



For GPs...
Antenatal,
Baby &
Child health
services in Brisbane's North
Saturday July 11, 2009
Royal Children's Hospital, Herston

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Access
CYMHS
Evaluation
2009





Presentation GP Partners July 2009

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Australian Health Policy Context

- ⇒ **National Standards for Mental Health Services (1996)**
- ⇒ **Evaluation and Quality Improvement Program 4 (EQUIP 4, 2007)**
- ⇒ **Key Performance Indicators for Australian Public Mental Health Services report (November, 2004)**
- ⇒ **Queensland Plan for Mental Health (2007-2017)**
- ⇒ **National Mental Health Policy (2008)**



Background

- ⇒ 2004 – Review of CYMHS rostered intake system
- ⇒ 2005 – Recommended changes to intake processes
- ⇒ April 2006 – Access Team Implementation
- ⇒ February 2007 – Access CYMHS Evaluation (CPIC)
- ⇒ October 2008 – Service Development, Training and Research Coordinator (proposed HP 4 position)



New Model of Care

⇒ CYMHS Intake Access Model

- ▶ Equitable Access - the right service for young people at the right time...
- ▶ Service delivery framework
 - Timely and Equitable Entry
 - Continuous & Coordinated Care
 - Appropriate and Efficient Access
 - Consumer and Carer Responsiveness
 - Sustainable and Accountable Processes



ACCESSIBILITY:

‘Ability of people to obtain health care at the right place and right time irrespective of income, physical location and cultural background’

‘Consumers/patients/communities have access to health services and care appropriate to their needs.’

‘Children and young people have access to a comprehensive range of services’.



Information for Referrers

⇒ How to refer to the CYMHS specialist service?

- ✦ **The Access Team manages all new enquiries and referrals.**
- ✦ **Access Clinicians are available to assist in each Community team at Nundah, North West and Pine Rivers Community Health Centres**
 - **Week days, 8.30am to 5.00pm**
- ✦ **Extended Hours Service**
 - **After-hours, 5.00pm to 9.30pm Mon – Fri**
 - **Saturday 2.00pm to 9.30 pm.**
 - **CYMHS Clinic and Extended Hours Service contact details and hours of operation are listed on the Information for Referrers fact sheet handout.**



Information for Referrers cont

⇒ Who can refer?

- ▶ Queensland Health guidelines for specialist mental health services recommend that in most cases, it is preferable that clients access the service through a referring agent such as a General Practitioner, Guidance Officer, Youth Worker, or other health or welfare professional.
- ▶ The rationale is that those at risk of developing mental health problems that are severe, complex or life threatening are identified through service systems such as Child Health Services, Schools, General Practitioners and Community Youth Agencies which have established ongoing links with children, young people and their families.



Information for Referrers cont

⇒ *Young people can self-refer.*

⇒ *A referring agent is also not necessary where a situation is deemed urgent.*

⇒ **Urgent Referrals:**

- ▶ Priority will be given to suicidal, psychotic, severely disturbed and traumatised children and young people whose behaviour is causing, or likely to cause, a significant risk of harm to self or others. URGENT referrals will be responded to within 24 hours.

Information for Referrers cont

- ⇒ The referral process is designed to be prompt
- ⇒ Access Clinicians have a comprehensive understanding of CYMHS services and other support agencies within the district.
- ⇒ They will ensure all children and young people are offered the most appropriate service for their *current* circumstances.
- ⇒ This may be a service provided by CYMHS or sometimes another agency may be better suited to respond to the young person's needs.
- ⇒ Referrers, young people and their families can reasonably expect to be contacted within a few days, regarding whether CYMHS is the best service for the young person.

Information for Referrers cont

- ⇒ **Who should be referred?**
 - ✦ Children and young people 0-18 years whose:
 - ✦ Emotional and behavioural disorders are severe or complex;
 - ✦ Or at risk of becoming so;
 - ✦ And whose needs cannot be met by other services.
- ⇒ All referrals will be considered on an individual basis, with priority entry given to:
 - ✦ The likely psychiatric nature of the presenting problem
 - ✦ The extent of functional impairment in a range of settings (home, school)
 - ✦ The level of distress experienced by the child, young person and family

Information for Referrers cont

↪ Comprehensive assessment and treatment is provided by CYMHS for major mental health problems that include but are not limited to symptoms of:

- ♦ **Anxiety:** separation anxiety, school refusal, fears and phobias, panic attacks, obsessions or compulsions, stress related to life circumstances or traumatic events
- ♦ **Altered mood:** persistent periods of unexpected shifts in mood such as sadness, agitation or withdrawal
- ♦ **Severe prolonged physical symptoms** where a psychological cause is suspected

Information for Referrers cont

- ♦ **Adjustment disorders:** mood, anxiety or behavioural symptoms following a significant psychosocial stressor
- ♦ **Problems related to abuse or neglect** including attachment disorders and other behavioural and emotional responses to abuse
- ♦ **Eating problems** and disorders
- ♦ **Significantly altered patterns of thinking** and behaviour such as psychosis, suicidal thoughts and self-harm



Information for Referrers cont

⇒ Early intervention or other Specialist CYMHS programs may be offered for children or young people who are:

- ▶ Living with family members who have mental illness or substance use issues
- ▶ Engaging in substance use
- ▶ Children under 3 years of age - will be transferred to the Future Families Infant and Early Childhood Mental Health Program
- ▶ In statutory care or in contact with the law
- ▶ Have chronic physical illness or disability, including sensory impairment



Information for Referrers cont

⇒ Specific consideration will be given to children and young people with mental health problems where they are:

- ▶ From an Aboriginal and Torres Strait Islander background
- ▶ Homeless or have had multiple out of home placements
- ▶ From a Culturally and Linguistically Diverse background

Information for Referrers cont

⇒ Will CYMHS be the most appropriate agency?

- ✦ Where problems are persistent and beyond developmental norms, Access Clinicians may provide initial assessment and clarification on whether treatment by CYMHS is the most appropriate option.
- ✦ Children with developmental problems such as Attention Deficit Hyperactivity Disorder, intellectual disability, specific learning disorders, Asperger's Syndrome and other Autistic Spectrum Disorders may be assessed to ascertain the co-existence of any mental health problems.
- ✦ Where assessment reveals complex and severe co-morbid mental health problems, CYMHS will work collaboratively with specialist paediatric developmental clinics or paediatricians, Disability Services or specialist staff in Education Queensland and other non-government agencies.

Information for Referrers cont

⇒ Will CYMHS be the most appropriate agency?

- ✦ Similarly, young people with problems related to substance use will be supported by CYMHS in collaboration with specialist drug and alcohol services.
- ✦ CYMHS can assist children and young people with severe disruptive behaviour and parents who are concerned about managing this behaviour by offering initial assessment and interagency planning.
- ✦ In the absence of complex and severe mental health problems, a range of non-government agencies, private practitioners and early intervention services who offer support, education and family based counselling, may be better able to respond to the young person's specific needs.
- ✦ In such circumstances, the Access clinician will offer referral and assistance in obtaining help from those other services.



Information for Referrers cont

⇒ What if the referral is not accepted?

- ▶ Where it is considered more appropriate to refer to another agency, CYMHS Access clinicians will actively assist the family in considering the other options available for ongoing support and will be involved in facilitating referrals to other agencies.
- ▶ CYMHS recognises that individual circumstances change and a re-referral to CYMHS may be appropriate at some future point in time.
- ▶ If you are dissatisfied with the outcome of a referral, please feel free to ask for a Team Leader to contact you.



GP Referrals: Question / Scenarios

⇒ What GP presentations should be referred?

- ▶
- ▶
- ▶



Timely and Equitable Entry

⇒ Access Improvement Strategies

- ▶ **A streamlined acceptance, allocation and booking procedure:**
 - **CYMHS Target Population Statement**
 - **Daily service-wide intake teleconferences** to reduce variance in decision-making and ensure consistency in defining the target population
 - **Urgent, Priority, Routine triage response timeframes**
 - **Pre-designated Community initial assessment timeslots**
 - **Prompt Team Leader allocation and initial appointments**



Referral, Re-referral, Relapse and Rework

⇒ Access Improvement Strategies

- ▶ **To reduce the need for consumers who have had previous contact with CYMHS to be re-referred:**
 - **Assertive and proactive follow-up of referrals** to support young people, their caregivers and referring agencies through referral processes including psycho-education and information provision regarding all service options available.
 - **Improvement in communication with referring services, young people and parents/carers** ensuring collaborative links with community agencies are fostered within an integrated system of care.

Continuous & Coordinated Care

CONTINUITY: 'Ability to provide uninterrupted, coordinated care or service across programs, practitioners, organisations and levels over time'.

'Consumers/patients are provided with high quality care throughout the care delivery process'

'The organisation promotes the health of the population'

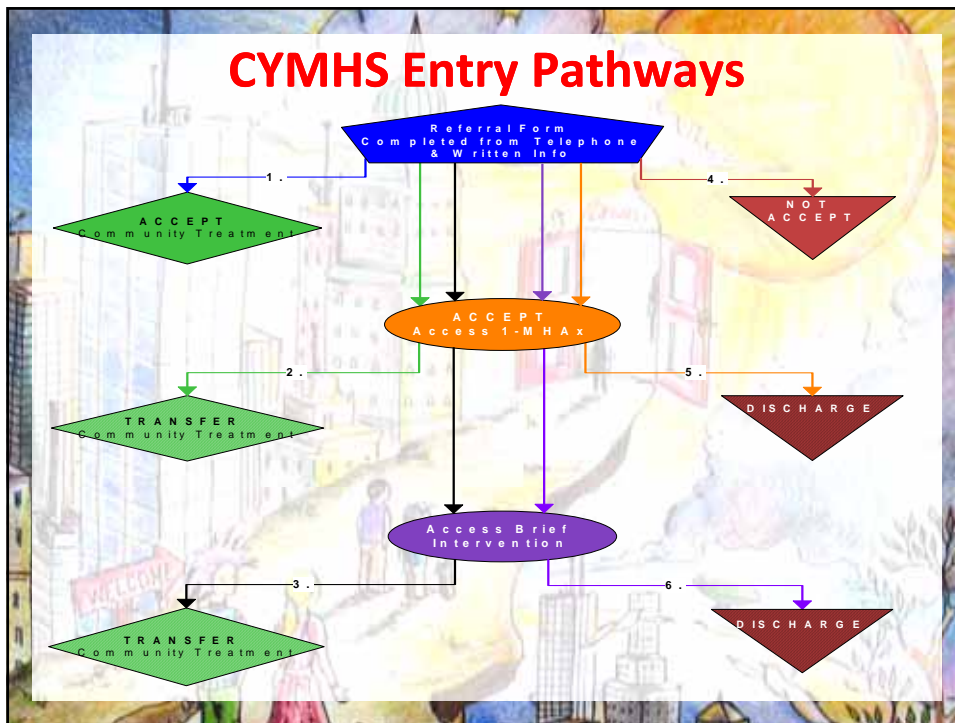
'Children and young people have access to a comprehensive range of services'.

'Leadership , advocacy and partnership for CYMH, including identification and reduction of service gaps'

Access Improvement Strategies

⇒ Increase access to continuous and coordinated care for young people and their families, according to their level of need:

- ♦ **Provision of in-person mental health assessments** by specialist access clinicians to clarify presentation complexity, severity, trajectory and co-morbidity and level of service engagement.
- ♦ **Provision of brief interventions** to children, young people and families who are difficult to engage or would benefit from short-term early mental health intervention.
- ♦ **Weekly Access team case reviews** to ensure consistent clinical decision-making in relation to level of service need following mental health assessments and brief interventions.



Appropriate and Efficient Access

APPROPRIATENESS: 'Care, interventions or action provided is relevant to the client's needs and based on established standards'.

- 'Consumers/patients/communities have access to health services and care appropriate to their needs.'
- 'Appropriate care and services are provided to consumers/patients.'
- 'Services are appropriate to the needs of the child and family, and culture'
- 'Monitor the utilisation of current resources to deliver services effectively and efficiently'



Access Improvement Strategies

⇒ The Intake Access Model aims to increase the appropriateness of access to RCH CYMHS through the following procedures:

- ▶ Improved communication between Access team clinicians, parents, schools and services provider to ensure referrals are supported by collateral information.



Consumer and Carer Evaluation

RESPONSIVENESS: 'Service provides respect for persons and is client oriented: respect for dignity, confidentiality, participation in choices, promptness, quality of amenities, access to social support networks, and choice of provider'.

'Consumers/patients are provided with high quality care throughout the care delivery process'

'The governing body is committed to consumer participation'

'Continuously improve consumer and carer participation'



Key Performance Indicators - Outcomes

⇒ Decreased Wait-days decision to first appointment

- ✦ 50 – 66% decrease in the average number of wait-days
- ✦ Variance reduced so a young person can expect to be seen on average within 7 to 10 days
- ✦ High consistency regardless of which clinic they are referred to or what time of year they are referred.

⇒ Benchmarking with National CAMHS Discharges Project

- ✦ 2007 Results = 6 Districts
- ✦ Referral to assessment = 42 mean days (H=96, L=17)
- ✦ Referral to treatment = 58 mean days (H=120, L=120)



Outcomes

⇒ Decreased referrals to CYMHS since 2004

⇒ Decrease Re-referral rate

- ✦ All community teams showed decreased re-referral rates
- ✦ Team 1 –12%; Team 2 –5%; Team 3 –2%
- ✦ Variation between teams was also reduced to 2% (34.7%-36.8%)



Challenges and Opportunities

- ▶ Alternate explanations for drop in the number of referrals received include GPs referring to 'Better Outcomes'?
- ▶ In their high months (Mar, May, Oct, Nov), each team received up to 4 times the number of referrals received in their low months (Sept, Dec, Jan).
- ▶ Continued data measurement should demonstrate further re-referral decreases over time

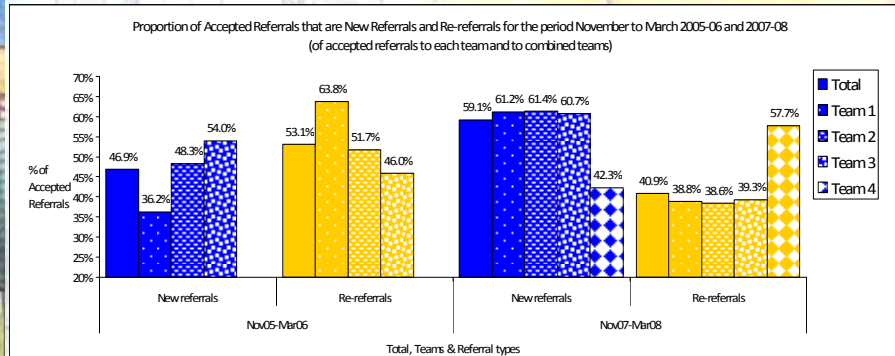


Outcomes

⇒ **KPI 15. Decrease Proportion accepted that are Re-referrals
Increase Proportion accepted that are New Referrals**

- ▶ Proportion accepted that were 're-referrals' was decreased from 53%.
- ▶ By Nov 07-Mar08, re-referrals made up 39% of all accepted cases.
- ▶ Proportion accepted that were new referrals was increased from 46.9%.
- ▶ By Nov 07-Mar08, new referrals made up 61% of all accepted cases.
- ▶ Variation across 3 teams was decreased to 1%.

Combined and Team 1, 2 & 3 5 month period (Nov– Mar 05-06 & 07-08)



Consumer and Carer Survey

- ⇒ **81% reported they were satisfied or very satisfied with the type types of services they were offered.**
- ⇒ **85% reported that they rated the quality of the services their family most recently received as good or excellent**
- ⇒ **78% reported they were satisfied or very satisfied with the level of involvement they had in decisions about the CYMHS services they received.**
- ⇒ **88% agreed or strongly agreed that CYMHS workers listened to them and understood the problems their family wanted help with**

Consumer and Carer Survey

- ⇒ 73% agreed or strongly agreed that their family was able to access the CYMHS services they thought their child needed
- ⇒ 79% agreed or strongly agreed that CYMHS workers were sensitive to their family's cultural background (race, religion, language, etc)
- ⇒ 83% of parents whose child received a MHAX agreed or strongly agreed that they felt supported as a parent and trusted they could talk to CYMHS workers when needed
- ⇒ 68% of parents whose child received a MHAX agreed or strongly agreed that the assessment by CYMHS gave them a better understanding of their child's problems

Consumer – Carer Telephone Survey

- ⇒ *Can you tell me what you found MOST helpful about the CYMHS service?*
 - ▶ “That they were quick in responding back to my enquiry - came up with several other options for me to try. And they assured me that I could re-contact CYMHS if those options weren't suitable or if I just needed some more help.”
 - ▶ “Quick acting and efficient with referring to another agency, only took 1-2 days max.”
 - ▶ “Listened to everything then responded after discussion and recommended lots of alternatives. Clinician did try but we did not fit the criteria. She really went out of her way to help, and kept following up.”

Consumer – Carer Telephone Survey

⇒ *Can you tell me what you found MOST helpful about the CYMHS service?*

- ✦ “First call, lots of questions - happy with assessment and that not accepted - opened my (Mother’s) eyes to possible over-reaction.”
- ✦ “The explanation around why the referral was not taken on was comprehensive and made sense. This indicated that the service had thought about client as a person.”
- ✦ “They actually rang back quickly, tried to offer help. Worker went above call of duty to find extra info about other possible services. No one else had done this. I was very impressed with this.”

Consumer – Carer Telephone Survey

⇒ *Can you tell me what you found MOST helpful about the CYMHS service?*

- ✦ “Fact that they were close to us and quick to respond - they called me back quickly, got us in, and had us onto what we needed. They were not pushy and had my son come in their own time. They offered the opportunity to come back.”
- ✦ “The fact that we just walked in off the street, it was easily accessible and available. Very quick follow through.”
- ✦ “They recognised the context issues surrounding my son - he was brought up overseas” and Mother “impressed that CYMHS took into account that he is an aussie kid but with a different cultural upbringing” - and also “the accessibility and flexibility of CYMHS.”

Consumer – Carer Telephone Survey

⇒ Is there anything you think the CYMHS service could do better?

- ♦ “Maybe be more available - more well known to the general public rather than just through other services. If I had known about the service I could have accessed it sooner off my own back rather than waiting to find out about it through the referral by the school.”
- ♦ “I think they should listen more to all sides of the situation, not to disregard what parents are trying to say. They need to work with all parties and take all sides into account. And provide support, you just can’t get any help unless the problems are really severe. And what about offering help BEFORE things get to that really severe level.”

Current Contact Details:

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*An Open and Accessible
World for All:*

**"Open Doors"
by Gyula Vajda, 17 years,
Budapest, Hungary**

<http://www.sistercities.org/sci/sciprograms/yap/YoungArtistsShowcase2007>