Youth Mental Health services - where are we going?

1. The Prime Minister's Youth Mental Health project

   - Aims to improve services for young people aged 12 to 19 years with, or at risk of, mild to moderate mental health problems
   - Has been informed by the report from the Prime Minister’s Chief Science Advisor “Improving the Transition; Reducing Social and Psychological Morbidity During Adolescence” (May 2011)
   - Is cross-government involving the Ministries of Health, Education, Social Development, Te Puni Kōkiri, the Department of Prime Minister and Cabinet (DPMC) and Treasury
   - Requires a changed and collaborative way of working that pulls down the barriers and responds to the variable needs of young people
   - Consists of a package of measures designed to build on strengths in current service provision and to address areas where there are gaps
   - Requires investment of $61.9 million over the next four years.

The foci

- Achieving better mental health and well-being for young people, and particularly for those vulnerable groups at comparatively higher risk of mental health issues such as Māori and Pacific, by:
  - Building resilience and social connectedness
  - Developing more responsive school environments
  - Making available consistent, accessible and accurate information
  - Intervening early and providing follow up care
  - Connecting young people with youth-friendly support and treatment options.

Expected outcomes

- Better mental health and well-being for young people
- Increased resilience to support good youth mental health
- Better access to appropriate information for youth and their families/whānau
- Earlier identification of mild to moderate mental health issues in youth
- Improved access to support and treatment services for youth
- Effective assessment and referral pathways
- Improved knowledge about what works to improve youth mental health
- Connected and informed young people
- Collaborative agency responses.
The settings

- In the health sector through:
  - primary care services being more responsive to youth
  - improving waiting times and follow-up care
  - reviewing referral pathways

- In schools with:
  - additional nurses in decile 3 schools and Youth workers in low decile schools
  - introduction of more student support programmes such as Positive Behaviour Schoolwide, FRIENDS and Check and Connect

- In communities with:
  - more information for families and friends
  - better youth engagement and social support for Youth One Stop Shops
  - Whānau Ora for mental health

- And online through e-therapy, social media and more youth-friendly resources

Governance

The initiatives

- Twenty two interlinked initiatives spread across four government agencies including responsibility for:
  - 7 with the Ministry of Health
  - 6 with the Ministry of Education
  - 8 with the Ministry of Social Development
  - 1 with Te Puni Kōkiri

- A changed way of working in a new collaborative cross-agency approach

- Regular reporting and monitoring

- Formative and summative evaluation

Health Initiatives

1. Maintain and expand funding for School Based Health Services (SBHS) and evaluate:
   - Expand SBHS into decile 3 secondary schools

2. HEEADSSS Assessments (Home and environment, Education/employment, Eating, Activities, Drugs, Sexuality, Suicide/depression, Safety)
   - Nurses in SBHS will use the HEEADSSS wellness check
   - HEEADSSS will be promoted to all primary care practitioners

Health Initiatives (cont.)

3. Expand primary mental health services to include all youth in the 12-19 year age group and their families:
   - Develop services for Maori, Pacific and low-income youth in PHOs with current PMH funding (where this service does not already exist)
   - Extend coverage to youth that are not registered in a PHO, e.g. youth presenting through SBHS, Youth One Stop Shops
   - Base the new service provision on a stepped care approach:
     - a system of delivering and monitoring treatments so the treatment that is most effective, yet least resource intensive, is delivered to patients first.

Expand Primary Mental Health Service – Stepped Care approach

<table>
<thead>
<tr>
<th>Step</th>
<th>Description</th>
<th>Intensity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>No disorder or sub-threshold symptoms, distress, adjustment problems</td>
<td>Low</td>
</tr>
<tr>
<td>2</td>
<td>Mild disorder – brief treatment</td>
<td>Low</td>
</tr>
<tr>
<td>3</td>
<td>Moderate disorder – low intensity treatment</td>
<td>Medium</td>
</tr>
<tr>
<td>4</td>
<td>Severe disorder – high intensity treatment</td>
<td>High</td>
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</tbody>
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Specialist Mental Health & AOD

- A range of talking therapies and pharmaceutical intervention in community and inpatient settings
Health Initiatives (cont.)

4. Review and implement E-therapy treatment programme for youth
   • review evidence based tools already in use and their applicability for use with all ethnic groups in NZ
   • develop specifications on requirements for e-therapy programme based on the evaluation and undertake a tender process
   • implement the tools for use as part of a suite of treatment interventions.

5. Improve the responsiveness of primary care to youth through ‘drop-in’ services, secure funding pathways and Youth One-Stop Shops

Health Initiatives (cont.)

6. Improve access to CAMHs and youth AOD services through DHB wait-time targets and integrated case management services
   • funding available through Drivers of Crime package announced October 2011 will be used to improve access to treatment for youth
   • 80% of youth to be seen within 3 weeks of first contact
   • 95% of youth to be seen within 8 weeks
   - currently nationwide 60% of youth are seen within 4 weeks of first contact
   • MOH will consider developing preferred model for youth AOD services

7. Review and improve follow-up care for those discharged from CAMHs and youth AOD services
   • DHB contracted services ensure continuing care, whether to primary care or some other provider

Youth Forensic Services Development

• What are youth forensic services?
  Specialist mental health and alcohol and other drug services for young people with:
  – mental disorders and/or
  – AOD problems and/or
  – intellectual disabilities (under the IDCC&R Act)

  who have offended, or are alleged to have offended, and are involved in the NZ Justice system.

Youth Forensic Services Development (cont.)

Why Develop Youth Forensic Services?

• Gaps in service provision
  • Need to build up community based services
  • Need to establish inpatient services
  • Lack of nationally consistent approach

• Currently those services that exist for youth are provided mostly by adult forensic services

• Criminal Procedure (Mentally Impaired Persons) Act 2003

• UNCBIC

Youth Forensic Guidelines

Guidelines recommend:
• A regional approach to service delivery
• Possible hub and spoke model
• Multi-disciplinary team and case management approaches
• Joint approach to co-existing mental health and AOD
• Inclusion of family and whānau in planning and treatment
• Supporting community re-integration
• Incorporate kaupapa Māori models of service provision