like ‘I'm going to communicate every day. We're going to see each other. We're actually going to do things rather than make a friend and nothing goes anywhere.’”

YOUNG PERSON

“ [He's] even going and hanging out with his friends. Not often. But definitely more than just talking to them online.”

FAMILY MEMBER

“ The support that we provide young people, helping them learn to regulate their emotions, [can create] less instability in their friendships.”

STAFF



Functional benefits

Alongside mental and social wellbeing improvements, participants also noted positive outcomes in functioning and daily living. Positive impacts included enhanced practical life skills such as organising appointments, obtaining their driver's licence, taking public transport, and improved physical health. These reported improvements reflected young people's sense of achievement, independence, and moving forward in their lives. Quantitative outcome measure data supported these insights to an extent, though SOFAS scores were available for only 14 episodes and therefore not possible to analyse or draw conclusions from.

“ I'm able to be more flexible in my day-to-day life and not get as stressed and upset about it. I'm also able to catch the bus on my own now.”

YOUNG PERSON

“ It's nice that he says, 'I want to come to the shops,' like he's just got different coping mechanisms... if we're at a supermarket and there's a lot of people around, he feels confident now to say, 'I've had enough, can we go home now?'"

FAMILY MEMBER

“ I was always staying at home. I really don't know what was going on in my life. I didn't focus at school. I was just nothing really... I would just go for a walk and go home and I struggled with an eating disorder and I was just focusing on that because that's the only thing I could do and just watch a movie. I didn't really have much in life until they came along.”

YOUNG PERSON

“ One of them had significant speech and language difficulties as a result of both the trauma, developmental adversities generally, and lack of schooling... It's quite moving thinking about the great work that Synergy did, helping her start to get out and live life and regain some place in the community.”

EXTERNAL STAKEHOLDER

“ We get them engaged with their GP [regularly], we get better care for their physical health needs. We know that anybody with a mental health issue is likely to have higher rates of physical health issues and not address them... we're teaching young people early that looking after their physical health is really important.”

STAFF

Service data highlights improvements in young people's education engagement during their episode of care, illustrated in Figure 6. Over one third reported improved engagement with education (37 per cent, n=13), including those who reported increased attendance, progression or completion of an education pathway (e.g. completed year 12; each 14 per cent, n=5), or both (increased attendance frequency and progression/completion; 9 per cent, n<5) since referral. Disengagement was uncommon during the reporting period, occurring in only three per cent (n<5) of episodes, and follow-up data were unavailable for one fifth (20 per cent) of episodes.

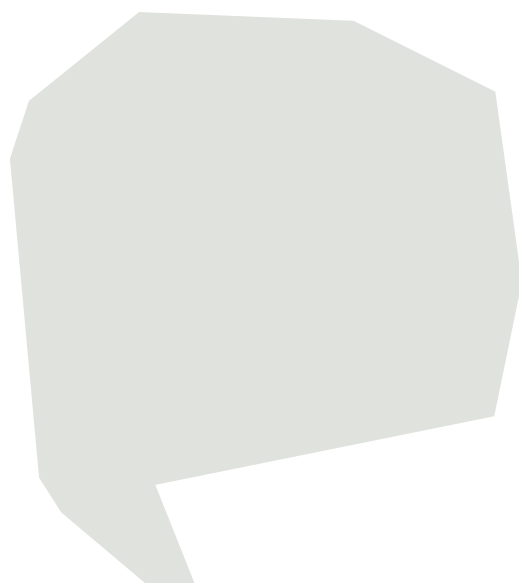
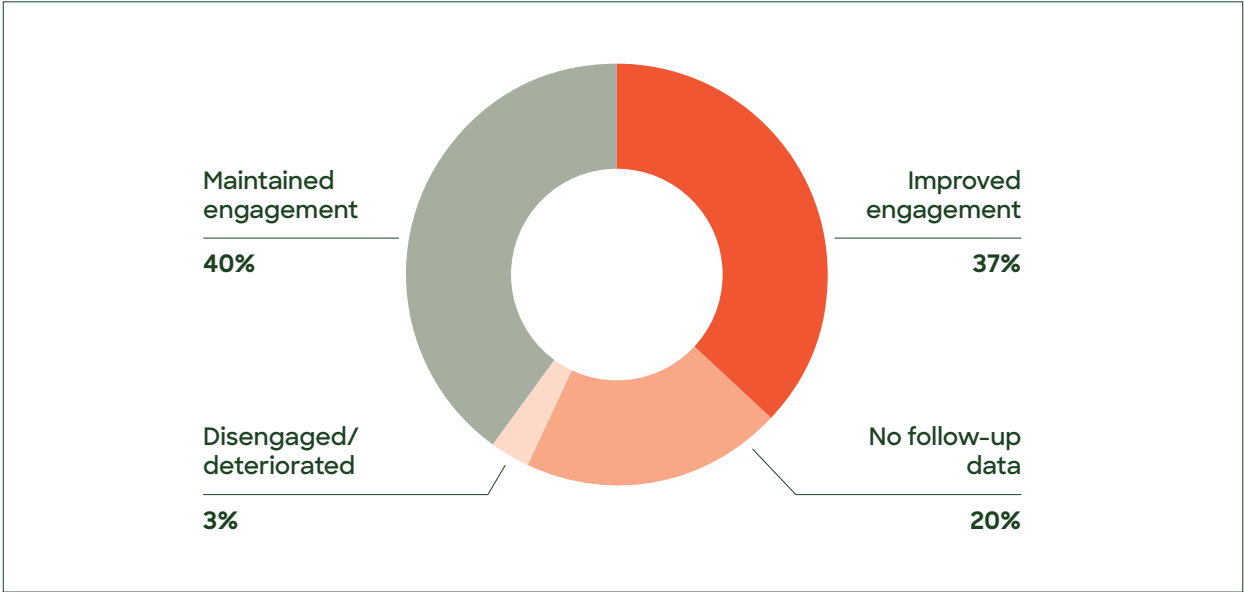


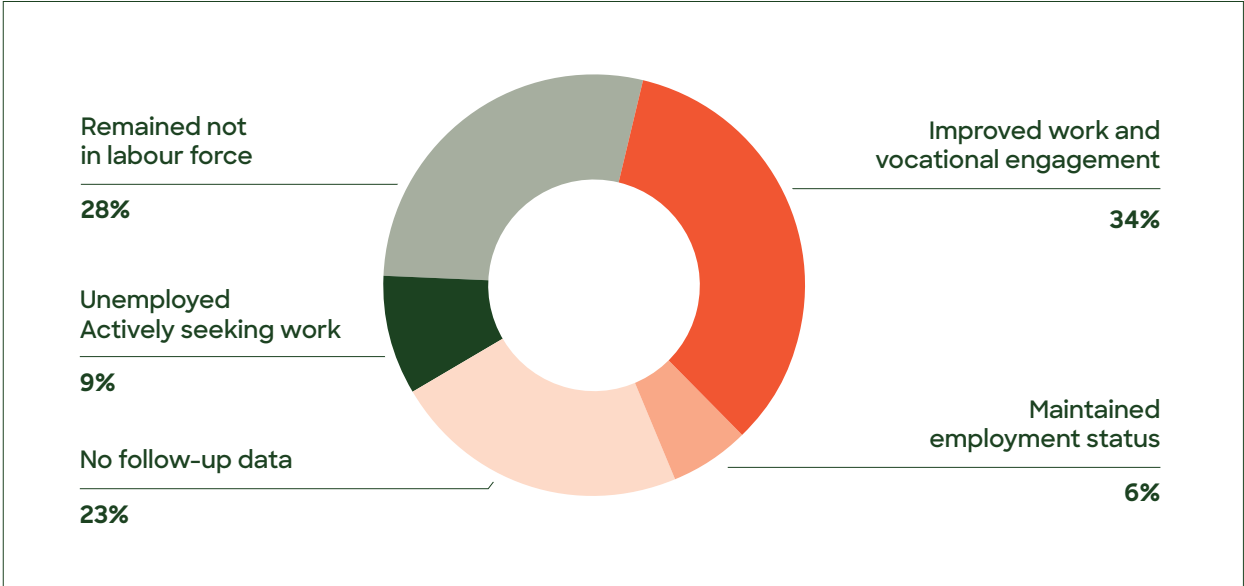
Figure 6. Change in education engagement throughout episode of care (n=35)



Similarly, the data indicate increased vocational engagement among young people within the program, illustrated in Figure 7. Over one third of episodes (34 per cent, n=12) reported improvements in work or vocational engagement (such as commenced employment or volunteer work, commenced or completed vocational training, or increased from casual to part-time

or full-time work). A further six per cent (n<5) reported the same or similar employment status since referral. The remaining subset of the cohort included nine per cent (n<5) who were unemployed but actively seeking work, 29 per cent (n=10) who remained not in the labour force since referral, and 23 per cent (n=8) with no follow-up data reported.

Figure 7. Change in work and vocational engagement during episode of care (n=35)



IMPACTS ON FAMILIES AND THE LOCAL HEALTHCARE SYSTEM

In addition to the impacts on young people, interview participants recognised Synergy's wider impacts on families and the local healthcare system.

Family impacts

Synergy's family-inclusive approach helped to strengthen familial wellbeing and relationships by reducing stress and conflict, and enhance families' capacity, understanding, empathy, and confidence to support their young people. Family members highlighted how Synergy took the "weight off their shoulders" and fostered a sense of relief knowing that their young person was being safely supported. Young people and family members described a reduced sense of burden and fatigue which enabled parents to attend to other obligations.

“ It's also made their lives easier, particularly my mum and sister who get affected by it daily. It makes me less stressed, and I think that means it can make my mum and sister less stressed as well....”

YOUNG PERSON

“ [They've] given me peace of mind knowing that [she] is finally getting the help she needs.”

FAMILY MEMBER

“ It's life changing for the family unit. The young person can feel more understood by their parents, and ... a lot of the time you see that relationship repair if there was some issues leading in”

STAFF

Staff also noted young people who had positive experiences with the program sometimes advocated for their friends and peers to also access mental health support. This included sharing psychoeducation information and resources, referring friends to Synergy, and raising mental health awareness within their networks.

“ We have a lot of young people who come through our program, then want to refer their friends to us and go, 'my friend's experiencing this and I really want them to be able to have what I've had'. So, there's that wider impact of young people then becoming advocates for their friends and helping them seek out mental health supports for themselves.”

STAFF



Partnerships and integration

Interview participants recognised Synergy's positive impacts on other services within Tasmania's healthcare system. Synergy reportedly addresses a critical gap in local mental health services, helping to alleviate pressure on the broader healthcare system in the absence of comparable services.

Acute service use data showed low rates of hospital use, with no planned admissions within the reporting period. There were a low number of sessions (two introductions to the service and one attendance) recorded with Safe Haven, an organisation that provides support for people in suicidal or situational distress and their families; however, the data were only available for three quarters of the reporting period (up to 31 March 2025).

“ I imagine for hospitals and more acute care settings, [Synergy] probably has provided a pathway [for] clients that actually need a different type of care and service and attention.”

EXTERNAL STAKEHOLDER

“ We fill a gap providing intense support and very flexible community-based support that not a lot of services, especially in our area, can offer.”

STAFF

“ We have the [tertiary] systems in Tasmania, the CAMHS systems, the headspace systems all telling us the Synergy YES service has been imperative to the broader landscape for young people, particularly with that severe and complex presentation, and they very much see our service as the key intermediate point.”

STAFF

“ Having that stepping option here has prevented young people bouncing back to tertiary services, bouncing to EDs.”

STAFF



DOING “REALLY GOOD WORK” DESPITE SYSTEMIC CHALLENGES

Routinely-collected service data does not capture broader factors that impact program delivery and quality, whereas interview participants identified multiple systemic challenges that hinder Synergy’s ability to provide effective, holistic care. These included the increasing level of complexity in unmet and presenting mental health challenges in the community, limited availability of local youth-appropriate services, and fragmented service approaches. While these issues reflect those faced by the mental health sector nationally,²² these are magnified within the Tasmanian context, with workforce shortages (particularly psychiatrists), large proportions of the population living in rural/remote regions, and significant disparities in socioeconomic disadvantage and school completion rates within the state.^{23,24}

Limited program capacity

Interview participants regarded the high demand for Synergy as reflective of it being the only non-tertiary service in “all of Southern Tasmania” for young people with severe and complex mental health challenges. Participants frequently described Synergy as a “small” service that faces an ongoing challenge of balancing the support they can feasibly provide with the number of referrals. They expressed concern that limited capacity may leave many young people in the community with unmet complex mental health needs.

“Because we are so small, we can only intake very few young people into our program in a year and there is so much need that I see coming through from enquiries... we can get up to 20 enquiries a month and we might have one or two spaces available.”

STAFF

“It is almost a bit of a golden ticket for young people to come in. It does depend on if we’ve got capacity, the fit in terms of our therapeutic approaches... I’m always really conscious that we’re not necessarily capturing all the young people that could really benefit from a YES service.”

STAFF



A major factor in Synergy’s limited capacity is its small number of full-time equivalent (FTE) staff. Participants frequently stressed the service’s FTE is insufficient for servicing the entire Southern Tasmanian region. Staff illnesses, leave, and changing circumstances are “felt palpably” and directly impact young people’s care. Although the service undertakes “a huge amount of risk management and [clinical] governance”, the impacts of working with mental health complexities, in combination with a small team, only magnified risks to staff wellbeing.

“We’re such a small program, and operating on very bare skeleton staff, two clinicians, and one senior youth worker, and balancing the work that we want to do with young people with the demand is quite challenging.”

STAFF

Staff and external stakeholders frequently mentioned the program's limited access to psychiatrists, GPs, paediatricians, peer support, and specialist assessments. This is due to both Synergy having no funding for in-house psychiatrists and the limited availability and high financial costs of accessing these supports within the broader mental health system. The program relies on its relationships with CYMHS teams to access primary consultations (including psychiatry) for young people as required, as well as telepsychiatry for secondary consultations for clinicians to review and explore support options for young people. Staff recounted working beyond their funded activities and capacity to access neurodevelopmental screening and support young people's access to NDIS.

“Challenges in the program can be the lack of access to psychiatry and GP. We have really good links with the CYMHS community youth team that provide us with primary consultation. However, not having that embedded in the program is a challenge, and it's only through our own work and good network of people that we have access to that.”

STAFF

“There's massive challenges as well around GPs in Tasmania... they've told me stories [where] the general practitioner leaves the practice and there's not somebody else within that practice that's willing to take on that client with the mental health issues.”

EXTERNAL STAKEHOLDER

Service fragmentation

Participants recognised a disconnect in care approaches and delivery across different youth mental healthcare services. Reported differences include variations in intervention frequency/intensity, quality of therapeutic relationships, and extent of integrated care. While Synergy works to minimise these differences through regular joint referral meetings and maintaining positive relationships with local services, participants recognised challenges for young people transitioning between services because of gaps in information and care when staff plan or receive referrals. Participants also noted the program's eligibility criteria as a challenge for referrers' awareness and understanding of Synergy's scope.

“Everything's in silos and that's a lot of hard work to try and break that down. And it's very difficult for a service alone to do that.”

EXTERNAL STAKEHOLDER

Participants frequently highlighted the challenge of finding appropriate step-down pathways for young people exiting the program due to limited options (in terms of service availability and accessibility, particularly in regional areas). One example of how staff addressed this challenge was by linking in multiple services to fill gaps; however, this was not always appropriate in cases of young people disengaging when involving too many unfamiliar services. In some cases, extending episodes of care beyond the 12-month timeframe on a case-by-case basis was the only feasible way to ensure young people would continue to have adequate support and maintain the gains they had achieved within the program.

“One of the challenges is the absence of a step-down model... there's not really a structured side by side service where we can move someone if they need that psychosocial support. And if we need to step someone down, if they're not ready for a therapeutic break, private practice is essentially it, which we know isn't affordable for young people.”

STAFF

“There's very minimal options there, particularly when young people and families have had really solid, intensive, supported 12 months of care with us to often feel like they're going out to the ether of nothing.”

STAFF





RECOMMENDATIONS TO MAKE SYNERGY “BIGGER AND BETTER”

This section presents key recommendations, drawn from quantitative and qualitative findings and supported by broader evidence, for enabling improvements for Synergy. Interview participants expressed a hope that their family members, friends, and wider communities would also be able to benefit from Synergy. Participants described an ideal vision for the program by identifying opportunities to strengthen and expand its reach and impacts, recognising that sustainably delivering best practice care requires additional investment.

Funders and key stakeholders involved in YES program planning and decision making (e.g., government, PHNs) were identified as having a critical role in supporting Synergy’s sustainability and impacts. Figure 8 summarises eight recommendations identified within interviews. This includes three key mechanisms: targeted funding, leveraging systemic resources, and government/ funder support. Table 3 provides further information from interviews and broader evidence underlying each recommendation.

“If there is a program out there that’s working, it would make sense to be able to expand that, to be able to give more people an opportunity.”

STAFF

Figure 8. Mechanisms and recommendations for government and PHNs for enabling service improvements

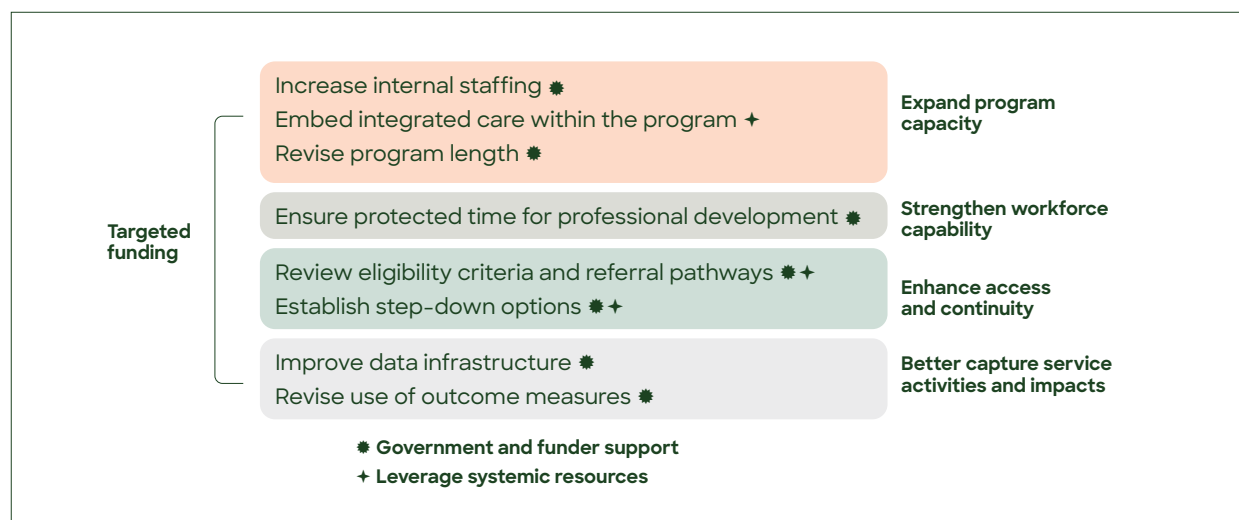


Table 3. Recommendations for government and PHNs

RECOMMENDATION	RATIONALE
EXPAND SYNERGY'S CAPACITY	
Increase internal staffing	Many participants expressed a larger team could enable the program to service more young people, particularly those in regional areas. Increasing staff numbers would also mitigate risks associated with staffing absences such as compromising young people's service experiences and quality of care and enhance workforce sustainability and wellbeing. “ I think the team here is just absolutely brilliant. We just need more of them.” EXTERNAL STAKEHOLDER “ If we had bigger capacity, we would be able to take more young people in and we know that the unmet need is really, really high.” STAFF
Embed integrated care within the program	Evidence shows integrated care is effective in improving access, engagement, outcomes, and service satisfaction for young people accessing mental health services.⁴ Interview findings supported this, with participants advocating for greater access to integrated care within Synergy, particularly psychiatrists, peer workers, and GPs. Embedding integrated care would involve targeted recruitment (see Recommendation 1: Increase internal staffing), alongside strengthening and maintaining partnerships with community-based practitioners to support service access where integrated roles cannot be directly embedded within the service. “ A lot of time goes into trying to procure things for young people that could really easily be done if we had our own GP, psychiatrist, or relationship with another service provider.” STAFF “ If we had access to OT, speech, physio, exercise physiology, that would make a huge difference to how we could expand and improve on what we've already got.” STAFF
Revise program length	Young people experiencing complex and severe mental health challenges often require long-term support to ensure sustainable recovery outcomes.^{25,26} Some interview participants noted that Synergy's 12-month timeframe can be rigid and insufficient in some cases, with staff and external stakeholders suggesting that increasing the program's length (for example, episodes of up to 18 months to two years) would provide more adequate time to build therapeutic relationships, provide holistic and intensive support, and ensure young people have appropriate ongoing supports upon exit. “ Twelve months can seem a long time, but for some young people, it really isn't enough time to stabilise and then do the therapeutic work.” STAFF “ For a severe and complex cohort, even 12 months is a challenge, and I think there should be flexibility around how we look at that, particularly for people with CALD backgrounds or with neurodivergence [where] engagement lookS different.” STAFF

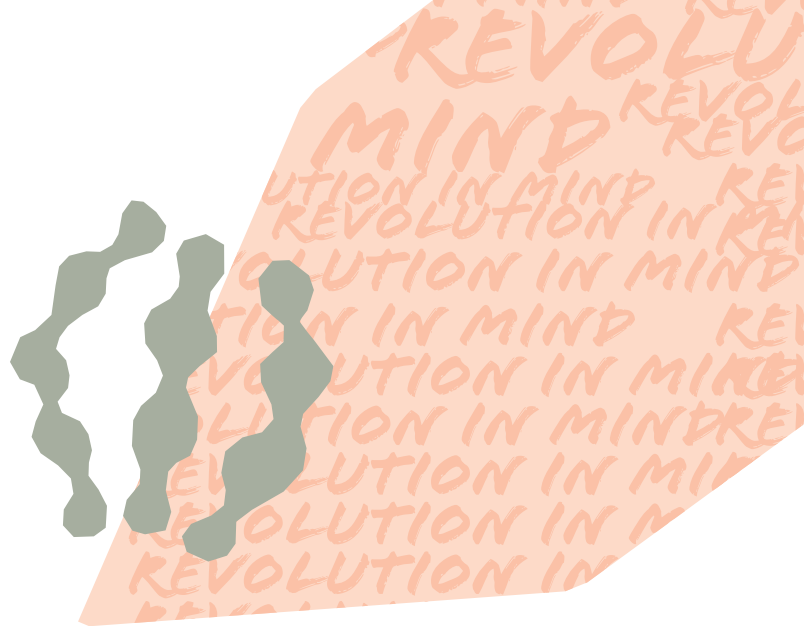
RECOMMENDATION	RATIONALE
STRENGTHEN WORKFORCE CAPABILITY	
Ensure protected time for professional development	Providing specialist clinical, psychosocial, and outreach care for young people with complex and severe mental health challenges requires continuous professional development to ensure best practice.²⁷ While Synergy provides fully funded professional development/training, staff engagement was often hindered by high clinical caseloads and constrained time. Ensuring time for professional development would involve lightening individual caseloads through by expanding capacity. “ The staffing support element is crucial and continuing to make sure the staff are trained in contemporary evidence based therapeutic modalities.” STAFF “ Might be nice if clinicians had time to do some professional development, but we’re back-to-back with our caseloads.” STAFF



RECOMMENDATION	RATIONALE
ENHANCE ACCESS AND CONTINUITY	
Review eligibility criteria and referral pathways	Rigid eligibility criteria can be a significant barrier for young people seeking mental health support.²⁷ Participants suggested young people's access could be improved by a funded and supported review of Synergy's intake criteria and referral pathways to allow greater clarity across the local system regarding who Synergy can support and greater access to the program through expanded referral pathways. “ So when sometimes you're meeting other services, particularly schools, they're like, 'Oh wow, what a great service, I didn't know you exist. Can we refer?' And you have to go, well, you can't because that's minimised by the funding requirements of who can actually refer to the program. So it would be better if it was of wider scope.” STAFF “ I think my biggest hope would be... So hard, but greater clarity about who can access the program. If that could become a bit standardised, that'd be awesome. But that's really hard for any service.” EXTERNAL STAKEHOLDER
Establish step-down options	Interview participants reported difficulties with ensuring appropriate stepping-down of young people exiting Synergy, raising the need to consider piloting or establishing more step-down supports within Southern Tasmania. Consolidating stepped care within the local system would involve establishing more appropriate programs locally, particularly those of lower intensity than Synergy, to reduce fragmentation and enhance continuity of care for young people. “ Some of our clients, when they reach the end of that 12 months, still need to do a level of work that may be a little bit more than what is available in private practice. It would be really good if there was an option or a service out there that could take those young people just for a period of time to further embed and reach some of those goals that they wanted to before they're at a position where private practice would be appropriate.” STAFF “ We really need an opportunity for a step-down service from Synergy from IAR level 4 to a whether it's a three to four, there is a massive gap between our services and an early intervention mild to moderate services.” STAFF

RECOMMENDATION	RATIONALE
BETTER CAPTURE SERVICE ACTIVITIES AND IMPACTS	
Improve data infrastructure	Ensuring data collection quality and consistency is a common challenge in mental healthcare systems.^{17,18} Current protocols within routine MDS reporting were insufficient in capturing the full extent of Synergy’s activities and impacts; for example, the service activity data does not reflect the extent of Synergy’s delivery of psychosocial care. Staff reported frequently needing to collect additional qualitative information (e.g., case studies and feedback) to ensure the data accurately reflected the program’s activities in service advocacy efforts. Thus, improvements in data infrastructure are required to enable more accurate capture of service activities in routine reporting. “ The MDS data is fabulous, but it doesn’t really tell a story.” EXTERNAL STAKEHOLDER “ How do we demonstrate that we are cost effective even though we do a lot of travel. And being able to try put those things into meaningful descriptions for PHN. We spend a lot of time with our case studies and collecting extra data. I think being able to do that is important.” STAFF “ I think there’s an opportunity to revisit how we can collect information to represent and sell the story.” EXTERNAL STAKEHOLDER
Revise use of outcome measures	Participants recognised that many of Synergy’s positive impacts on young people, particularly in psychosocial and functional outcomes, are not adequately captured through K10, SDQ, and SOFAS outcome measures. This highlights opportunities to revise and select tools with an intentional, lived experience-informed approach to ensure services measure outcomes that are meaningful and relevant to young people in the service.²⁸ “ K10 is seen as a measure of success of the program. However, as we know it’s just a measure of distress and that is not the same thing. Measures of the success of the program might be a young person experiencing high distress, but because they’ve gotten on the bus today ... you do your K10 that day, and that might look like you’re not doing a great job as a service because your score was high.” STAFF





STRENGTHS AND LIMITATIONS OF THE CASE STUDY

A key strength of this case study was its mixed methods approach, combining routine service data and rich insights from interviews with young people, families, and staff and external stakeholders from mental health services across Tasmania. Quantitative data captured service reach, activities, and the diversity of young people accessing Synergy, while qualitative data provided detailed insights into the experiences of people who have engaged with Synergy in different ways. Together, this data provided a detailed picture of how the Synergy program operates and its broader impacts. This report demonstrates how the YES model is adapted within the Tasmanian context, highlighting the central component and importance of outreach in supporting young people living in regional areas.

Some limitations of this case study should be considered. Firstly, a very small number of episodes with enough K10, SDQ, and SOFAS data were available for robust comparison or statistical analysis. The discrepancy between this data and the outcomes highlighted through interviews reflect wider challenges around mental health service data infrastructure, quality, and accuracy, and the ability of standardised outcome measures to capture nuanced outcomes.^{17,18} Secondly, the interview findings may not represent the full range of young people and family members' experiences within Synergy. Recruitment was supported by Synergy staff to promote engagement and safeguard wellbeing, but may have underrepresented those who were less engaged or had more negative experiences with

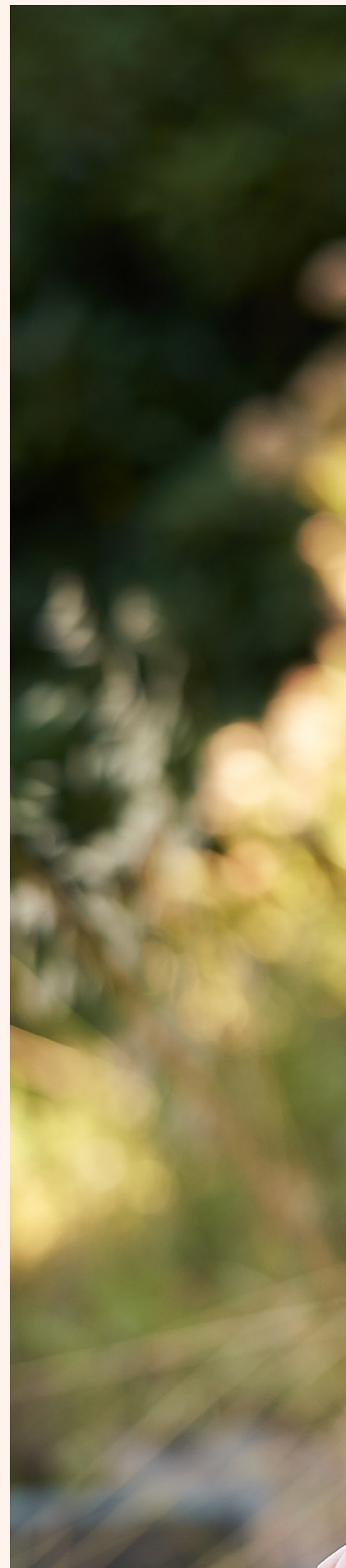
the service.²⁹ Participation was also limited to young people considered to have stable mental health during the study period, excluding those experiencing more acute challenges at the time. Future mixed methods studies with a larger cohort examined over an extended period could help to better understand program impacts.





CONCLUSIONS

This case study explored the activities delivered by Synergy and its impacts on young people, families, and the local mental health system. Hearing directly from people who have engaged with the program, including service users, providers, and commissioners, provided valuable insights into key activities, challenges, and opportunities that may complement and improve current routine practice. Findings underscore the value of the YES model of care which enables services to provide flexible, integrated care that enhances young people's strengths, skills, and confidence and fosters mental health, family relationships, and broader life outcomes. The recommendations offer government and PHNs directions for supporting an effective and sustainable youth mental health system.

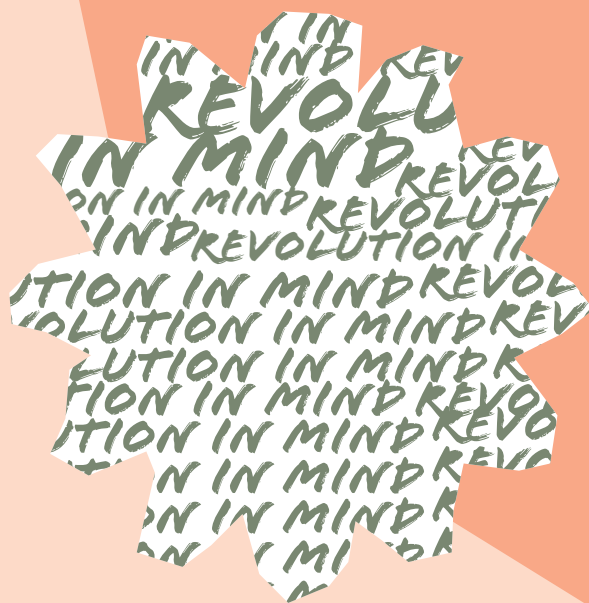




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