

The model



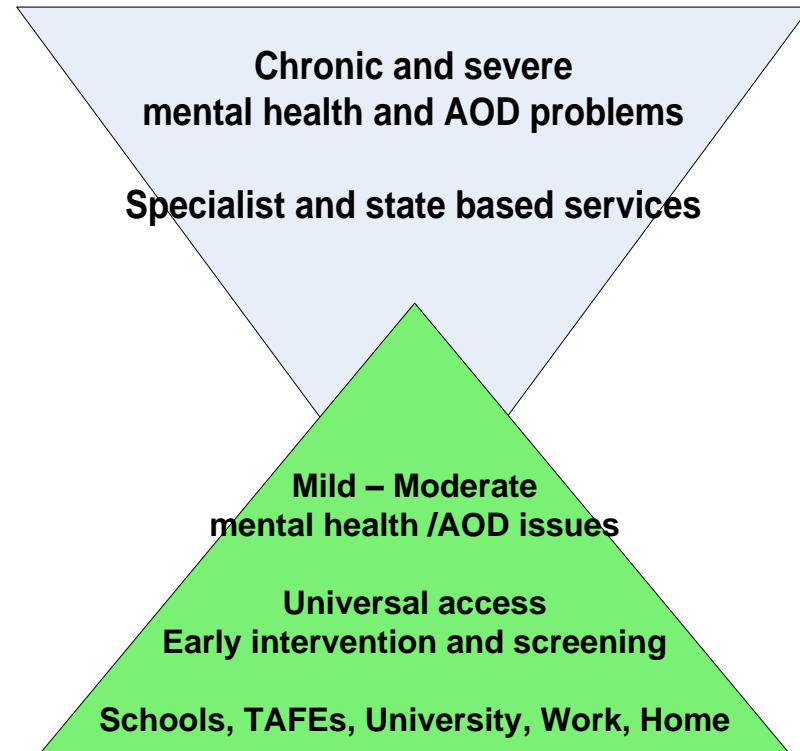
Current context

Only those that are really unwell can access help

‘Screening out’

Difficult to transition between adult and child systems

headspace is about service reform and new ways of thinking



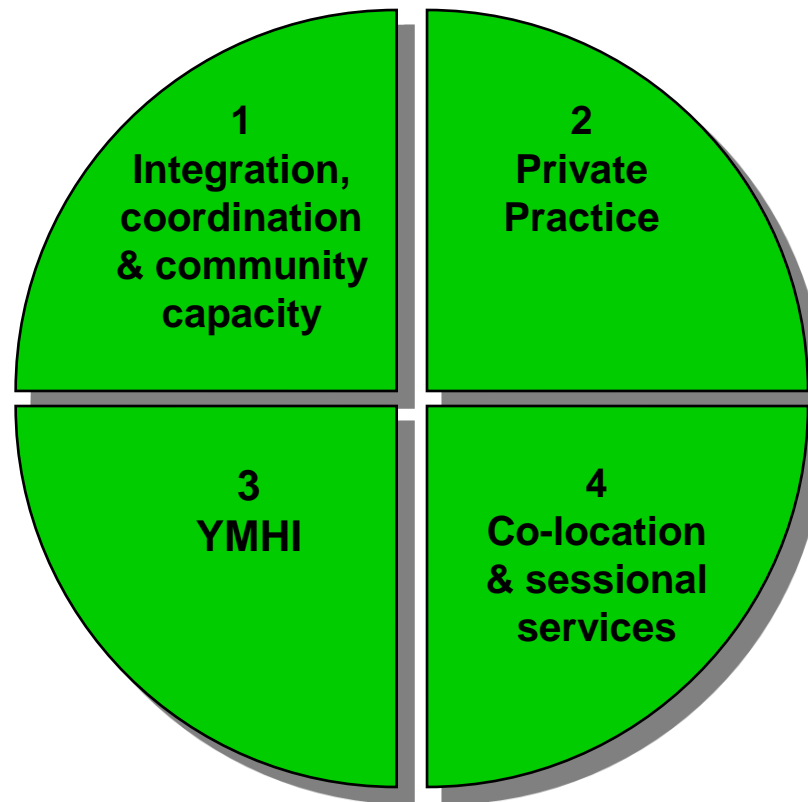
A new paradigm in mental health / AOD services

- **Bridging the gaps between;**
 - **Primary health care and specialist services**
 - **Commonwealth and State/Territory initiatives**
 - **Adult and child systems**
 - **Mental health and AOD services**
- **Client group = ALL young people, aged between 12-25**
- **Specialised and non-specialist services**
- **Early intervention and early help seeking**

A new paradigm in mental health / AOD services

- **No ‘gate keeping’, no ‘screening out’**
- **Services designed and tailored to meet client demand**
- **Locally relevant services**
- **Fee structure - free, low cost or fee for service**
- **Re-orienting and maximising the use of existing resources**
- **Meaningful youth participation**
- **Respectful family involvement**

The headspace model



1. Integration, coordination and community capacity

Integration and Co-ordination:

- **Common assessment, common management, improved coordination**
- **Co-location**
- **Referral pathways**
- **Case review systems**

Community capacity building:

- **Service provider education and training**
- **Community awareness activities**
- **Actively working with schools, TAFEs, Universities**

Accessible youth friendly services

The services must include the following:

- Drug and alcohol services;
- Mental health services (Publicly funded specialist);
- Primary Care (General Practice);
- Educational, social recovery and vocational services ;

Ideally Community of Youth Services should include a broad range of youth and health services to meet local needs

This may include:

- Private practice
- Staff funded through YMHI
- In kind sessions from consortium members and stakeholders

2. Private practice

The challenge

Increase capacity to see more young people

Improve the ‘youth friendliness’ of services, specialisation?

To contribute to the financial sustainability of the service

How

Maximising the revenue through the Medical Benefits Schedule (MBS)

A ‘private practice’ component is at the core of the CYs, with existing services wrapped around it, to provide a seamless system of care.

3. Youth Mental Health Initiative

- **Funding for allied health practitioners**
 - **Provided through the local Division of General Practice**
 - **Managed through the Department of Health and Aging**
 - **Can be used for outreach, services that cannot be charged to MBS, to facilitate initial contact or structured as incentive for private practitioners**

4. Co-location and sessional services

The enhancement of the existing services and systems of Consortium organisations and community partners:

- **Co-location of services**
- **Sessional services**
- **Effective and efficient links to off site services**

South West Victoria headspace Consortium Members

- **Brophy Family and Youth Services (lead agency)**
- **Southwest Health Care – Psychiatric Services Division**
- **Otway Division of General Practice (ODGP)**
- **Southwest Primary Care Partnerships (SWPCP)**
- **Western Region Alcohol and Drug Services (WRAD)**
- **Southern Grampians & Glenelg Primary care Partnership (SGGPCP)**
- **Barwon Youth**
- **Aspire – Pathway to Mental Health**
- **Glenelg & Southern Grampians Local Learning Employment Network (GSGLLEN)**
- **Community Connections Vic Ltd (CCVL)**
- **Gunditjimara Cooperative**
- **MIND Australia**
- **Dept. Education Corangamite Network**

Governance: Organisational

Executive Group representing 6 consortium members and responsible for implementation

Operations Group representing all consortium members and responsible for strategic direction

Regional Advisory Groups - local support and strategic direction, feedback and to facilitate the provision of community awareness and education programs

Youth Advisory Group – involving young people and consumers in all aspects of the policy and workforce development, planning, service delivery, monitoring and evaluation

Aboriginal Advisory Group – link with Koori youth, capacity building, partnership development

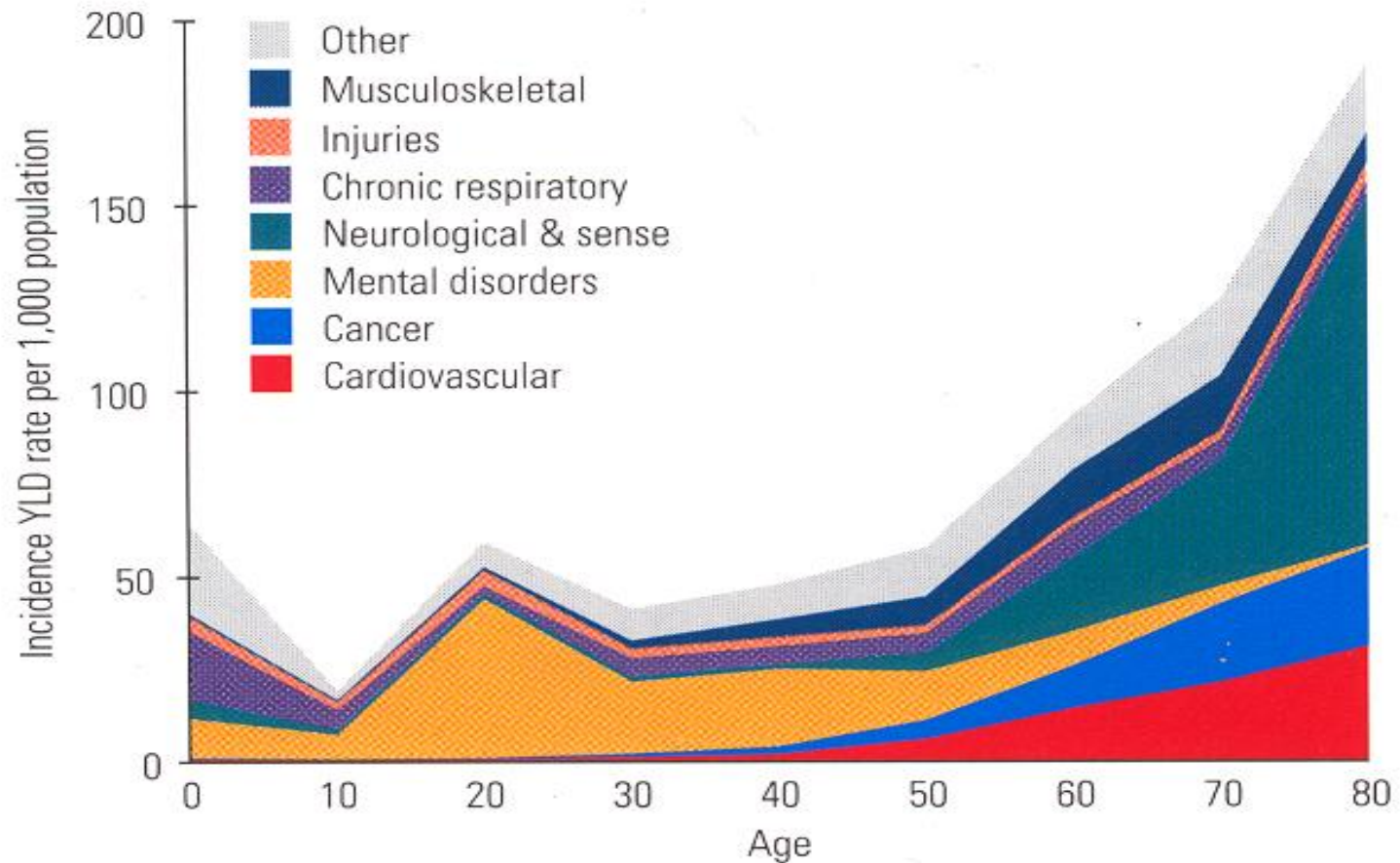
Governance: Clinical

- 1. Clinical Specialist Panel –**
- 2. Multi Disciplinary Teams –**
- 3. Intake System -**

Considering clinical services are funded from a variety of sources (Private, YMHI & State) streamlined clinical governance is essential for providing:

- Quality services**
- Evidence based services**
- Clinical accountability**
- Risk Management**
- Professional development**
- Electronic files - paperless records**

Figure 6 Incident YLD Rates per 1,000 Population by Age and Broad Disease Grouping, Victoria 1996



Youth Population Projections: 12 –24 yrs in South West Victoria

L.G.A.:	2001	2006	2011
Warrnambool	6,345	6,603	6,682
Moyne	3,073	3,058	2,869
Glenelg	3,854	3,951	3,759
Corangamite	3,418	3,214	2,775
Sth. Grampians	2,981	2,817	2,604
Total	19,673	19,643	18,689

Source: Department of Infrastructure, Victoria in Future 1996-2021