

Entry Title:

Making a model that *Moves* – Princess Alexandra’s Early Psychosis Youth Team, a change for Queensland.

Category for Project Awards

Queensland Health Award for Excellence in improving the health and well-being of Queenslanders

Abstract

The Early Psychosis Team at the Princess Alexandra Hospital is a new team that has successfully improved the care and treatment of young people experiencing a psychotic illness. This is a service that has changed how clinical practice is provided to this target group. It has focused care around youth and successfully balanced the complexity, risk and needs of major mental illness with a social recovery framework and focussed outcomes on improved educational, occupational and family/ peer functioning. For a team that is new in its development, has had limited resources available and that has challenged current practice methods of acute adult mental health services the outcomes have been impressive.

Aim

To provide improved, targeted, comprehensive and innovative service delivery to young people with psychosis including a focus on the early detection of at risk young people and improved educational, occupational and social outcomes.

Nature of the problem

Psychosis is a debilitating illness with far-reaching implications for individuals and families. It can affect all aspects of life, including education and employment, relationships and social functioning, and physical and mental wellbeing. Without support and adequate care, psychosis can place a heavy burden on carers, family members and society at large.

The onset of psychosis often occurs during a critical period in a young person's development. At present it can take up to two years after the first signs of illness for an individual and his/her family to begin to receive help and treatment. Lack of community awareness and knowledge regarding mental health, ambiguous early symptoms and stigma all contribute to the delay in appropriate help being offered and accepted. Early treatment is crucial because the first few years of psychosis carry the highest risk of serious physical, social and legal consequences.

Providing this level of support targeted at a youth population has been difficult for mental health services, but by challenging the current model and by focussing on service outcomes in a new direction that looks at the specific developmental and social needs of this target group were seen as the priority.

Extent of the problem

Approximately 15-25 per 100 000 population of young people aged between 15-24 years will experience psychotic symptoms. Many do not access treatment for at least 2 years. By the time they may access treatment many more difficulties are present including often more family conflict and disruption, poorer study or work involvement increased drug and alcohol use and difficulties with peers.

To address the lack of data available in Queensland around the target group a data based was set up in SPSS that looks at various factors important for governing service development and clinical change within our service. This data has been used to shape the targeting of this age range and population as well as start a number of initiatives based within schools to ensure early detection and streamless care is provided. The teams focus is

1. Effective care during the critical early years after diagnosis– proactive engagement, initiation of drug and psycho social treatment aiming for maximal symptomatic and functional recovery and prevention of relapse.
2. Community engagement programs with a goal of improving access to the service and reducing the period of time between the onset of psychosis and the commencement of effective treatment (Duration of Untreated Psychosis).

Strategic importance

Queensland Health supports targeting services towards vulnerable young people who are displaying signs of an early psychosis. The *Queensland Plan for Mental Health 2007-2017* (QPMH) identifies priorities for action including mental health promotion, prevention, and early intervention (MHPPEI) and the expansion of specialist mental health care for people within at-risk populations, including young people with early onset of a psychotic illness. This service has been instrumental in ensuring this remains a focus for Queensland and demonstrating that a dynamic and youth friendly model can be effective.

Planning and implementing solutions

Knowing the extent of the problem and that the needs of this high risk group were not being managed, four years ago the Princess Alexandra Hospital Mental Health Service, re- allocated existing resources to specifically focus services to target this group.

The Early Psychosis team has used evidenced base care and quality processes from data collection to guide changes in clinical practise. The priority of engagement and a family and social recovery model aim to improve the detection, treatment and outcomes of at

risk young people has remained the focus. The team has found a number of solutions to a complex and difficult problem including:-

- Improved early referral and reduced the stigma and trauma associated with entering a mental health public services by employing young consumers with lived experience to engage and work with all young people at school within the areas using a program titled "Intervene early, Intervene Well". Over 1800 evaluations from year 12 students have been collected in the last 24 months and early referrals have increased since this program started.
- Trained staff to work within an assertive therapy outreach model, developing skills to specifically work this group and their families/ peers.
- Active and youth friendly outreach which involves going to the houses, school, local areas of the young person (this can include food venues and parks) to meet and hold sessions.
- Focused employment strategies including co-locating an employment worker to directly work with the team ensuring young people have access to suitable occupational opportunities. This is being evaluated as part of a national research initiative.
- Ensuring that within an episode of care continuity is high, targets for responding to a new referral and their family have been established and all young people are seen within 24 hours of initial assessment.
- Focussed programs aimed at supporting and education of families/carers, anxiety and cognitive programs, specific men's program to re-engaged young men all to engage and provide youth orientated programs relevant to this group.
- Use of youth based technologies (e.g., texting/ internet based work) and resources programs and information sheets designed by youth for youth.
- The development of a strategic plan 2008-2013 aimed at enhancing and expanding services and skills across the area.

Outcomes and Evaluation

Outcomes and evaluation have been a priority of establishing this team. It is a service based on evidenced based practice and looking at ways to continually review and improve quality processes and initiatives. Some of the following are the results that have been achieved over the past three years.

- Over 300 referrals since team started
- At conclusion of the service offered by the team an improvement in social, occupational and family outcomes with highly significant outcomes measures (p =.0001 on SOFAS and GARF) and a return rate to educational or employment (part time or full time) of 81.4%
- Over 80% of families offered either group or individual educational session to better support the young person with improved relationships and understanding within families
- High engagement and effective early intervention strategies with the service of a high risk youth group where the majority of young people have "graduated"

from this team leaving mental health services completely. This reduces dependence on the mental health system improving the burden of care for young people and services. Of all young people discharged from this team over 30% return only to a GP for any further management, 14% went to see a private psychiatrist, 3% went onto community services within mental health service, 11% were followed up by a rehabilitation team and between 5-10% relocated overseas (country of origin), moved interstate or ceased contact.

- Lower relapse rates and using the proactive assertive outreach model of care, readmission to hospital within 28 days when care is under this team over a 12 month period has been zero.

This data has already significantly impacted on State Services, with the model of care developed by the Early Psychosis Team at the Princess Alexandra Hospital being asked to coordinate the development of *An Early Psychosis model of care for Queensland Health, Mental Health service*.

Sustaining change

This service has been evaluated and all processes and practices are written into policy, procedures and manuals. In 2008 a Strategic Plan was developed for the next 5 years with priority given to the training and ongoing supervision of all staff on the Early Psychosis team as well as the broader Mental Health Service. This aims to ensure that the philosophy and effectiveness of the model of care are standardised and operationalised and that trained and skilled staff can support other staff. The team also offers a large amount of places to allied health, nursing and medical students as well as regular presents at state forums, general practice events and within the school community.

Further more, this team has been requested to support the development of a statewide approach to services delivery for this group to ensure long term sustainability and consistency across Queensland. The data and work collected by this service has influenced changes across all of Queensland.

Future Scope

The Early Psychosis Service at the Princess Alexandra Hospital has been instrumental in developing the baseline of a model of care which targets 15-24 years old across Queensland experiencing Early Psychosis. The learning's and expertise of this team have guided the implementation and practice scope of a new model currently being developed in Queensland.

The model of care, examples of how to successfully redirect resources and create service changes and the clinical outcomes achieved by this team can be transferred and has had wide agreement and acceptance from psychiatry peers.