



Intensive Community Treatment and Support Service- “Youth Wraparound”

Model of Care

Director Youth Mental Health
North Metropolitan Health Service Mental Health
Working Document V1.1 – 27 November 2015

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Contents

1	Introduction	1
2	Governance	1
2.1	Clinical Responsibility of The Intensive Community Treatment and Support Service -“Youth Wraparound”	2
3	Criteria	2
3.1	Admission Criteria	2
3.2	Young people who may not be suitable for the Intensive Community Treatment and Support Service -“Youth Wraparound”	2
4	Clinical Pathways	3
4.1	Referrals	3
4.1.1	Inpatients	3
4.1.2	Community	3
4.2	Admissions	3
4.3	Care and Treatment	4
4.4	Discharge	5
4.4.1	Planned Discharge	5
4.4.2	Clients Unsuitable for Discharge from the Intensive Community Treatment and Support Service -“Youth Wraparound”	5
4.4.3	Intensive Community Treatment and Support Service -“Youth Wraparound” Discharge Protocol	6
5	Operational Protocol	7
5.1	Hours of Operation	7
5.2	Length of Stay	7
5.3	Service Provision	7
6	Clinical Documentation	8
7	Resources	8
8	Workforce	8
9	Training	9
10	Related Services	9
11	Emergency Management	9
11.1	Emergency/ Adverse Events	9
12	Review	10
13	Intensive Community Treatment and Support Service -“Youth Wraparound” Audit and Data Collection (evaluation)	11
13.1	Statistical Data	11
13.2	Satisfaction Questionnaires	11
13.3	Intensive Community Treatment and Support Service -“Youth Wraparound” Clinical Indicators and KPI’s	11
14	References	12
15	Abbreviations	12
Appendix A	Chief Advocate	Error! Bookmark not defined.
Appendix B	NMHS MH Pharmacy Services Model of Service	13
B.1	Clinical Services	14
B.2	Provision of Medication	14

B.3 Other Services..... 14

Appendix C International Declaration.....15

1 Introduction

The Intensive Community Treatment and Support Service -“Youth Wraparound” provides care in the young person’s home or usual place of residence.

Intensive Community Treatment and Support Service -“Youth Wraparound” model is based on the principles of the *National Framework for Recovery-Oriented Mental Health Services (2013)*. Trauma Informed Care¹ the *National Standards for Mental Health Services 2010*, *The Mental Health Act (2014)* and the *National Safety and Quality Health Service Standards 2012 (NSQHS)*.

The Intensive Community Treatment and Support Service -“Youth Wraparound” service, with the office based at Sir Charles Gairdner Hospital (SCGH) Mental Health, aims to provide an increased range of mental health service delivery options.

Intensive Community Treatment and Support Service -“Youth Wraparound” services are provided in collaboration with the young person, carers and families in collaboration with other community based support services.

2 Governance

The Intensive Community Treatment and Support Service -“Youth Wraparound” will be governed through the Youth Mental Health Program, North Metropolitan Health Service Mental Health.

The Intensive Community Treatment and Support Service -“Youth Wraparound” Team Leader has line management responsibility for the Wraparound staff and will report to the YouthReach South Team Leader and to the Youth Mental Health Head of Service (HOS) for the clinical performance of the service.

The Director of Youth Mental Health will determine all admissions to the Intensive Community Treatment and Support Service -“Youth Wraparound”.

The Intensive Community Treatment and Support Service -“Youth Wraparound” will work closely with the relevant community based team Consultant Psychiatrist to ensure there is medical involvement for the client.

The Intensive Community Treatment and Support Service -“Youth Wraparound” team will be involved in the assessment, treatment and clinical interventions provided to clients of this service.

The Intensive Community Treatment and Support Service -“Youth Wraparound” team will be part of a multi-disciplinary approach to care and work in partnership with clients, carers and other public and community managed organisations.

¹ Overview available from: <http://mhcc.org.au/sector-development/recovery-and-practice-approaches/trauma-informed-care-and-practice.aspx>

2.1 Clinical Responsibility of The Intensive Community Treatment and Support Service -“Youth Wraparound”

All young people admitted to the Intensive Community Treatment and Support Service -“Youth Wraparound” will be under a Consultant Psychiatrist who will have medical responsibility for the client.

The Wraparound staff will:

- Ensure young people are comprehensively assessed and care plans developed in partnership with the young person and carers.
- Ensure clients are reviewed at least daily.
- Ensure availability for the Intensive Community Treatment and Support Service -“Youth Wraparound” team in the event of unforeseen circumstances, and clinical incidents.
- Contribute to discharge arrangements and organisation of follow up.

3 Criteria

3.1 Admission Criteria

Young people in the Intensive Community Treatment and Support Service -“Youth Wraparound” must have exceptional and complex needs. The guidelines are as follows:

- Young people aged 16 to 25 years.
- Young people residing in the metropolitan area.
- Young people are willing to accept the Intensive Community Treatment and Support Service -“Youth Wraparound”.
- Clients who are case managed by community based mental health services.

Young people, who meet the admission criteria, will be discussed with the Director of Youth Mental Health and Head of Service for consideration of admission.

Young people aged 16 or 17 years may require a parent or guardian to provide informed consent to treatment, according to their capacity to consent as a mature minor.

Referrals will not be accepted without completed assessment documentation.

Young people from the metropolitan area catchments are in the scope of the service.

3.2 Young people who may not be suitable for the “Youth Wraparound” service

- Young people residing in the rural and remote catchment areas. However, young people with a country address but temporarily residing in the metropolitan area, may be applicable for admission to the Intensive Community Treatment and Support Service -“Youth Wraparound”.
- High levels of disorganisation and severe psychiatric/ behavioural disturbance that require management in an inpatient facility.
- Refuse to participate.

4 Clinical Pathways

Clients will be referred from mental health services and the Young-People with Exceptionally Complex Needs (YPECN).

4.1 Referrals

Referrals will be accepted five days per week.

The Intensive Community Treatment and Support Service -“Youth Wraparound” team will undertake assessments to ensure that the young person meets the admission criteria, requires admission and will benefit from admission to the Intensive Community Treatment and Support Service -“Youth Wraparound” .

Referral guidelines are as follows:

4.1.1 Inpatients

- Patients may be referred from specialised mental health inpatient units to the Intensive Community Treatment and Support Service -“Youth Wraparound”.

4.1.2 Community

- Young people may be referred from Community Mental Health Teams, from the Child and Adolescent Mental Health Service clients, to the Youth Mental Health Program triage or directly to the Director of Youth Mental Health.

The Intensive Community Treatment and Support Service -“Youth Wraparound” Team Leader/Head of Service will assess the referred young person and assess whether the client is suitable for admission.

4.2 Admissions

The decision to admit can only be made by Director of Youth Mental Health.

Admissions will be accepted five days a week. The Intensive Community Treatment and Support Service -“Youth Wraparound” team will undertake a comprehensive initial assessment inclusive of, but not limited to:

- Mental State Examination.
- Risk assessment.
- Legal status.
- Consent.
- Summary of presenting problems and relevant history.
- Drug and Alcohol screening.
- Medication review.
- Physical health review.
- Provisional Diagnosis.

All relevant aspects of the admission process will be documented in accordance with *‘Triage to Discharge’ Mental Health Framework for Statewide Standardised Clinical Documentation*.

The nature of the home visit/ or out-reach to community clinics will be dependent on young person needs and will occur in accordance with current signed care plans. All initial assessments will be conducted by two Intensive Community Treatment and Support Service -“Youth Wraparound” staff members and may include support from the relevant community team i.e. Case Manager/ Consultant Psychiatrist.

The Intensive Community Treatment and Support Service -“Youth Wraparound” team will ascertain how the Carers and family members are able to support the young person during the admission.

Young people or their guardians will be required to sign a consent form agreeing to engage with the services offered by the Intensive Community Treatment and Support Service -“Youth Wraparound” team. Discharge planning will commence on admission.

4.3 Care and Treatment

Care and treatment offered will be person-centred, with carer/family collaboration, multidisciplinary, comprehensive, collaborative, and have an immediacy of response to critical situations. The services provided will be evidence based care.

The multidisciplinary team will consist of Mental Health Nurses, and Allied Health staff (see section 8, Workforce, for more detail) providing clinical services working in a multidisciplinary team perspective.

The Intensive Community Treatment and Support Service -“Youth Wraparound” clients will be given a package of information as detailed below which describes the Intensive Community Treatment and Support Service -“Youth Wraparound” service, and a management plan for unforeseen emergency situations. This information will be provided by the Intensive Community Treatment and Support Service -“Youth Wraparound” team on admission. A care plan will be developed for the young person.

- Patient/carer information packs.
- An ongoing management and crisis awareness plan is established with consumer and carer and a co-signed copy given to the young person. The plan will include information relevant to the young person.

Outcome measures, National Outcomes and Casemix Collection (NOCCs) will be completed to inform care plans. The outcome measures and care plans are to be completed in Psychiatric Services On-Line Information System (PSOLIS). The purpose of the management and crisis awareness plan is to provide Intensive Community Treatment and Support Service -“Youth Wraparound” consumers and carers with instructions regarding how to access services in the case of unforeseen emergencies, including what protective/ risk factors to consider based on individual needs.

Service provision for care and treatment is outlined under ‘Operation Protocol’.

4.4 Discharge

The Intensive Community Treatment and Support Service -“Youth Wraparound” will undertake a comprehensive final assessment including, but not limited to:

- Mental state examination.
- Risk assessment.
- Legal status.
- Consent.
- Summary of presenting problems and relevant history.
- Drug and Alcohol screening.
- Medication review.
- Physical health review.
- Final Diagnosis.
- Consumer and carer feedback.

Discharge planning is to be discussed with the young person, carers and families, and relevant follow up identified and explored leading towards the Predicted Discharge Date. The Intensive Community Treatment and Support Service -“Youth Wraparound” team will liaise with relevant discharge services to ensure a seamless transfer of care.

All relevant aspects of the discharge process will be documented in accordance with *‘Triage to Discharge’ Mental Health Framework for Statewide Standardised Clinical Documentation*.

4.4.1 Planned Discharge

According to client specific discharge planning, young people will be referred to the appropriate agency for ongoing follow-up. This may consist of referral to the appropriate Community Mental Health Service (CMHS), General Practitioner or other community follow-up agency.

Referral is made by the Intensive Community Treatment and Support Service -“Youth Wraparound” based on the discharge plan formulated in partnership with clients and carers.

4.4.2 Clients Unsuitable for Discharge from the Intensive Community Treatment and Support Service -“Youth Wraparound”

Clients may be unsuitable for discharge from the Intensive Community Treatment and Support Service -“Youth Wraparound” for a number of reasons including:

- Continued requirement for clinical care.
- Suitable follow-up not identified within the time period (i.e. young person does not have adequate follow-up on discharge or follow-up is not within a timely period).
- The Intensive Community Treatment and Support Service -“Youth Wraparound” clinical team determines that discharge is not yet clinically appropriate.

In this case, the Intensive Community Treatment and Support Service -“Youth Wraparound” team will negotiate with the treating Consultant Psychiatrist for the young person to be admitted to an inpatient bed, or discussed with the Head of

Service for consideration of an extension of admission to the Intensive Community Treatment and Support Service -“Youth Wraparound”. All relevant aspects of the discharge process will be documented in accordance with *‘Triage to Discharge’ Mental Health Framework for Statewide Standardised Clinical Documentation*.

The Director Youth Mental Health may be deemed to be the decision maker for discharge for specific clients.

4.4.3 Intensive Community Treatment and Support Service -“Youth Wraparound” Discharge Protocol

- If discharge to a Community MHS is warranted and the young person is already an active client, the Intensive Community Treatment and Support Service -“Youth Wraparound” will liaise with the identified Case Manager regarding discharge planning and follow up care.
- If discharge to a Community MHS is warranted and the young person is not already an active client, discharge planning will include early contact with the local Community MHS Triage Officer to determine case manager allocation (within the Acute Treatment Team, Continuing Treatment Team or Child and Adolescent Mental Health Service team).
- A joint appointment with the Case Manager or other relevant persons will be organised prior to discharge if required.
- A discharge National Outcomes and Casemix Collection (NOCC) will be completed.
- During the admission follow up needs are identified and explored with the young person and carer and documented in the medical record, care transfer summary and discharge summary.
- The follow up care plan (management and crisis awareness) will be devised and explained, with input sought from the young person and carer (as appropriate).
- Referral to other agencies will be completed as necessary.
- If discharged to a GP or other service provider, an Intensive Community Treatment and Support Service -“Youth Wraparound” team member may attend with the young person for an appointment prior to or immediately following discharge.
- A discharge summary will be completed by the Intensive Community Treatment and Support Service -“Youth Wraparound” clinical team and provided to relevant agencies within 48 hours.
- Young person and Carer (as appropriate) to receive copies of Management, Crisis Awareness Plans, crisis contact numbers, date of next medical appointment, medication management plan, and Discharge Summary and/or Care Transfer Summary.
- Feedback on the Intensive Community Treatment and Support Service -“Youth Wraparound” service is to be obtained by requesting the Young person, Carer, Referrer and other relevant stakeholders to complete a satisfaction questionnaire.
- Client is discharged administratively from PSOLIS and The Open Patient Administration System (TOPAS) data bases.
- The Intensive Community Treatment and Support Service -“Youth Wraparound” discharge checklist is to be completed and the medical record is to be returned to administration.

5 Operational Protocol

The Intensive Community Treatment and Support Service -“Youth Wraparound” will operate as an evidence-based service. The Intensive Community Treatment and Support Service -“Youth Wraparound” Team Leader will manage all human, physical and environmental resources required to deliver evidence based care and clinical services.

5.1 Hours of Operation

The Intensive Community Treatment and Support Service -“Youth Wraparound” will operate as required for the client.

5.2 Length of Stay

Length of stay for the Youth Wraparound will be negotiated on an individual basis.

5.3 Service Provision

The service provision will be provided from a care plan for the specific young person. The service provision can include:

- Client face to face contact can be up to a 24 hour day, dependant on the young persons need.
- Provision of recovery oriented interventions: goal setting, self-management, development of an age appropriate plan to support educational and vocational outcomes.
- Risk assessment of Client and other’s safety.
- Medication management- supervision, education and monitoring.
- Mental state examination.
- Supportive psychotherapy/counselling.
- Consumer and Carer psycho-education, relapse prevention.
- Liaison with inpatient and community teams, GPs, private providers, community managed organisations.
- Advocacy.
- Family interventions.
- Referral to appropriate services for transfer of care.
- Adherence to the ‘*Triage to Discharge*’ Statewide Standardised Clinical Documentation Framework.
- Minimum of weekly clinical reviews with Medical Officer/ or Consultant Psychiatrist.
- Daily team handover.
- Completion of ward report per shift.
- Handover of any significant or outstanding issues after hours to Mental Health Emergency Response Line (MHERL), Clinical Nurse Specialist.
- Scheduled appointment with community case manager at the young person’s home, hospital premises, or other preferred location.
- All patients will be linked in with a General Practitioner.
- Physical health care screening (preferably via the General Practitioner).
- Support phone calls may also be provided based on clinical needs.

Wraparound staff will provide the service as outlined in the care plan.

6 Clinical Documentation

All clinicians will refer to the '*Triage to Discharge*' Statewide Standardised Clinical Documentation Framework for NMHS MH for clinical documentation and NMHS MH Clinical Documentation policies.

All Intensive Community Treatment and Support Service -“Youth Wraparound” interventions will be documented in the young person’s medical record including interventions such as home visits, clinical reviews and medical appointments.

Service events, Outcome Measures, Individual Management, Risk and Crisis Awareness Plans will be completed on the Psychiatric On-Line Information System (PSOLIS) database. All young people are to be involved in the development of their care plans, to be offered the opportunity to co-sign their care plan and to receive copies of their care plans.

7 Resources

The Intensive Community Treatment and Support Service -“Youth Wraparound” team will require environmental and physical resources to undertake key deliverables of service provision. The list includes, but is not limited to:

- Office space, work station.
- Government vehicles (suitable for client transport).
- Mobile phones per clinician within the Intensive Community Treatment and Support Service -“Youth Wraparound” team.
- Emergency car box/kit.
- Personal duress alarms (SafeTCard).

Optional equipment includes:

- Mobile IT equipment – laptop connected to the network.
- Electronic Journey Board, PDD, LOS.

8 Workforce

The Intensive Community Treatment and Support Service -“Youth Wraparound” workforce needs to be highly skilled and trained to provide clinical interventions and services at an intensity, or dose rate, within a community environment suitable for young people with complex needs. The workforce will consist of staff from a range of disciplines to provide services within a multidisciplinary model. The range of interventions that these disciplines will offer is outlined under 'Service Provision'.

Staffing will be utilised from the following professions to meet the young persons need:

Consultant Psychiatrist, Medical Officer / Registrar
Clinical Nurse Specialist or Clinical Nurse

Allied Health

Social Worker
Occupational Therapist
Clinical Psychologist
Peer Support Worker
Administrative Support
Staff Development Educator

9 Training

All staff within the Intensive Community Treatment and Support Service -“Youth Wraparound” team will be required to complete mandatory training, and other relevant training courses in relation to enhancing their community skills and knowledge. All staff will be supported in performance development and clinical supervision.

10 Related Services

The Intensive Community Treatment and Support Service -“Youth Wraparound” staff may broker in other services for young people and carers with community managed organisations, government and private organisations.

The NMHS MH Pharmacy Department may provide clients with pharmacy services inclusive of: medication reconciliation, counselling and information, and medication management including medication review and facilitation of supply. The Intensive Community Treatment and Support Service -“Youth Wraparound” team may liaise with the Pharmacist to provide medication review.

The Consultant Psychiatrist will be responsible for the medication provided to the young person.

The prescriber may either be the Consultant Psychiatrist or the Medical Officer/Registrar in conjunction with the General Practitioner.

11 Emergency Management

The Intensive Community Treatment and Support Service -“Youth Wraparound” will follow current policies and procedures in relation to Emergency Procedures, Business Continuity Plans, hazard notification, occupational safety and health standards and reporting of clinical, adverse and sentinel events.

11.1 Emergency/ Adverse Events

- Clinical incidents are reported via the Clinical Incident Monitoring System (CIMS).

- Adverse events are reported to the Intensive Community Treatment and Support Service -“Youth Wraparound” team leader or Head of Clinical Services in the first instance.
- If the young person requires medical attention, the Intensive Community Treatment and Support Service -“Youth Wraparound” team are to facilitate by contacting the staff identified in the care plan.
- If young person deteriorates mentally, readmission processes are to be provided as per the care plan.
- Clinicians are to follow the NMHS MH home visiting and transportation policies during readmission processes.
- If the treating Consultant Psychiatrist is unavailable, the Intensive Community Treatment and Support Service -“Youth Wraparound” team is to contact the Head of Service.
- The Intensive Community Treatment and Support Service -“Youth Wraparound” clinician may contact MHERL for youth aged 18+ years and the Acute Response Team (ART) for youth aged 16 or 17 years. MHERL will then triage the call and refer to the Acute Treatment Team staff if appropriate. The specifics will be outlined in the care plan.
- Acute Treatment Team staff, following an assessment can arrange for the young person to be admitted to an inpatient unit. The Intensive Community Treatment and Support Service -“Youth Wraparound” staff will also alert MHERL/ART of any potential contact after hours.
- After hours back up will be provided by the FSH Mental Health triage process, ART and the Community MHS Acute Treatment Teams (ATTs).
- Overnight back up will be provided by the On-call Duty Doctor/Consultant Psychiatrist and MHERL/ART on-call service.

12 Review

As the Intensive Community Treatment and Support Service -“Youth Wraparound” is a new initiative of the clinical reform of Youth Mental Health, it is necessary to embed evaluation within its embryonic stage. Following endorsement, the Model of Care will be reviewed through the Youth Mental Health management team at six months and twelve months. Following the first year, the Model of Care will be reviewed on an annual basis.

Any changes recommended by the Youth Mental Health Steering Committee will be progressed through the same endorsement channels before coming into effect.

13 Intensive Community Treatment and Support Service -“Youth Wraparound” Audit and Data Collection (evaluation)

13.1 Statistical Data

Data is captured via TOPAS and PSOLIS. These two database systems collate and store clinical information which includes demographics, admission and discharge dates, referral source, length of stay, diagnosis, outcome measures (including the National Outcome Casemix Collection), care plans and discharge / follow up arrangements.

If young people are admitted to the Intensive Community Treatment and Support Service -“Youth Wraparound” from another source or hospital, this is considered a new episode of admitted care. The date of discharge from the Intensive Community Treatment and Support Service -“Youth Wraparound” is recorded as the last day the young person received treatment. These statistical changes are reflected in PSOLIS and TOPAS.

13.2 Satisfaction Questionnaires

Satisfaction questionnaires will be provided to all Young people, Carers, the Referral Source and other relevant stakeholders prior to discharge. This information is to be collated, evaluated and feedback given to the young people, the Intensive Community Treatment and Support Service -“Youth Wraparound” team, and Youth Mental Health Safety Quality and Risk Management committees, and other relevant stakeholders and committees.

13.3 Intensive Community Treatment and Support Service - “Youth Wraparound” Clinical Indicators and KPI’s

The mandatory reporting of the Australian Council of Healthcare Standards (ACHS) Inpatient Clinical Indicator data are collected over a six month period. This data informs how Youth MHS provides clinical services to clients, and how performance is measured. Examples of these clinical indicators relevant to the Intensive Community Treatment and Support Service -“Youth Wraparound” are:

- Diagnosis within 24 hours of admission
- Diagnosis on discharge.
- Patients with co-signed care plans.
- Physical Examination of the young person if required.
- Prescribing patterns.
- Discharge summaries completed within twenty four hours of discharge.
- Major Critical Incidents.
- Average Length of Stay.
- Readmission to Hospital.
- Voluntary Admissions.
- Outcome measures.

The *Key Performance Indicators for Australian Public Mental Health Services, 2011* cover nine domains in measuring mental health organisational performance. A quarterly data report which includes KPIs such as referral source, referral outcomes, length of stay, discharge destinations, discharge summary completion rate in 24 hours, diagnosis data is collated and tabled in relevant clinical business meetings.

14 References

Acknowledgements to SCGH Mental Health, Graylands Hospital, Queensland, New South Wales, South Australia and the Milwaukee Wraparound Models of Care.

Additional references:

- National Mental Health Service Planning Framework, 2013.
- National Standards for Mental Health Services, 2010.
- North Metropolitan Health Service Clinical Services Plan 2013-2015, 2013.
- National Framework for Recovery-Oriented Mental Health Services, 2013.
- Review of the Admission or Referral to and the Discharge and Transfer Practices of Public Mental Health, Professor Bryant Stokes AM, 2012.

15 Abbreviations

Abbreviation	Term
ABF/ABM	Activity Based Funding/Activity Based Management
ARDT	Admission, Readmission, Discharge and Transfer
ART	Acute Response Team
CIMS	Clinical Incident Monitoring System
NOCC	National Outcomes and Casemix Collection
MERITS	Medical Record Information Tracking System
MHERL	Mental Health Emergency Response Line
MHS	Mental Health Service
NMHS MH	North Metropolitan Health Service Mental Health
PSOLIS	Psychiatric Services Online Information System
TOPAS	The Open Patient Administration System
Youth Wraparound	YouthReach South

Appendix A

Appendix A Chief Advocate



E-MAILED
29/10/15

Minister for Mental Health; Disability Services; Child Protection

Our Ref: 43-17911

RECEIVED
30 OCT 2015

BY:

Debora Colvin
Chief Mental Health Advocate
Council of Official Visitors
1/18 Harvest Terrace
West Perth 6005

Dear Debora

Thankyou for your letter dated 8 October 2015 requesting approval for the Council of Official Visitors to provide advocacy to

I have received advise on this matter from the Department of Health, the Mental Health Commission and the Department of Child Protection and Family Support.

I acknowledge the complexity of this situation and appreciate the collaborative effort that has been demonstrated to support

Though she remains a voluntary patient at the Bentley Adolescent Unit, I agree that advocacy should be offered to to assist her to have the best possible chance of participating in her care and succeeding in her recovery. This will need to be resourced through existing arrangements.

Should you wish to discuss this further please contact Maureen Lewis, Acting Assistant Commissioner Planning , Policy and Strategy, Mental Health Commission (08) 62722191 / maureen.lewis@mhc.wa.gov.au

I thank the Council of Official Visitors for offering to support and for your ongoing work in providing advocacy to assist individuals to recover from mental illness.

Your Sincerely

Helen Morton MLC
MINISTER FOR MENTAL HEALTH
29 OCT 2015

12th Floor, Dumas House, 2 Havelock Street, West Perth Western Australia 6005
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Appendix B NMHS MH Pharmacy Services Model of Service

A.1 Clinical Services

Young people may be provided with clinical pharmaceutical review services if required including:

Medication reconciliation on admission	<ul style="list-style-type: none"> • Reconciliation with prescribing and supply sources (e.g. GP, clinic, hospital data, community pharmacy). • Liaise with the Youth Wraparound team on medication management requirements (e.g. blisterpack, self-medication).
Medication review	<ul style="list-style-type: none"> • Review of prescribing and clinical notes via Best Practice clinical management software. • Liaison with Youth Wraparound team on prescribing and medication management. • Attendance at Youth Wraparound multidisciplinary meetings.
Medication education	<ul style="list-style-type: none"> • Provision of written and verbal medication information.
Medication reconciliation on discharge	<ul style="list-style-type: none"> • Preparation of medication list in electronic discharge summary software. • Provision of medication summary to young person and identified carer.

Pharmacy services will be brokered by the Youth Wraparound team if required.

A.2 Provision of Medication

Youth Wraparound clients will use their own medication as far as possible. The young person's current medication can be entered into Best Practice clinical management software by the treating doctor. Where a young person requires medication to be prescribed the prescription will be generated from the Best Practice software.

Where medication is administered by the Youth Wraparound nursing staff, medication can be provided for young people who are in transition to managing their own medication and can be left with one or more days' supply.

The Youth Wraparound will liaise with the young person's usual pharmacy for any changes in medication. Any member of the Youth Wraparound team is able to support, prompt and monitor the young person's self-medication.

A.3 Other Services

Information and Education	Psychotropic Drug Information Service. Staff education sessions by arrangement.
Reporting	Provision of regular reports on prescribing and workload as identified by the team.

Appendix C International Declaration

Available from: <http://www.iaymh.org/resources.aspx>

The International Declaration on Youth Mental Health

A shared vision, principles and action plan for mental health service provision for young people aged 12–25 years



Imagine a world where...

- Every young person has a meaningful life and can fulfil their hopes and dreams
- All young people are respected, valued and supported by their families, friends and communities
- Young people feel empowered to exercise their right to participate in decisions that affect them
- Young people with mental ill-health get the support and care they need when and where they need it
- No young person with mental ill-health has to endure stigma, prejudice and discrimination
- The role of family and friends in supporting young people is valued and encouraged

Ten-year targets

1. Suicide rates for young people aged 12–25 years will have reduced by a minimum of 50% over the next ten years. This minimum target means that we do not accept that the death of any young person by suicide is inevitable.
2. Every young person will be educated in ways to stay mentally healthy, will be able to recognise signs of mental health difficulties and will know how to access mental health support if they need it
3. Youth mental health training will be a standard curriculum component of all health, youth and social care training programmes
4. All primary care services will use youth mental health assessment and intervention protocols
5. All young people and their families or carers will be able to access specialist mental health assessment and intervention in youth-friendly locations
6. Specialist assessment and intervention will be immediately accessible to every young person who urgently needs them
7. All young people aged 12–25 years who require specialist intervention will experience continuity of care as they move through the phases of adolescence and emerging adulthood. Transitions from one service to another will always involve a formal face-to-face transfer of care meeting involving the young person, his or her family/carers and each service involved in his or her care.
8. Two years after accessing specialist mental health support, 90% of young people will report being engaged in meaningful educational, vocational or social activity
9. Every newly developed specialist youth mental health service will demonstrate evidence of youth participation in the process of planning and developing those services
10. A minimum of 80% of young people will report satisfaction with their experience of mental health service provision
11. A minimum of 80% of families will report satisfaction that they felt respected and included as partners in care

Why an International Declaration on Youth Mental Health?

“International declarations that articulate core values, goals and standards have played an important role in enhancing the quality of care in a number of areas of medicine”

(Bertolote & McGorry 2005)

The World Health Organisation (2011) recognises mental health as one of the main health issues affecting young people around the world today. At any one time up to one in four young people aged 12–25 years will be going through a period of mental ill-health and three-quarters of adults with mental health difficulties are likely to have developed those difficulties by the age of 24 *(Kessler et al 2005)*.

The International Declaration on Youth Mental Health (2011) articulates core principles and targets for youth mental health service provision. The declaration aims to influence how people think about and respond to young people's mental health needs. It will be used to leverage support for the development of timely and appropriate youth mental health services internationally.

Background to the Declaration

The **International Declaration on Youth Mental Health** evolved from a Youth Mental Health Summit that took place in Killarney, Ireland on 19 May 2010. The Summit provided a forum for young people, family members, clinicians, researchers and policy makers to share practice innovation and research in the field of youth mental health and to discuss and debate the content of this declaration.

Over 80 people from Ireland, the UK, Australia, Canada, the USA, the Netherlands and New Zealand took part in the process and their feedback and input provided the basis of the declaration. The declaration includes a piece written by a young mental health advocate from Ireland and a number of young people from Ireland contributed their views on the declaration over the course of the writing period.

The Issue of Youth Mental Health: young people's views

If young people don't feel like they have someone to talk to or somewhere they can go to for support and expert care, how can they be helped? The unfortunate truth for many is that they can't, which can lead to very sad, and often tragic, endings for some. This has resulted in high rates of youth suicide and premature death and disability. There are far too many thwarted and unhappy lives.

Poor access to quality mental health services and supports is hindering many young people's ability to fully participate as active participants in society. Every time a young person is overcome by the challenges they face and has no one to turn to for the support they need, an opportunity to foster their spirit of resilience and the chance of recovery from mental ill-health is lost.

Young people are ready for change. We are ready to engage in services and organisations to make our voice heard. We want our participation in the process to be assured and valued. What better experts can there be than the people who live through these things every day? How can services be redesigned, or stigma reduced without the guidance of such experts? Internationally we have seen how well listening to young people works in organisations working to support young people's mental health in Australia, the UK and Ireland.

Every young person, no matter where they live, has the same right to access quality services and supports that can help them overcome their experience of mental ill-health. This is why this declaration is of international significance and must be supported by all who value the contribution that young people make to our communities. Improving mental health services and changing the way people think about youth mental health worldwide is our key to change.

International Declaration on Youth Mental Health, authored by the ACAMH Special Interest Group in Youth Mental Health, supported by Professor Patrick McGorry and Dr. David Shiers.

Endorsed and launched by the International Association for Youth Mental Health (IAYMH), October 2013.

Declaration Objectives

The declaration sets out a range of objectives under five action areas:

1. Public health target to reduce preventable mortality

Reduce mortality rates correlated with mental ill-health among the youth population.

2. Mental health literacy

Raise awareness among young people, families and communities of the determinants of mental health and the mental health needs of young people aged 12–25 years. Minimise any impediments to young people with mental ill-health integrating fully into their communities and society.

3. Recognition

Organise training for health and social care professionals in optimal approaches for detecting and responding to young people with mental health needs.

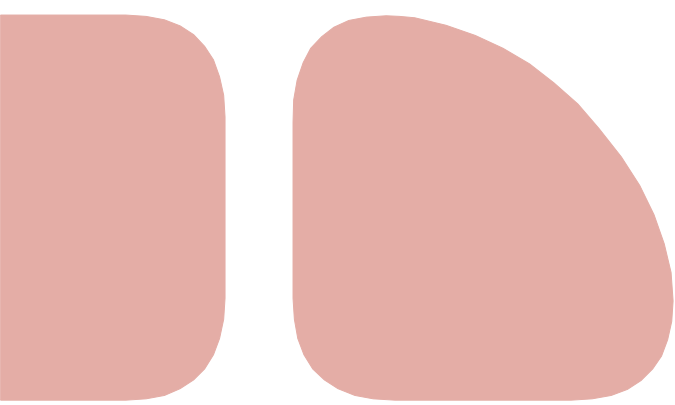
4. Access to specialist support

Create, enhance and evaluate comprehensive and dedicated youth mental health services provided by professionals with specialist knowledge in youth mental health and interventions for young people. Ensure that youth mental health services, including on-line services, are equitable, universally available and accessible to young people and their families when they need them.

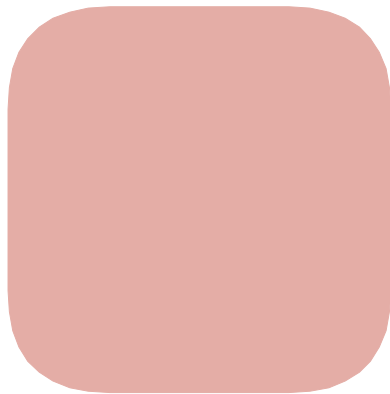
5. Youth and family participation in service development

Provide opportunities for young people and their families to participate fully in the planning, design and delivery of youth mental health services and promote partnership with young people and families within primary and specialist mental health care services.

For more information
on the Declaration visit:
www.iaymh.org



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