SHINING A SPOTLIGHT ON YOUTH ENHANCED SERVICES AND THE YOUNG PEOPLE THEY SUPPORT

FINDINGS FROM AN ANALYSIS OF CASES PRESENTED IN THE ORYGEN CONNECT SECONDARY CONSULT PROGRAM

orygen

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Acknowledgements

While the services in this review are anonymous, Orygen would like to thank the services who took part in the Orygen Connect sessions and provided case reviews of young people who were part of this analysis.

Orygen acknowledges the Traditional Owners of the lands we are on and pays respect to their Elders past and present. Orygen recognises and respects their cultural heritage, beliefs and relationships to Country, which continue to be important to First Nations people living today.

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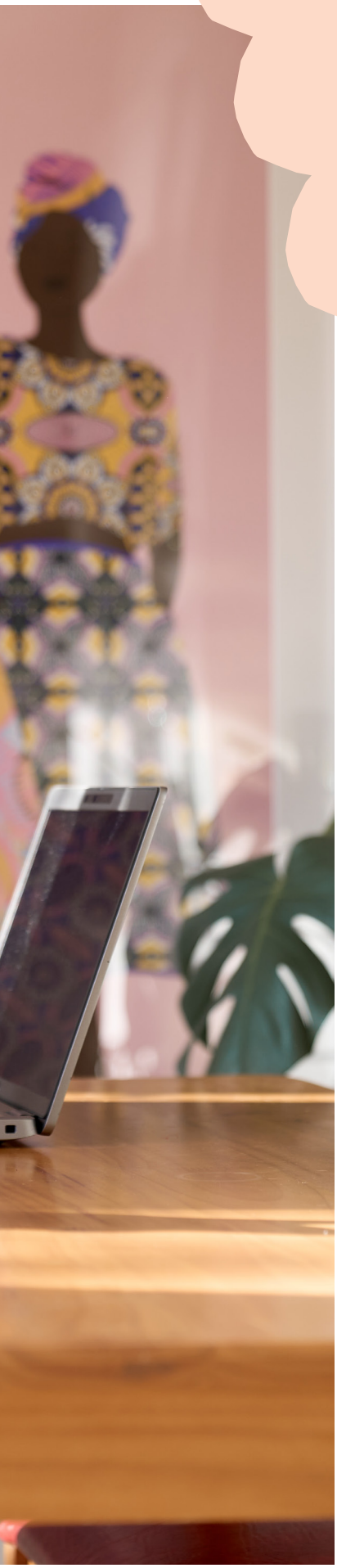


EXECUTIVE SUMMARY

Since 2016 Primary Health Networks (PHNs) have been funded to develop regional service models for young people presenting 'with or at risk of developing severe and/or complex mental health issues', know as Youth Enhanced Services (YES). Examples of severe mental health needs include psychosis, major depression, severe anxiety, eating disorders and personality disorders. Severity can also relate to the level of risk that a person presents with because of their illness, in combination with any number of external factors or circumstances such as homelessness, family violence and/or poor social supports. Given the broad scope of young people and their circumstances, this cohort of young people can look different in different locations depending on service gaps in the area, socio-economic issues and the level of funding provided.

Funded by the Australian Government, Orygen's Service Implementation and Quality Improvement (SIQI) team has supported PHNs and service providers across the country with the design, implementation, evaluation and ongoing improvement of YES programs. This support is provided in a multitude of ways via an intensive year-long quality improvement program that includes the Implementation Lab, Community of Practice events, and a secondary consultation service, Orygen Connect.

Orygen Connect was first developed in 2019 in response to feedback from YES programs about the barriers to accessing psychiatric care and specialist clinical therapeutic knowledge. Orygen Connect aims to provide team-based learning and capacity-building to services through case-based secondary consultation with specialist facilitators based at Orygen. When YES teams partake in Orygen Connect sessions, they are asked to complete a case review of the young person they are presenting. Each case review includes a detailed deidentified description of the young person's presentation and the guidance the YES staff member (clinician, peer worker, support worker) is seeking from Orygen Connect (to refer to the case review templates that were used, please go to appendices A and B).

While services and PHNs have a good understanding of the needs of young people in their local context, we lack a national picture about the young people who present to YES programs. Therefore, the Orygen SIQI team embarked on a case review analysis of the completed case

reviews to better understand the characteristics of young people presenting to Orygen Connect consultations, and by inference, YES teams more broadly. Additionally, the review was also interested to know what advice YES staff were seeking from the consultations to help understand knowledge gaps, areas of need and potential challenges that YES staff experience in their work with young people.

Given findings from the analysis are skewed for a consultation purpose and are comprised of a small cohort of services, it's not possible to reflect the diversity of all young people participating in YES programs across Australia. However, it can act as a starting point for further research and review to both determine the needs of young people and families accessing YES programs, along with the development needs of YES programs who have a unique role in the Australian mental health service system.

The analysis reviewed cases presented to Orygen Connect sessions between 2019-2022 from 11 programs across six states and one territory. During this time, 150 case reviews and 19 vignettes were submitted for secondary consultation. Case reviews refer to a consultation related to an individual young person, whereas vignettes describe when working with multiple young people presenting with similar difficulties. For example, a vignette might explore the interplay of chronic physical health conditions and mental health care in the YES context. All case reviews were analysed to determine the kinds of presentations YES staff encountered, and to document the kinds of work they are doing as part of providing care to young people. Additionally, all case reviews and vignettes were analysed to determine the kinds of support and advice staff sought from the secondary consultation.

The analysis of the case reviews highlighted that the cohort of young people experienced a complex array of co-occurring mental health presentations, challenging psychosocial factors, significant childhood adversity, historical and ongoing risk concerns, as well as physical health needs. It was evident from the reviews that YES programs provided a comprehensive and diverse array of offerings to young people, their families and supporters. The case reviews highlighted the persistent and ongoing engagement and rapport-building required to support young people within the YES context, as well as the essential roles of care coordination and service navigation required as part of this support. YES teams provided extensive therapeutic offerings to young people, especially given their often limited resources, from a range of treatment modalities including individual and group work offerings, peer support, and family-based sessions.

The advice sought by YES staff members was often related to topics such as treatment planning, diagnostic clarification and formulation, risk management, medication, engaging with ambivalent or avoidant young people and working with the support system including family, supporters and broader structures such as other health services. While it is outside of the scope of this document to provide recommendations or suggestions related to these findings, it is important to acknowledge that YES programs are providing important comprehensive care to young people facing multiple complexities and challenges in their lives. It is hoped that this review provides important detail to better understand the young people who present in the YES context, the care and support they receive within these programs and the requirement for additional information and advice sought by staff working in YES programs. To refer to the project infographic which gives an overview of the review process and findings, please go to Appendix C.

INTRODUCTION

What are Youth Enhanced Services?

Since 2016 Primary Health Networks (PHNs) have been funded to develop regional service models for young people presenting 'with or at risk of developing severe and/or complex mental health issues', known as Youth Enhanced Services (YES). Orygen has been funded to provide expert advice and guidance to both PHNs and service providers to support this work.

In the original Orygen guidance to PHNs about commissioning YES programs (then known as Youth Severe), examples of severe mental health issues were given including psychosis, major depression, severe anxiety, eating disorders, and personality disorders. Severity also relates to the level of risk that a person presents with because of their illness, in combination with any number of external factors or circumstances such as homelessness, family violence and/or poor social supports. YES programs often provide care to young people who often 'fall through the cracks' in the system between traditional primary and tertiary care providers.

With such broad definitions of the target group, PHNs and service providers have grappled with defining eligibility criteria for their programs. For different areas and different services this cohort of young people can look different depending on service gaps in the area, socio-economic issues and the level of funding provided. To aid the design and implementation of YES programs across the country, in 2021 Orygen developed a YES model based(1) on the knowledge of developing youth mental health services, and the knowledge of PHNs and YES providers nation-wide. The YES model (see Figure 1 below) consists of five core service components which are underpinned by seven principles.

PHNs fund YES programs from the PHN Primary Mental Health Care Flexible Funding Pool and have discretion about how they allocate funding to YES. Based on a survey of all 31 PHNs conducted by Orygen in 2023(2) a total of 67 YES programs were commissioned. This was a decrease from the 95 programs commissioned in 2021, potentially due to some PHNs reallocating their funds to fewer, larger programs, rather than many smaller ones.

From the same 2023 PHN survey noted above, the full-time equivalent (FTE) staffing for YES programs ranged from 0.7 FTE to 15 FTE. As shown in Figure 2 overleaf, this was considerably skewed, with most services having lower FTEs (median 2.4). This highlights how small YES programs are in relation to other programs and services.

Figure 1: the YES model

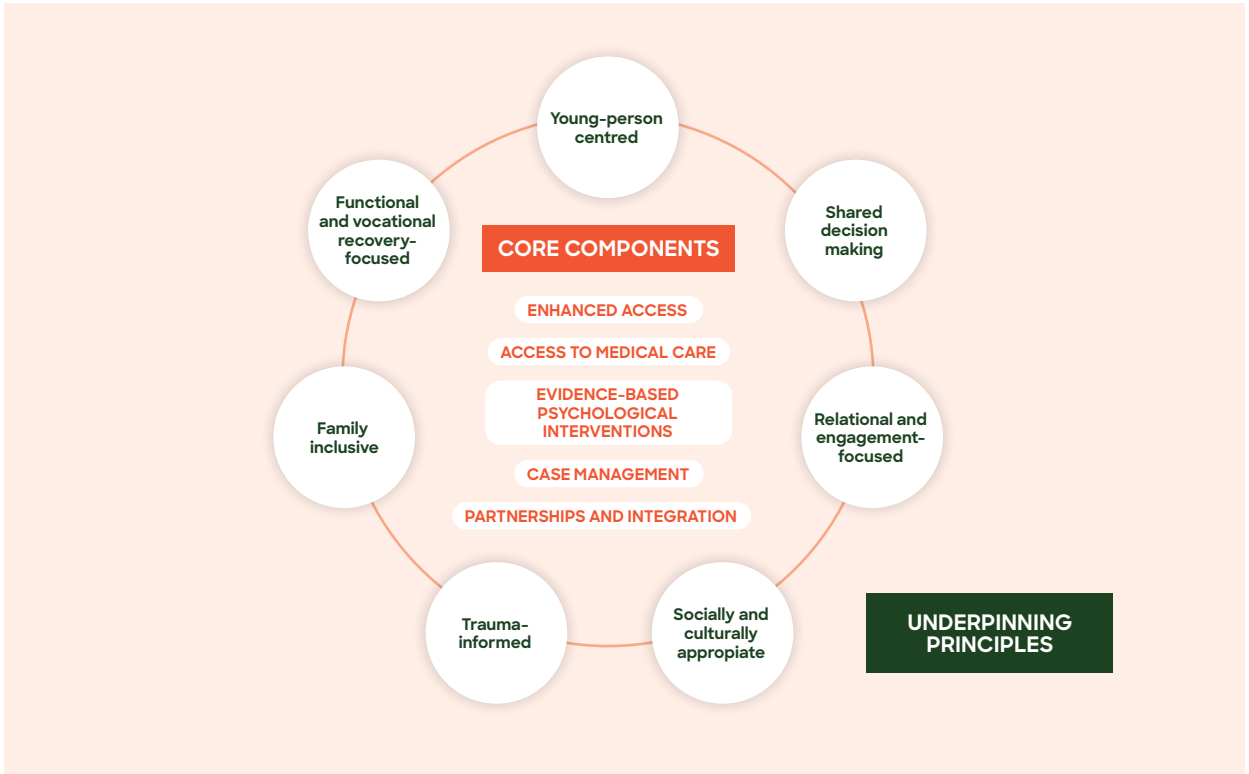
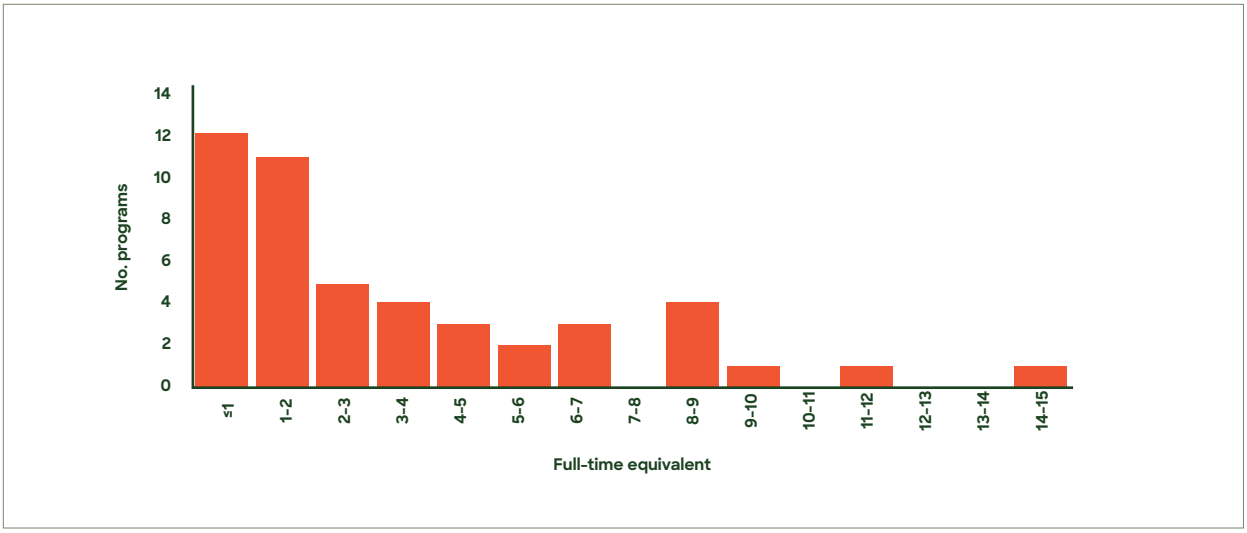


Figure 2: full-time equivalent staffing of YES programs (n=47 programs)



Note: interval grouping is arranged so lower limit is excluded, upper limit is included.

Orygen support of PHNS and YES programs

Orygen's Service Implementation and Quality Improvement (SIQI) team has supported PHNs and service providers across the country with the design, implementation, evaluation and ongoing improvement of YES programs. The SIQI team is multi-disciplinary, with expertise in clinical service delivery, service development, implementation and quality improvement methods and evaluation. The SIQI team's approach is to support connection between YES programs across Australia and share best practice in quality improvement, implementation and clinical service delivery. The team supports YES programs in several different ways including the Implementation Lab – a year-long intensive support designed to build skills, confidence and capacity; Community of Practice events and a secondary consultation program, Orygen Connect.

The Orygen Connect program

Through working with YES programs, it became evident that access to psychiatry and specialist care is often a significant challenge. Having this access is seen as crucial to providing best evidence care to an already vulnerable cohort of young people and families. In response to these challenges, Orygen developed Orygen Connect, designed to complement existing supervision structures by fostering capacity building in a team-based setting. The program's primary aim is to enhance youth mental health staff's knowledge and confidence in managing complex cases, thereby improving the quality of care provided to young people and their families.

There are three streams of the program, described in Table 1, which all consist of a dialogue between a team of mental health staff and the Orygen facilitator/s. The participating team prepares case reviews, which detail the presenting needs, context and current treatment plan for a young person they are working with, along with a few key questions they wish to be addressed in the consult (see Appendices A and B for two versions of the case review template). The sessions are facilitated by either a psychiatrist or an experienced clinician with specific expertise, with a clinical consultant from the SIQI team, who lead the team through a discussion focused on addressing the key questions the participating staff member has identified. As well as providing guidance on care for the specific young person being presented, the sessions also allow for team-based learning and clinical capacity-building, as these learnings are often relevant to other young people with whom the team are working. While focused on case reviews and key questions, reflective practice consults focus more on drawing out the expertise and perspectives within the team to develop shared understandings and approaches to their work. For further information on Orygen Connect, you can read the evaluation report from 2022 here.(3)

Table 1: the three streams of the secondary consultation program

	Psychiatry consult	Specialist clinical consult	Reflective practice
Purpose	Provide medical expertise, for example, diagnostic clarification, medication recommendations and support to follow up further medical advice, as well as broader therapeutic treatment planning.	Provide support to team around working with a particular diagnosis or presenting issue, for example, severe personality disorder, risk management, family work.	Individual, team or group processes that are guided by an identified goal. Provide opportunity for individual team members to share their knowledge as well as develop shared team understanding, connection and approaches.
Facilitators	Psychiatrist and clinical consultant.	Clinical specialist and clinical consultant.	Clinical consultant.
Structure	Focused on 1-2 pre-prepared case reviews with key questions. 1.5 hours.	Focused on 1-2 pre-prepared case reviews with key questions. 1.5 hours.	Focused on 1-2 pre-prepared case reviews or a broader identified topic. Discussion may focus on broader team needs that influence clinical care. As such the focus of sessions may adapt based on feedback and needs. 1.5 hours.

The program logic (Figure 3 below) outlines the key activities and intended outcomes of the program.

Table 2: program logic for the secondary consultation program

Resources/Inputs	Activities	Implementation outcomes	Participant outcomes	Service & young person outcomes
• Session facilitators (psychiatrists, clinical educators) • Program coordination and admin support • Staff at participating services • Videoconference technology at host and participant sites	• 1.5 hours secondary consultation sessions facilitated via videoconferencing software • Case review presentations • Group discussion & case-based learning	• Program reaches a significant proportion of staff working in participang services • Staff participation remains high througout • Program deemed appropriate for participant needs • Participants feel a greater sense of professional support • Facilitators have a positive experience of facilitating sessions	• Participants feel more knowledgeable about how to support young people presenting with complex needs • Participants feel more confident in their ability to provide support to young people presenting with complex needs	• Improved quality of care provided to young people supported by participating services • Young people experience care that is more appropiate and effective • Young people experience improved outcomes

Purpose of this study

Orygen's SIQI team is in a privileged position to hear directly from YES programs about their work in supporting young people and their families and supporters. Having access to a significant number of detailed clinical case reviews presented an opportunity to provide a richer illustration of the types of young people presenting to YES programs, their contexts and requirements for care. The case reviews also provided an insight into the clinical dilemmas, challenges and advice requests of YES team members working in the YES context.

The purpose of this project was to better understand a unique cohort, potentially with the greatest level of complexity, of young people being supported within YES programs across the country. The case review analysis focused on two specific aspects:

- **What are the characteristics of cases being presented to Orygen Connect?**
- **What kinds of guidance are YES staff seeking from Orygen Connect?**

STUDY METHODS

Data source

The data for this study consists of all case reviews and vignettes submitted by YES programs to Orygen Connect for secondary consultation between 2019-2022. Each case review comprises a one-to-two page document which presents a detailed deidentified description of a complex case the YES team member is facing, including the young person's presentation and what guidance the team member is seeking from secondary consultation. Each vignette describes a complex area of practice that the YES program has encountered when working with multiple young people with similar difficulties, and the advice being they are seeking from Orygen Connect. For example, a vignette may focus on understanding the interplay of chronic physical health conditions and mental health care.

Initially, 150 case studies and 19 vignettes were retrieved, having been submitted by 11 YES programs across six Australian states and one territory. These submissions were from a mix of urban, regional and remote YES programs. After duplicate submissions were removed, 129 case studies and 18 vignettes were retained for analysis.

Analysis

We applied a content analysis approach to the data. Prior to analysis, a detailed novel codebook was developed in the NVivo 14 qualitative analysis program to allow for the indexation of information presented in the data set. The codebook included detailed categories relating to demographic factors (for example: sexuality, cultural background), clinical factors (for example: diagnoses, substance use), psychosocial factors (for example: housing stability, school and work involvement), and service-use factors (for example: engagement, multi-service involvement).

This codebook was developed to include the diagnostic taxonomy in the Diagnostic and Statistical Manual of Mental Disorders 5th Edition,(4) demographic and risk factors recorded on headspace intake documentation and adverse experiences listed in the Adverse Childhood Experiences scale.(5) This codebook was designed as non-comprehensive, allowing investigators to add additional codes whenever novel data were encountered. Additionally, sections such as "Advice Sought" from Orygen Connect, and "Young Person's Goals" were left open for full inductive coding.

For all case reviews and vignettes, line-by-line coding was conducted. For case reviews, all reported aspects of a young person's presentation were coded, as well as each form of advice or support being sought from the Orygen Connect secondary consultation. For vignettes, only the advice being sought was coded as these files do not provide information on individual service user presentations. Coding was conducted using the devised codebook, with investigators adding new codes for any novel data (for example: a reported symptom that was not yet listed in the codebook). All data was coded semantically, recording only what was stated explicitly and avoiding inference or interpretation.

To establish inter-rater reliability, all coding investigators first coded a shared test set of five case reviews. Investigators then met to compare coding on these shared files. Where coding differed between investigators, this was resolved through consensus discussion. Following the initial test set, investigators RDT, SP and EF were each allocated a portion of case reviews and vignettes to code independently. The investigator team met regularly to discuss any queries with coding which were resolved through consensus.

After coding was complete, investigators reviewed all data to consolidate near-identical codes (for example: goals of "find employment" and "find a job" would be combined into one code). The domains "family dynamics", "school factors", and "interpersonal relationships" were valence coded to record prevalence of difficult or supportive experiences for young people. Inductive domains such as Advice Sought and Young Person's Goals were thematically analysed whereby codes relating to similar topic areas were grouped together.

This study was approved by the University of Melbourne Office of Research Integrity and Ethics (2023-27043-47135-3).

Given the case reviews contained details related to a range of data (individual young people, support and treatment provided by the service, and advice sought from individual YES staff), the results have been divided into those that relate to young people's presentation, and those that relate to the service provider/treating team.

Findings relating to young people

Demographics

Of the 129 case reviews analysed, almost two thirds of cases (62 per cent) discussed young people aged 18 or under, 30 per cent discussed young people aged between 19 and 25 years old, and eight per cent of case reviews did not include information about the young person's age.

Most cases (60 per cent) concerned young people who identified as female, almost a third (31 per cent) of cases discussed related to young people who identified as male, and a small number of cases (eight per cent) were about young people who identified as transgender and non-binary. Other demographic information such as cultural background, Aboriginal status or if the young person identified as part of the LGBTIQA+ community, were not routinely reported in the case reviews.

Figure 3: young people by age (n=129)

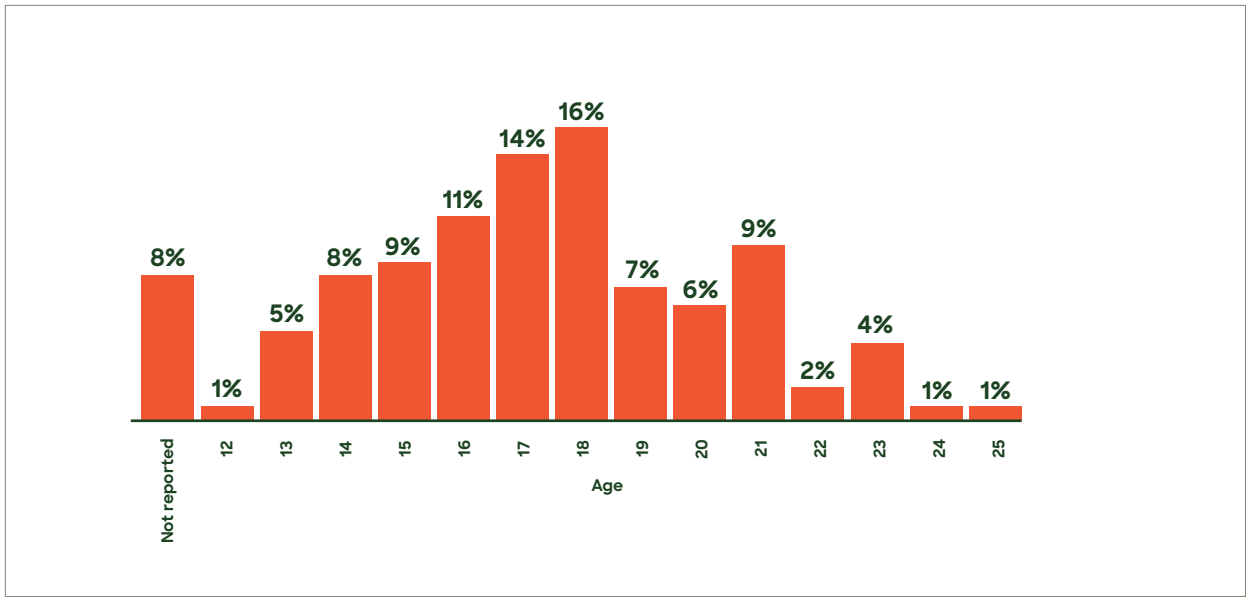
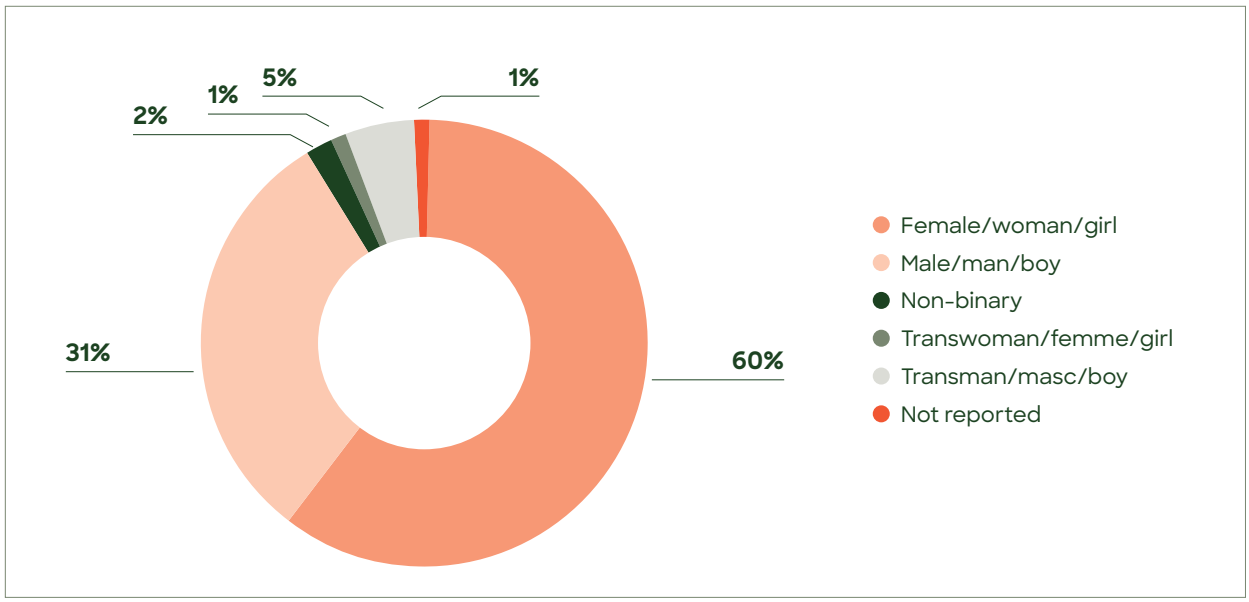
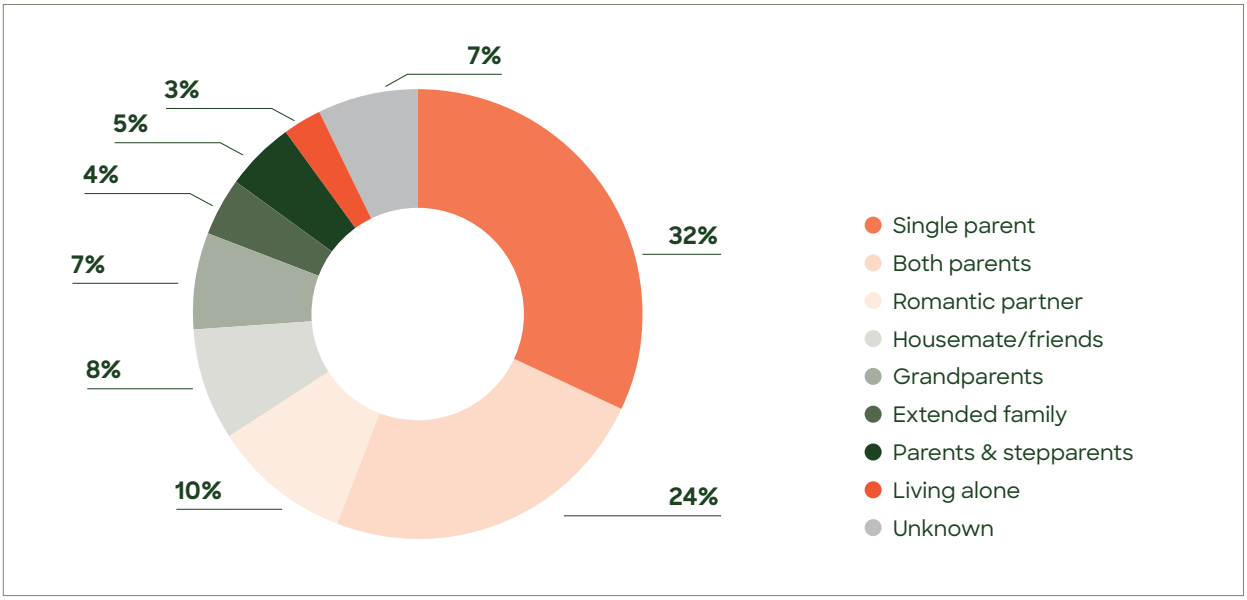


Figure 4: young people by gender (n=129)



Young people were most commonly living with a single parent (32 per cent), followed by both parents (24 per cent), romantic partners (10 per cent) and housemates/friends (eight per cent).

Figure 5: who young person lives with (n=129)

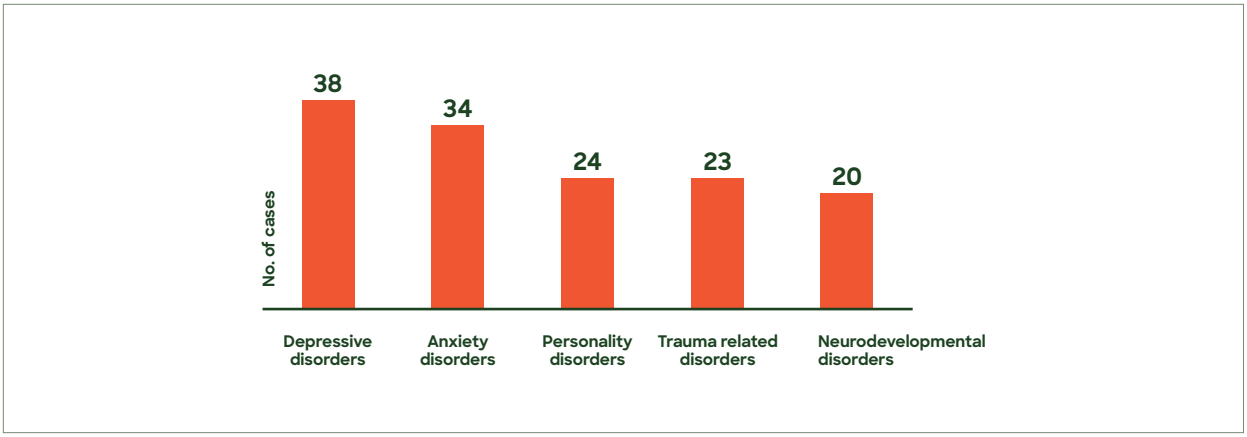


Diagnoses and symptomology

Young people with multiple diagnoses and co-occurring mental health issues were the norm for the young people presented at the consult sessions. Over 100 case reviews included young people who had multiple psychological and/or neurodevelopmental diagnoses. It should be noted that these were not just commonly occurring co-morbid conditions such as depression and anxiety but more complex combinations of mood, personality, trauma-related and neurodevelopmental disorders. The advice sought from YES team members was often related to how these co-occurring diagnoses might interact and considerations around which area of need should be prioritised when offering support, with more detail to be discussed further below in the findings section relating to service providers. The five most common diagnoses for young people included depressive disorders (n=38), anxiety disorders (n=34), personality disorders (n=24), trauma-related disorders (n=23), and neurodevelopmental disorders (n=24).

Approximately one quarter of young people (n=30) reported a diagnosed physical or queried physical health condition such as chronic pain, nutritional deficiencies and gynaecological conditions. It should be noted that this information was not specifically asked for in the clinical review template, so it is possible this is underreported.

Figure 6: top 5 most common diagnoses (n=100)



Queried diagnoses, where a YES staff member was seeking additional information before confirming or ruling out a diagnosis, were also included in the case reviews. Over half of all reviews had queried diagnoses (n=81). The diagnoses most queried were personality disorders (n=36) often related to severe personality disorder most frequently noted. Other queried diagnoses included neurodevelopmental disorders, anxiety disorders, trauma related disorders, depressive disorders, feeding and eating disorders and intellectual or learning disabilities. There were a small number of cases with queries related to dissociative disorders and obsessive compulsive disorder (OCD).

The case reviews were also coded to include symptoms reported by the YES staff member, to add additional detail and richness in understanding the young person's day-to-day experiences. It is possible that these symptoms include interpretations by the YES staff. The symptoms may have been part of a diagnosed or queried mental health condition or in addition to these. Most case reviews (n=102) reported symptoms of distress encountered by young people which typically included experiences of anxiety, emotion dysregulation and avoidance. Impacts commonly reported included mood disturbance (n=92), food and weight issues (n=44) and psychosis-like symptoms such as hallucinations and/or perceptual disturbance (n=31). There were also several case reviews that included symptoms related to sleep disturbance, physical/somatic complaints, dissociative symptoms and cognitive difficulties. The range of different symptoms and potential impacts to different domains (for example, health, family, work, relationships) highlighted the multitude of ways that young people's everyday life may have been impacted.

Figure 7: top 5 most commonly queried diagnoses (n=81)

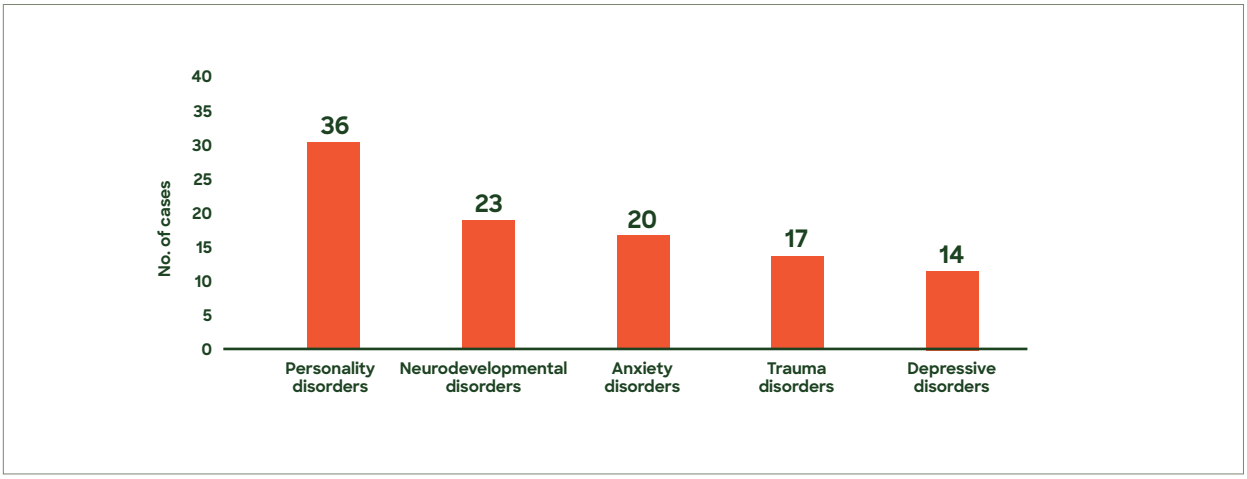
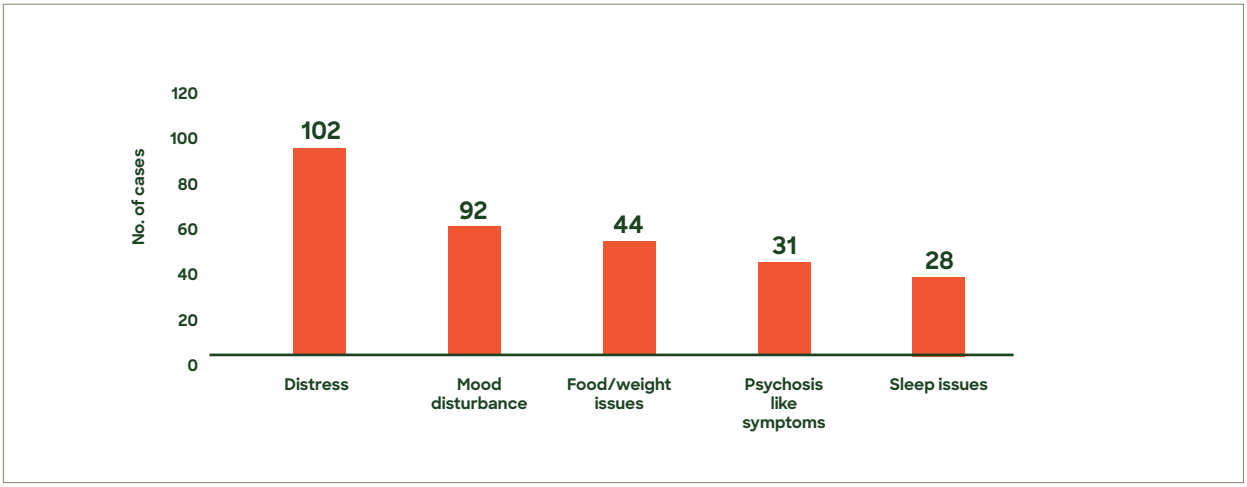


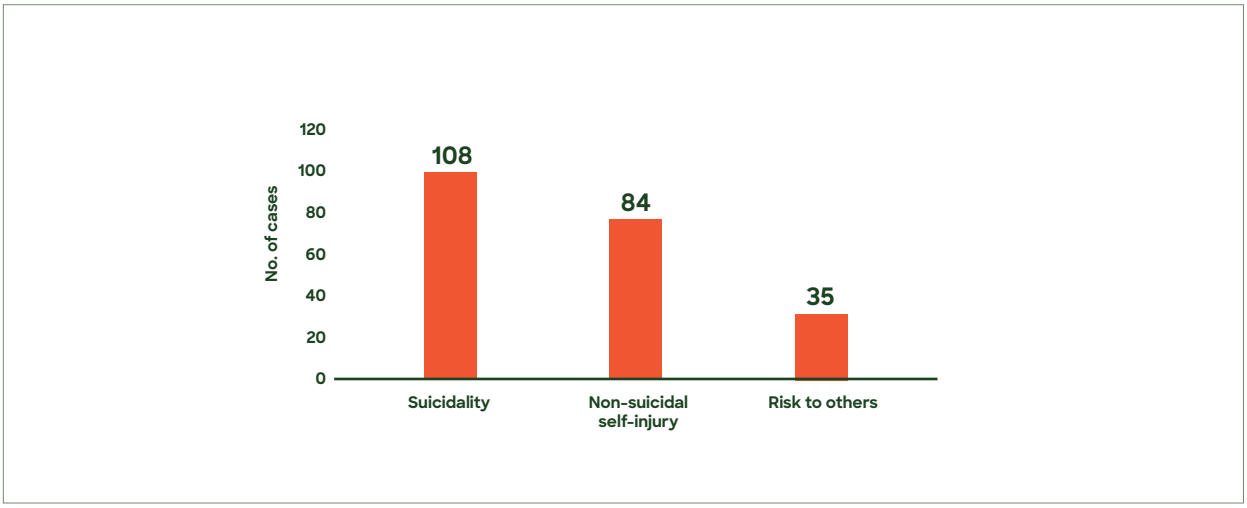
Figure 8: top 5 most commonly reported symptoms (n=124)



Risk to self and others

Of the 129 cases analysed, 84 per cent of cases (n=108) reported young people who had reported suicidality. This included young people who had attempted suicide (n=54), had plans of suicide (n=12), and experienced suicidal ideation (n=95). Of the case studies with young people who had attempted suicide, over 25 per cent of these young people had multiple attempts. Two thirds of case reviews (n=84) included content related to non-suicidal self-injury (NSSI) with 52 young people who had recently self-harmed. There were 20 case reviews documenting young people whose risk was related to impulsive behaviours (for example: driving recklessly, walking into traffic) and several cases highlighting young people's risk of exploitation (for example: pressured into sexual activities/drug taking) or harm from others (n=18). The case review analysis noted 35 young people who expressed risk to others (for example, risk of violence towards others).

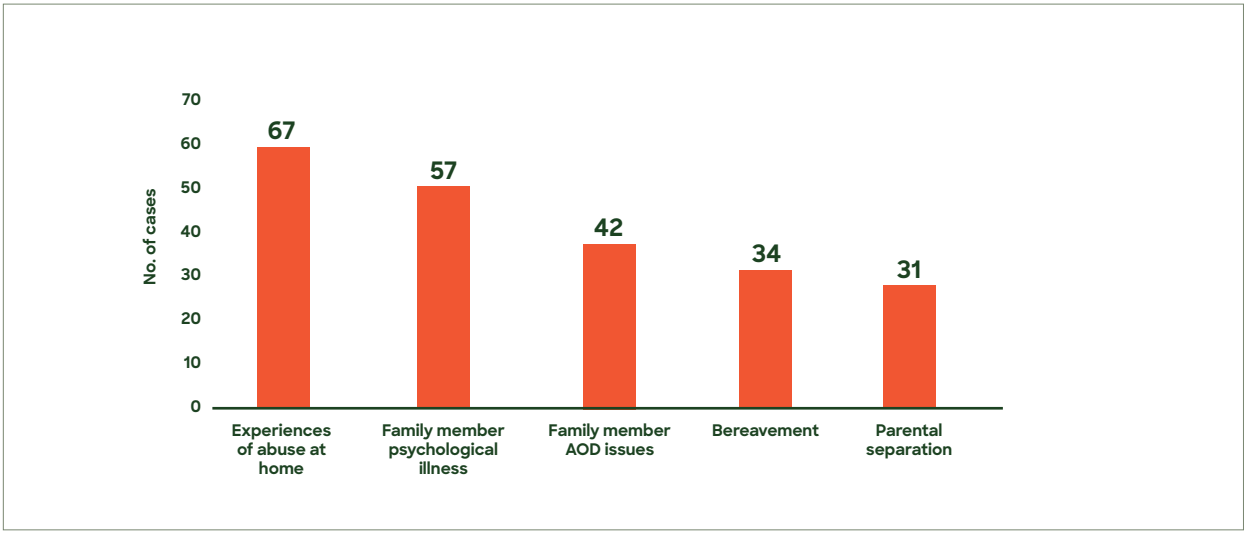
Figure 9: risk of harm to self and others (n=124)



Abuse and other adverse experiences

Almost all young people (n=117) who were presented at the Orygen Connect sessions had reported histories of adverse childhood experiences (ACEs). The five most reported included experiences of abuse at home (n=67), family member psychological illness (n=57), family member issues relating to alcohol and other drugs (AOD) (n=42), bereavement (n=34), and parent separation (n=31).

Figure 10: 5 most commonly reported adverse experiences (n=117)



Other types of adverse experiences included bullying (n=22), sexual assault (21), complex trauma (n=20), child protection involvement (n=16), incarcerated family member (n=16) and having a family member with a physical illness (n=13) or neurodevelopmental disorder (n=11).

Investigating how many young people had experienced multiple adverse experiences, the analysis revealed the following:

Table 3: number of cases where multiple adverse experiences were reported

No. of adverse experiences	No. of cases
At least one	117
At least two	109
At least three	91
At least four	76
At least five	64
More than five	23

Looking closer at the 67 cases which detailed experiences of abuse at home, the type of abuse most reported was historical abuse perpetrated by someone in the young person's family (n=51). The category of historical abuse was broadly defined, due to often limited detail in the case review, so included the young person as the direct recipient of the violence as well as being a witness to violence in the home or community. A small number of young people (n=9) presented were experiencing current and ongoing abuse from a family member and a similar number of young people were experiencing current and ongoing intimate partner violence. Of the 67 case reviews that included details about the specific types of abuse experienced by the young person, 29 related to emotional and verbal abuse, 25 related to physical abuse, 20 related to sexual abuse and/or molestation, and 19 involved neglect.

The case reviews revealed 34 young people had experienced bereavement, including 16 young people who had experienced the death of a parent and 15 cases where someone had died by suicide.

Eighteen case reviews included a young person who had child protection involvement in their history, 12 of these cases were young people who were removed from their parent(s) with several young people placed into foster care as a result.

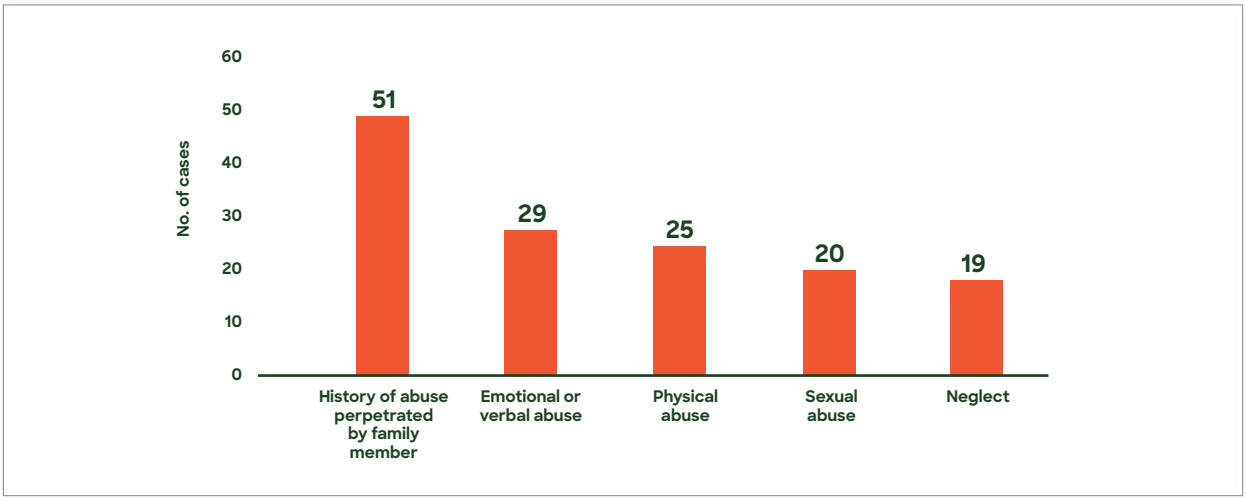
Medication

Antidepressants were noted as the most common medication taken by young people presented at the Orygen Connect sessions (n=52) and selective serotonin reuptake inhibitors (SSRIs) such as fluoxetine, were the most common form of antidepressant. Other forms of medication taken by young people were for physical health reasons (n=24) or antipsychotic/mood stabilising medication (n=19) such as seroquel. Several case reviews (n=52) included details about young people's experiences with medication. For example, young people were reported as not taking their medication as directed (n=27) for example, discontinuing medication without medical advice, experiencing side effects (n=12) or not finding the medication to be effective (n=11).

Psychosocial factors

The young people who were presented at the Orygen Connect sessions were often experiencing several significant psychosocial stresses including estrangement within their family and issues related to unstable housing or risk of homelessness. Social isolation was very common and reported in just under half of all the case reviews. Relationships were often reported as a source of strain, for example friendship or partner conflict or difficulty in maintaining healthy relationships.

Figure 11: 5 most commonly reported experiences of abuse (n=67)



Complex family dynamics

With regards to the family system, just under half of the cases presented had family members who experienced a psychological illness and a third of cases had family members who experienced AOD use. There were also a significant number of family members who had physical health issues, neurodevelopmental disorders or were incarcerated. There were also a significant number of instances of reported intergenerational trauma.

Details of relational dynamics in the family were reported as part of the case reviews. One hundred of the case reviews included details on the nature of the relationship between the young person and their parent or care giver, 84 of which revealed difficult dynamics in this relationship, with a strained relationship being the most common difficulty (n=51). A quarter of the cases (n=33) reported that young people's parents were unsupportive of their mental health including being dismissive or invalidating of their mental health experiences or had limited understanding of/belief in mental ill-health. There were a small number of case reviews in which young people felt abandoned by their parent (n=5), or felt their family were not affirming of their expressed gender or sexuality (n=5).

School, study, and work

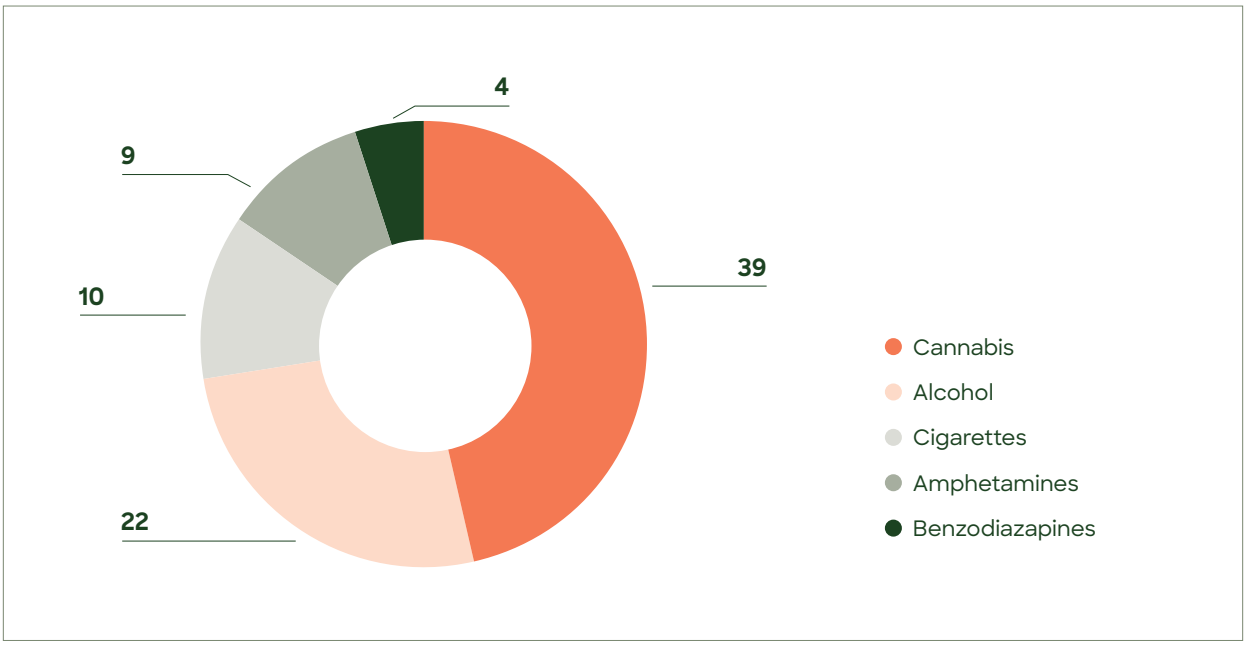
The content in the case reviews related to school, study or employment was not routinely completed by YES staff. From the information gathered the results suggest:

- Just over half of the young people presented (n=74) were working or enrolled in study
- Of the 51 young people engaged in school/study, almost all (n=42) were experiencing difficulties including attendance issues, school refusal, low motivation, failing classes, and/or conflict with peers
- Some young people (n=7) were performing very highly and reported school as a supportive factor
- A small number of young people were seeking to re-engage with study/education (n=8)

Alcohol and other drugs

More than half of the young people (n=71) presented in the case reviews had experienced some form of AOD use, with 41 cases identifying young people to have been using substances at the time of the consult. The most reported substances used by young people included cannabis (n=39), alcohol (n=22) cigarettes (n=10), amphetamines (n=9) and benzodiazepines (n=4).

Figure 12: 5 most commonly used AOD (n=71)



Positive experiences and goals for the future

Despite the challenges and complex factors associated with each case presented, almost half of the case reviews (n=59) included details about the protective and positive factors that young people had in their lives. Thirty-six of the cases highlighted supportive dynamics in their relationships with friends and romantic partner. Young people also had positive experiences in their relationship with their parent/carer and within the wider/extended family system. Almost a quarter of cases (n=29) included details on supportive relational dynamics in the young person's relationship with their caregiver. There were also several case reviews (n=33) that referenced details relating to sibling relationships. Twenty-one cases reported issues such as conflict and siblings having to compete to have their needs met. However, it was also noted that 14 cases included evidence of sibling relationships being positive and supportive for young people.

The goals agreed between the young person and their YES program were included in the case reviews (n=116). The most common goals for young people included:

- to reduce or manage mental health symptoms (n=77).
- improve relationships and socialising, for example improving family relationships (n=38).
- developing life skills/independence (for example. drivers' licence) (n=23).
- support with finding work (n=21).
- support with housing/living situation (n=17).
- engaging with education (n=15).
- access to a diagnosis/assessment (n=11).
- process past trauma/grief (n=11).
- managing physical health symptoms/lifestyle/ sleep (n=10).
- understanding mental health symptoms (n=10).

Findings relating to providers

From reviewing the case studies, it was evident that YES programs are providing an extensive array of interventions and support to young people, including psychoeducation and evidence-based psychological therapies. It was also clear that care co-ordination and navigation was a significant portion of the work provided by the YES team as well as lots of time spent engaging and building rapport with the young person and their families/supporters. Other important supports offered by YES teams related to risk management, for example safety planning and risk monitoring with the young person. YES teams were also able to support young people who wanted help with vocational aspirations or connection to community too.

The review highlighted just how many offerings YES teams provide to young people during their episode of care. Below is a summary of the key activities reported however the list is not exhaustive:

- intensive/persistent engagement with young people
- psychoeducation
- care co-ordination/navigation
- therapeutic interventions including behavioural activation (BA), acceptance and commitment therapy (ACT), cognitive behavioural therapy (CBT), dialectical behavioural therapy (DBT), mindfulness, schema work, trauma counselling, somatic focused and narrative therapy
- longer term support to build rapport/connection

Almost all young people (n=112) presented at the Orygen Connect sessions had historically, or were being currently, supported by other services as well as the YES program at the time. These services included their GP, community mental health services such as tertiary level outpatient appointments, inpatient psychiatry services, private psychiatrists and school wellbeing staff.

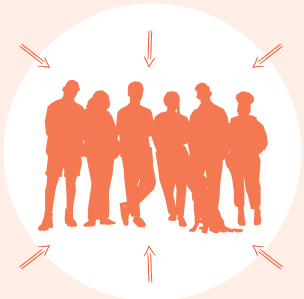
Twenty-five of the case reviews included details of positive engagement with the YES program, where the young person was actively help-seeking and well engaged with the team. Sixteen of the case reviews highlighted engagement challenges for example, when a young person was experiencing significant distress or in crisis. Information on access challenges was also included in a small number of case reviews (n=5) for example, where the young person would have benefited from other mental health services (for example, community mental health) but they were outside of the catchment area.

Forty-nine of the cases included details on the relationship between the young person and YES staff member/s. A range of challenges were highlighted with the most notable difficulty being regular attendance at appointments. Nineteen case reviews however included examples of good relational experiences between the young person and the YES team member/s including positive rapport and instances where young people were becoming more open and trusting.

Advice sought from case reviews

The main purpose of the Orygen Connect sessions was for YES staff to ask specific questions or advice related to a young person or young people in their care. The most frequently sought advice was related to treatment planning and approaches, more specifically about which aspects of care should be prioritised when the young person has multiple presenting needs. There were also clear themes related to diagnosis and formulation often connected to co-occurring presentations such as autism spectrum disorder (ASD) or attention deficit hyperactivity disorder (ADHD). The key advice sought has been themed and ranked below (1=most common theme):

Figure 13: most common advice sought by theme



1. **Treatment planning and approaches** for example, treatment planning for multiple presenting issues & how to prioritise treatment
2. **Diagnostic clarification and formulation,** for example, differential diagnoses or neurodevelopmental queries
3. **Risk management**
4. **Medication** for example, review
5. **Working with ambivalence, avoidance and resistance**
6. **Working with the system** for example, case management roles and determining the role of YES in the young person's care
7. **Working with family and supporters** for example, support options for family members, engaging with family members, family barriers to treatment, supporting relationships with families
8. **General advice** for example, any other ideas or suggestions from Orygen
9. **Assessment**
10. **Engaging young people**

Advice sought from vignettes

YES programs submitted vignettes to Orygen Connect when they were seeking advice about complex areas of practices that they were encountering across multiple clients. As such, the advice sought through vignettes may reflect YES staff's knowledge or confidence gaps more commonly in need of support.

From the 18 vignettes included in the analysis, the following query types were most prevalent:

- **Treatment recommendations (n=13)**, such as prioritising treatment focus for presentations with co-occurring conditions
- **Medication advice (n=9)**, such as medication for atypical presentations or with co-occurring substance use conditions
- **Diagnostic and assessment queries (n=8)**, particularly around psychosis-type symptoms, and queried neurodevelopmental conditions
- **Client engagement difficulties (n=7)**, such as working with barriers of social anxiety, intoxication, and normalisation of domestic violence
- **Co-occurring presentations (n=7)**, particularly around comorbid eating disorders, substance use disorders, and neurodevelopmental conditions
- **YES staff wellbeing (n=5)**, such as safety from physically or sexually aggressive clients, and managing own anxiety and moral conflict

Certain presentations were also over-represented in the vignettes submitted for advice. The most commonly presented areas of advice were as follows:

- **Alcohol and other drug use (n=9)**, such as impact of substance use on mental health symptoms, and harm-minimisation approaches
- **Co-occurring presentations (n=6)**, such as adjusting eating disorder treatments for young people with substance use difficulties or neurodevelopmental conditions
- **Neurodevelopmental conditions (n=6)**, such as addressing disordered eating in young people with ASD, and how to access ADHD assessments when the YES service does not have access to psychiatry
- **Personality disorders (n=4)**, such as differentiating severe personality disorder from PTSD and neurodevelopmental presentations

The secondary consultation advice being sought for vignettes mirrors that sought through case reviews. In both instances, YES staff were commonly seeking supports to diagnose, prioritise, and treat complex co-occurring conditions – particularly where neurodevelopmental conditions and substance use concerns may add complexity to addressing a young person's emotional health, safety, and wellbeing. Medication reviews were commonly sought in the individual case reviews, and broader medication advice was requested through vignettes. For both individual case reviews and vignettes, severe personality disorder presentations, psychosis-type presentations and ASD-type presentations comprised the majority of diagnostic and assessment queries.

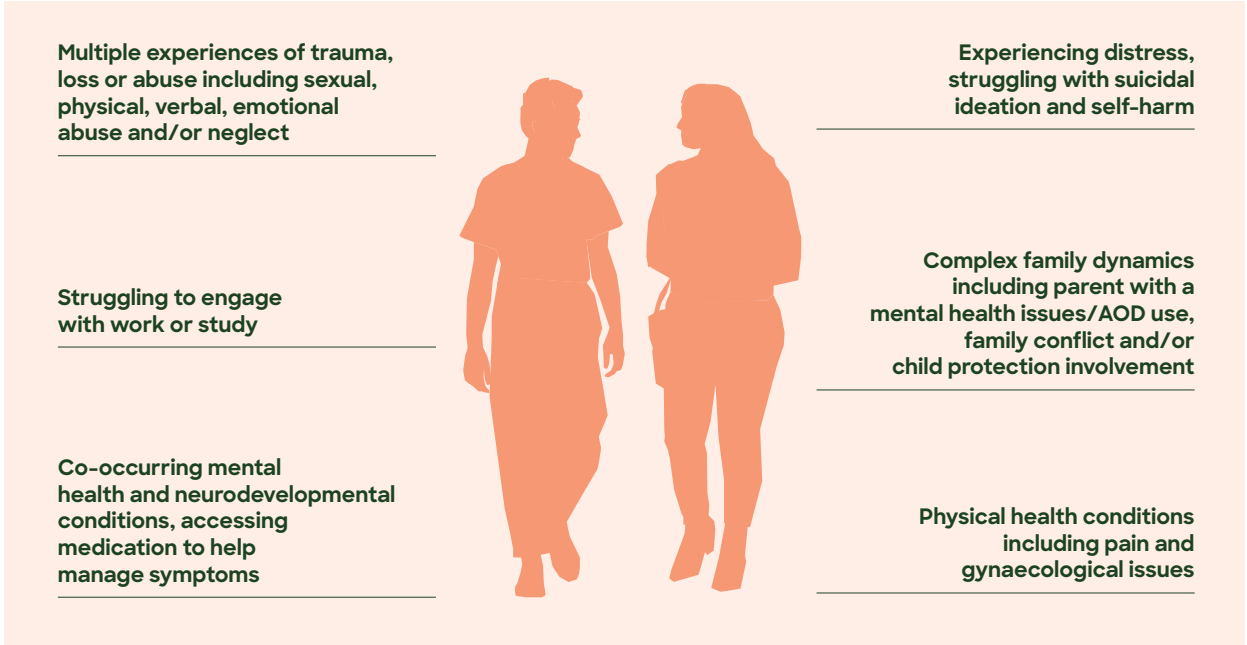
SUMMARY OF KEY FINDINGS

The analysis of 129 case reviews presented at the Orygen Connect sessions has started to create a picture of the young people who present to YES programs, including common characteristics and experiences of young people. The analysis suggested that young people accessing YES programs are most likely to have experienced complex forms of trauma, loss, or abuse including sexual, physical, verbal, emotional abuse and/or neglect. This abuse is most often perpetrated by a caregiver in their life. Young people presenting to YES will most probably have complex co-occurring mental health diagnoses, queried diagnoses and/or neurodevelopmental diagnoses rather than one presenting issue or a more common co-occurring presentation such as depression and anxiety. Just under half were prescribed medication for their mental health and almost all had previous or current involvement with multiple service supports (n=112). Most young people had tried substances in the past, with about a third currently using substances. Young people generally attend YES programs in distress, with many recently having self-harmed and struggling with suicidal ideation. A significant proportion of young people had issues with food in some way or have a chronic physical health condition. They are also likely struggling to attend school or work and may have instability with housing. Many are keen to see improvements in their relationships with other people in their life.

The analysis also showed that young people receive a broad range of evidence-based interventions in YES programs, including but not limited to behavioural activation, acceptance and commitment therapy, cognitive behavioural therapy, dialectical behavioural therapy, mindfulness, schema work, trauma counselling, somatic-focused and narrative therapy. Importantly, the review highlighted that YES teams were often able to offer intensive and persistent engagement with young people during their episode of care. The analysis also highlighted that YES programs are providing essential care co-ordination and care navigation for young people. This is often necessary in circumstances where there are a range of complex factors at play and where there are multiple services involved in a young person's care. Care coordination was clearly linked to the goals identified by young people such as developing independence (for example, obtaining driver's license), support to find accommodation, employment or engage with education, access to assessment and/or help with managing physical health concerns.

Exploring the advice sought from YES staff at the Orygen Connect sessions, the analysis revealed the most frequently sought advice was about treatment planning and approaches. When this was explored in more detail, the advice was often interested in understanding what aspects of care should be prioritised when a young person has multiple presenting needs or co-occurring mental health diagnoses. There were some clear themes related to specific diagnoses which occurred on multiple occasions. The areas of interest were co-occurring neurodevelopmental presentations such as autism spectrum disorder and/or attention deficit hyperactivity disorder.

Figure 14: common characteristics and experiences of young people presenting to YES programs



STRENGTHS AND LIMITATIONS

Key strengths of this analysis are the breadth of the data, drawn from 129 cases presented at Orygen Connect sessions, as well as the significant detail provided in each case review. The breadth and depth of the data helps to develop a rich understanding of the complex issues and experiences young people present with at YES programs. There are, however, some limitations that should be considered when interpreting the findings. The information provided by YES staff when they completed the case reviews was not specifically written for research purposes, therefore this analysis of the data may not fully capture the experience of young people who present to YES programs. While the case review templates provided a myriad of prompting questions about a young person and their context, YES staff would have made choices as to what to include in their case review, which may have been influenced by factors such as what information staff had already been able to collect about the young person, the time available to complete the template, and what they wanted to focus on in the secondary consult session. As a result, certain presentations and experiences may be over or under-presented. For instance, it is possible the prevalence of complex trauma may be over-represented in the data because these were the issues that YES staff wanted support with from Orygen. We should also consider that research indicates(6) that young people are more likely to under-report experiences of abuse and sexual assault to mental health services, therefore it is possible that the true experiences of abuse in this cohort may potentially be lower than what the data suggests. Other data that may have been under-reported in the case reviews includes the young person's cultural background, gender and sexuality, and AOD use. Lastly, we do not know how the data included in the case reviews was determined by YES staff. It may have been informed by a young person's feedback, observations by YES staff themselves, previous notes from other health services, or from family members. While it is not possible to verify the accuracy of the data in this current study, the frequency in which certain presentations and characteristics were found in the data set gives credence to them being representative of the experiences of young people accessing the YES programs. The limitations in this report may be addressed in further research.

CONCLUSION

Through the analysis of case reviews presented by YES programs participating in the Orygen Connect secondary consultation program, we have developed a stronger understanding of the range of issues and challenges experienced by young people who present to YES programs. Young people were likely to be experiencing complex co-occurring mental health conditions including mood and personality disorders, as well as neurodevelopmental disorders. Many had endured several adverse events in their lives including trauma, loss and multiple forms of abuse, often perpetrated by members of their family. Complex family dynamics were common with reported challenges such as parental substance use and/or mental health issues as well as relational strain and conflict. Most young people were frequently experiencing suicidality and self-harm. YES programs provided young people with a range of psychological interventions and vital care coordination, and most often sought advice from Orygen in relation to planning and prioritising treatment for young people presenting with multiple presenting needs or co-occurring mental health diagnoses.

This analysis has illuminated important details about the young people who present to YES programs, the care and support they receive, as well as the information and advice required by the staff team supporting them. It highlights the important support that YES programs provide to young people and hopefully this data helps to inform decisions about the future of YES.

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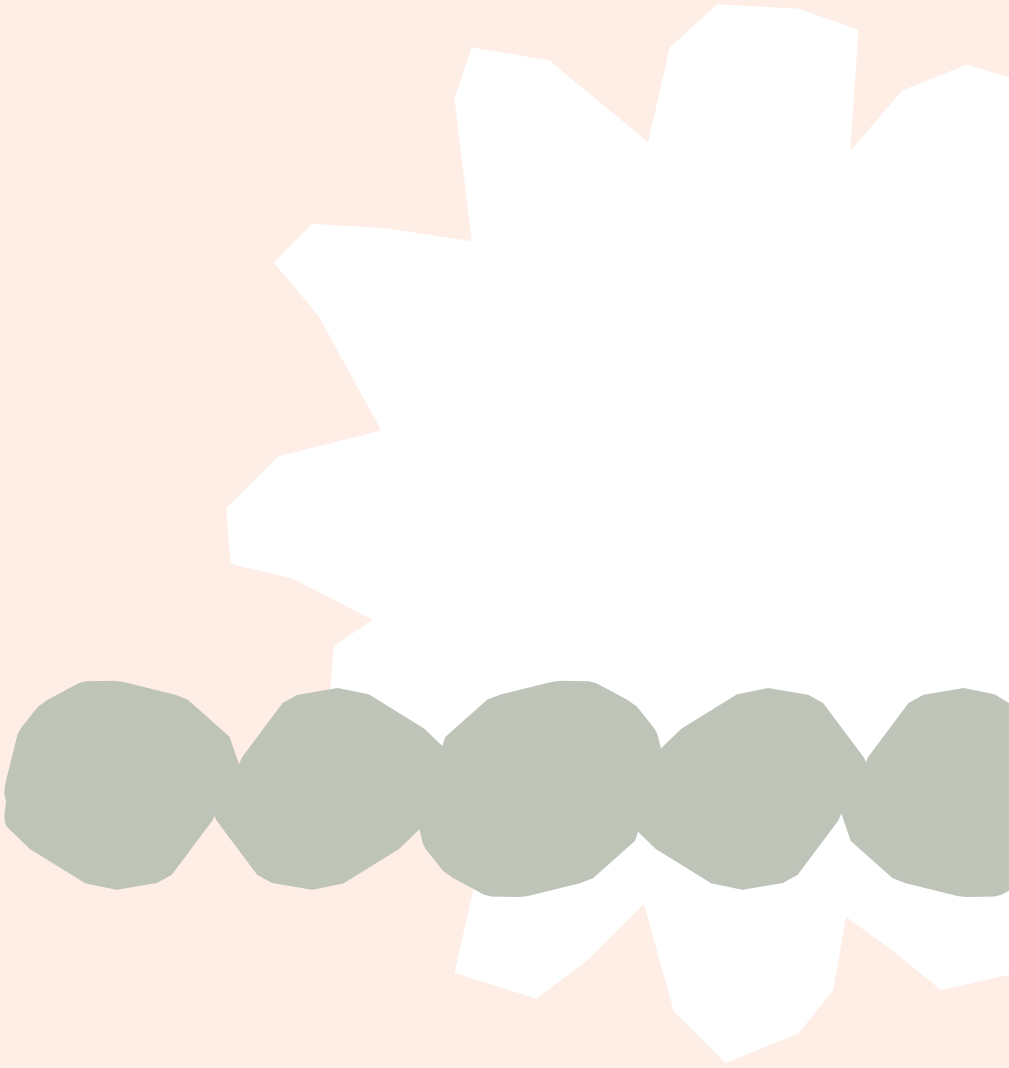


APPENDIX A

Case review template

Please complete **two case** review forms for each session. They should be forwarded by 5pm three business days prior to your session, to [email address]

Ensure that all case information is de-identified.

NAME OF PRESENTING YES STAFF

KEY ISSUES AND QUESTIONS FOR CONSIDERATION

What is the key issue/question[s] you want to discuss today? Consider what you are hoping to gain from this consult (e.g. specific questions, generating further ideas, self-care, possible new resources or training) and how you will know if the consult was useful to you and/or the team.

SUMMARY OF THE YOUNG PERSON'S CIRCUMSTANCES

Home, school etc.

SUMMARY OF THE PRESENTING PROBLEMS

FAMILY SITUATION

Engagement of family, barriers or facilitators to recovery.

OVERVIEW OF CURRENT CARE PLAN

Diagnosis/es (if any)

Identified goals and progress towards these

Planned/provided psychological interventions

Prescribed medications, by whom, and for how long

Formulation if available

RISK ASSESSMENT

OTHER KEY SERVICE PROVIDERS

GP, vocational services etc. Consider inviting these people to attend the session, if you think it would be beneficial.

OTHER RELEVANT INFORMATION

APPENDIX B

Vignette template

Please complete case review forms for each session. They should be forwarded by 5pm two business days prior to your session, to [email address]

Ensure that all case information is de-identified.

NAME OF PRESENTING YES STAFF

KEY OVERALL THEME FOR DISCUSSION

What is the overall topic and theme you have for today's discussion, and why did you feel it was important to discuss here as a team?

E.g. medications, family dynamics, conflict or tension working with other services, challenging conversations around discharge planning, AOD, managing tricky therapeutic dynamics between YES staff and young people/families, managing shared cases, parent work.

SPECIFIC QUESTIONS

What are 3-4 specific questions you have in relation to the theme? Consider what you'd like to get out of the discussion or key dilemmas/challenges you are finding in relation to the theme.

VIGNETTES

Please provide 2-3 vignettes below (snapshots of a case that might explain some of the challenges or tensions you are experiencing in relation to the theme).

Please keep brief - identify key themes that are part of story/context (i.e. more formulation/summary driven).

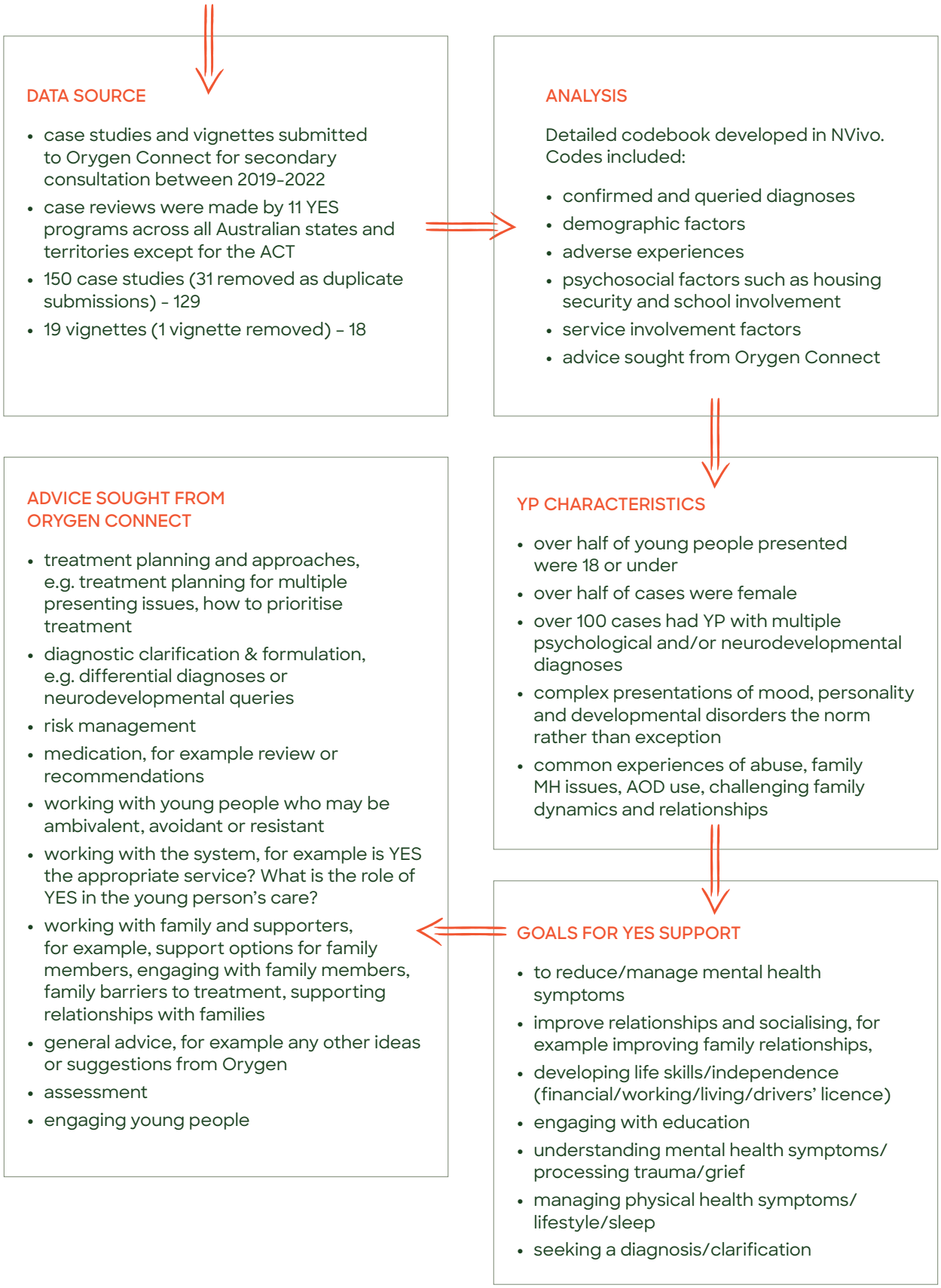
Vignette 1:	E.g. client X'
Brief snapshot of case	
Key questions	

Vignette 2:	E.g. client X'
Brief snapshot of case	
Key questions	

Vignette 3:	E.g. client X'
Brief snapshot of case	
Key questions	

APPENDIX C

Project infographic



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