

Excerpt from – Youth PARC Interim Functional Guidelines

This document has been developed in response to funding being made available to enable a new type of community based residential program to be included into the range of services provided for young people aged 16 to 25 years of age inclusive. It is envisaged that the service will improve clinical care and support for young people with serious mental health issues. This new development provides a 'step up' option for young people at risk of an acute inpatient admission, as well as a 'step down' option to assist the early and seamless transition of young people re-entering the community following an inpatient admission.

It is anticipated that the Y-PARC facilities will cater for ten young people and operate on a 24-hour, 7 days a week, fully staffed, short stay residential and limited day care support program. The service will be targeted to young people who are at risk of, experiencing or recovering from an acute mental health episode. It is envisaged that the facility will be in an accessible community setting local to the community that it serves and will have features of a home-like/domestic environment. The average length of stay will be 28 days.

Each service should be able to support client and family/carer centred care, tailored to suit local service arrangements and consistent with this brief and the service program description under development of the Mental Health, Drugs and Regions Division, Department of Health (DH). The DH is committed to providing quality, effective and cost efficient mental health services.

Policy Context

Mental Health Reform Strategy

The Mental Health Reform Strategy 2009-2019 was launched by the Minister for Mental Health in March 2009 and, together with the implementation plan (currently under development), provides guidance for the development of mental health services in Victoria over the next ten years. *The Strategy* takes a whole of government approach to improving mental health and associated individual, social and economic outcomes by:

- Intervening earlier in life, earlier in the illness and earlier in the episode. This includes a priority focus on reducing the incidence of psychiatric crisis and responding more effectively to people in urgent need.
- Addressing current pressures, blockages and barriers in the specialist public mental health services system by reconfiguring and strengthening core services and developing new ways of working that will improve the efficiency and effectiveness of the service system and its responsiveness to client need
- Reducing the growing impact of mental illness across multiple service sectors (police, ambulance, courts, criminal justice, homelessness service systems, child protection)
- Increasing social and economic participation of people with mental health problems.

The Strategy specifically supports the further roll out across the state of sub-acute Prevention and Recovery Care (PARC) services, which provide step up/step down care as an alternative to inpatient admission.

Furthermore, the *Strategy* proposes that the public specialist mental health service system should ensure that children and young people experiencing severe and complex problems and disorders that require treatment, receive age-appropriate tailored responses from infancy through childhood to adolescence and early adulthood. It recognises the importance of creating services that are accessible, engaging and non-threatening for young people seeking help and support, and concludes that there should be youth-specific responses across intake, crisis, community, inpatient and residential care.

Service Context

Over 75 per cent of mental illness and substance use disorders commence before the age of 25, yet it is estimated that only one out of every four young people experiencing mental health problems receives professional help. Young people often find it difficult to seek help for a range of reasons, including feeling embarrassed, alienated or worried about confidentiality. Services need to be accessible, engaging and non-threatening for young people to promote help seeking and engagement in treatment.

The importance of recognising the family/carer as a client of the Y-PARC, and therefore providing a service that is accessible, engaging and non-threatening for them also, should be considered for each client and their individual family/carer circumstance.

The development of the Y-PARC model complements broader youth mental health and service reforms. The development of the child and youth model will draw upon and better integrate the knowledge and expertise of both Child and Adolescent Mental Health Services (CAMHS), Adult Mental Health Services (AMHS) and Psychosocial Disability and Rehabilitation Support Services (PDRSS) to deliver a more seamless and integrated model of care. The Y-PARC offers opportunities for earlier intervention and to provide more intensive community residential support. Evidence suggests that averting the need for acute inpatient admissions, and having youth specific service options that are more able to adjust earlier to changing client needs and corresponding intensity of treatment and support have better outcomes for young people. The Y-PARC service will span the 16-25 year old age range and support young people in the critical life transitions that occur across this age range. Like the Adult PARC, the Y-PARC model is based on partnerships and shared responsibilities, and will provide an opportunity to explore models of shared management.

Target Group

The new Y-PARC services aim to provide a youth specific service to those most commonly aged between 16 and 25 years with a serious mental illness who require treatment and care in a safe and supportive environment.

The service will target young people at risk of becoming seriously unwell to the point of requiring an admission to an acute in-patient unit (early intervention - step-up). They will also engage with young people who no longer require an acute inpatient setting but can be assisted by a more seamless transition achieved through a short-term continuation of treatment and support post discharge from the acute inpatient unit (step-down).

The Y-PARC will formalise arrangements with key youth and related service providers such as alcohol and other drug, housing, primary health, education, vocational services and culturally specific services. The major aims of the Y-PARCs in strengthening these arrangements are:

- To improve access to timely community based residential mental health care for young people with emerging mental health issues who may be using or engaged with these other services;
- To provide better integrated clinical and psychosocial support as central to the longer term recovery of the young person; and
- To improve access to youth specific services by those young people recovering from an episode of illness

The service will provide an early intervention and preventative response not only for young people with first episode psychosis, but also those experiencing severe but more complex conditions including anxiety, severe depression, bipolar and a range of challenging behavioural presentations. Effective dual diagnosis interventions and the management of drug and alcohol problems prevalent among this cohort will be a service requirement. The Y-PARC may be utilised by these groups of young people in different ways. For some young people, it may provide a first point of intensive assessment, while others utilise the service in a planned way as part of relapse prevention.

Highly vulnerable young people who are in a psychiatric crisis and experiencing severe acute distress (but not presenting with a clear diagnostic picture) will also be within the service target group (for example those with a history of trauma or

abuse). These young people will have had a prior clinical assessment by mental health services and would generally have a community case manager. In the absence of acute distress and the need for acute psychiatric care, such young people would be managed through other intensive community interventions that extend over a longer term and address the particular nature of their ongoing care needs.

While it is expected that the majority of young people using the service will be between 16 and 25 years inclusive, this age range should be used as a guide only. Clinical assessment of the individual and the mix of different developmental ages in the Y-PARC at a given time, will determine the appropriateness of admitting clients outside the specified age range.

In many instances, the Y-PARC will enable the opportunity to actively engage families/carers earlier in a young person's illness and episode, thereby alleviating potential family/carer stress and break down. Family/carers should also be seen as clients to be engaged in the Y-PARC service, although this will not be appropriate in all situations, and longer term work with the young person and family/carer may be necessary to facilitate this. Families/ carers may be engaged through both direct work with the Y-PARC and where relevant through collaborative work between Y-PARC and other services that the family/carers are already engaged with such as community mental health case managers, Family Services, Child Protection and GPs.

Service aims

The major aims of the Y-PARC service are to provide an additional service option for young people that:

- Incorporates an integrated approach to clinical and psychosocial recovery within a youth friendly environment.
- Provides the community mental health case manager with a short term residential treatment and support option as part of their continuum of care.
- Prevents risk of further deterioration in mental state and associated disability and where lack of this option may lead to the requirement for admission to an acute in-patient unit.
- Provides short-term transitional support post discharge from an acute inpatient admission.
- Increases capacity to provide bed based service options in the context of increasing demand for acute care by adolescents and young adults.
- Increases the capacity of acute inpatient services by improving patient flow and avoiding unnecessary admissions to acute mental health services.
- Promotes family and carer engagement and reduces the risk of family breakdown and carer burden which is exacerbated when young people become acutely unwell.

Key Service Features

Y-PARC services will:

- provide suitably qualified staff on site 24 hours per day
- have access to specialist mental health staff 24 hours a day, 7 days a week, through ready access to the CATT service or onsite clinicians
- relate to and be integrated with other youth specific services in addition to the child and youth mental health services and PDRSS service.
- actively engage young people and their family/carers in their treatment and work towards maintaining or re-establishing the young person's links with

developmentally appropriate supports and their participation in community life (e.g. study/work).

- Provide expertise in management of acute mental health and drug and alcohol issues commonly occurring in this age group including psychiatric and/or drug and alcohol related emergencies.
- Be aware of a trauma informed approach to care
- Streamline referral processes for young people who become acutely unwell and require acute inpatient admission.

Key Service Tasks

Y-PARC services will provide a combination of:

- Clinical assessment and treatment (including mental health and alcohol and other drug assessment and treatment)
- Risk management plans including management plans for self harm and gender safety
- 24 hour supervision and monitoring in a safe, supported and therapeutic environment
- Psychosocial assessment and intervention. The Y-PARC provides an opportunity to engage the young person in areas that are important to them in recovering from an acute episode. The Y-PARC admission can therefore help establish or re-establish some of the skills and connections that the young person will require for longer term recovery, as well as preventing some of the negative effects that exposure to highly acute environments and illness can have. Psychosocial assessment and intervention may include:
 - Assessment of the young person's strengths, skills and areas of need to support recovery
 - Support and practical assistance to re-establish independence with daily activities related to maintaining social functioning and transition back into community life
 - Support to assertively establish or re-establish links with relevant community and youth specific services
 - Individual and group activities

These interventions will focus on both the young person and family/carer where appropriate to:

- Minimise vulnerability and risk factors, which can contribute to crisis escalation, illness relapse, family/carer breakdown, or prevent a return to a suitable living environment.
- Maximise the resilience and protective factors which could avert a crisis, prevent illness relapse, family/carer breakdown and promote recovery enabling return to an age appropriate suitable living environment.
- Support the young person and their family/carer through acute exacerbations in illness as an important basis for their longer term recovery.
- Y-PARCs will need to provide an integrated model of care. It is therefore important to identify the key service partners, and what their primary roles and responsibilities will be within the Y-PARC. For example, this may include:
 - Clinical services will concentrate on risk assessment, mental state monitoring, administering the young person's medication if required, and psycho-education with the young person and their family/carer.

- The PDRSS staff will work with clients on complementary aspects of their care, namely family relationships, living skills, education about their mental illness and socialisation. PDRSS staff will not have direct responsibility for dispensing medications.
 - Alcohol and other drug services (AOD) will concentrate on providing expertise and management of drug or alcohol withdrawal, and monitoring of the young persons mental state in relation to this.
 - Housing services will concentrate on creating linkages for young people with housing issues and ensuring their ongoing recovery through sustained linkages post Y-PARC admission.
 - Educational/vocational services will concentrate on maintaining, engaging or re-engaging young people in educational and/or vocational activities. This is of particular importance for the target age group who would benefit from support to optimise their educational/vocational opportunities, and assistance to maintain school engagement up to the new compulsory school age of 17 years.
 - Child First and local Family Services, Child Protection and Youth Justice are also key partner services which could provide continuity of support to young people and their family/carers during a Y-PARC admission, and/or provide a referral point from the Y-PARC service.
- The key service partners will also need to collaborate in order to establish the most effective method of delivering services. For example, establishing the most effective service access through either community based appointments, in-reach to the Y-PARC or having office space based in the Y-PARC on given days at given times.
 - Protocols will need to be developed to ensure effective and appropriate post-discharge care. To maximise continuity of care for young people, active communication should be maintained between all involved components of care throughout the young persons stay in a Y-PARC service.
 - Where the young person or family/carer has or is already engaged with such services, the role of these services in the young persons recovery should not be replicated by the Y-PARC, but should be engaged or re-engaged to provide services that will continue to be part of the young person's community supports post discharge from the Y-PARC.

Staffing

Staffing level and mix

Services must ensure a staffing profile that can perform the required service features and tasks at different times of the day. The model for staffing a Y-PARC may be a combination of staff offering a varied skill mix required to address the specific issues of young people. A minimum of three staff (including one mental health clinician) is recommended for all morning and afternoon shifts, while a minimum of two active staff overnight is required. This onsite staffing mix should combine clinical, PDRSS and AOD expertise. Staffing levels would need to be

monitored and adjusted in the event that the additional bed capacity within the self contained family or parent unit is utilised. In addition to this, clinical case managers will maintain connections with their clients through providing in-reach during the day and 24 hour access to CATT services will be available.

Case Management

To maximise continuity of care it is expected case managers will maintain involvement with the young person for the duration of their stay in a Y-PARC. Case management is predominantly provided through CAMHS or AMHS. A key worker from the Y-PARC is also essential to promote engagement in the Y-PARC program and services, and ensure care is coordinated between the relevant services.

Day-time operations of a Y-PARC service

The Y-PARC service should provide an environment that is welcoming, calm, safe and private. During the day young people will have the opportunity to participate in structured therapeutic programs, including individual and group interventions.

Young people will have the opportunity to engage with youth specific services that are relevant to their immediate concerns (e.g. Housing) or goals, such as education and employment. Linkages with these youth specific services will draw on staff from existing community services, particularly the youth hub models currently in existence (e.g. Headspace) and youth hub models emerging across sectors such as mental health and housing. Youth specific services will be provided flexibly, catering to the different needs of the individual as dictated by their mental state and readiness to engage.

Night-time operation of a Y-PARC service

The service will promote the development of healthy sleeping patterns and address lifestyle issues that may contribute to clients' sleep disturbance. Being a youth specific service, Y-PARCS will need to pay particular attention to recognising the different wake/sleep cycles of this age group, as well as the impact that mental health and drug and alcohol issues can have during the evening. As a result, the staffing complement during the evening would need to reflect the needs/level of activity of the young people during this time of day.

There will be two active staff members overnight in acknowledgement of the youth specific issues and duty of care for the younger age group. There will also be access to 24-hour CATT team support.