URBIS

YETTI AND YFLEX EVALUATION FINAL REPORT

PREPARED FOR

EASTERN MELBOURNE PRIMARY HEALTH NETWORK

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Urbis staff responsible for this report were:

Director	Julian Thomas
Associate Director	Frances McMurtrie
Research Analyst	Abigail Chan
Research Assistant	Peter Sakis
Report Design	Brenda Fong
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Urbis' Economic and Social Advisory team has received ISO 20252 Certification for the provision of Economic and Social Research and Evaluation.

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EXECUTIVE SUMMARY

BACKGROUND

The Youth Engagement and Treatment Team Initiative (YETTI) and the Flexible Intensive Support for Young People Program (YFlex) are two youth mental health programs currently being piloted, commissioned by the Eastern Melbourne Primary Health Network (EMPHN). The programs provide clinical and psycho-social support to young people aged 12-25 who are experiencing sub-clinical forms of serious mental illness, or who are experiencing symptoms which place them at ultra-high risk of developing such an illness.

Urbis has been commissioned by EMPHN to deliver an evaluation of both programs, and provide findings relating to program implementation, reach, service delivery and key outcomes. This is the final Evaluation Report.

APPROACH

The evaluation was completed over four distinct stages. **Phase 1: Immersion** was completed in July 2018 and comprised of the project inception meeting and development of the project plan.

Phase 2: Development of evaluation plan and framework was completed from August to October 2018 and included data gathering activities, development of the evaluation plan, program logics, evaluation framework and Human Research Ethics Committee submission.

Phase 3: Data Collection occurred across March to November 2019. Data collection was conducted over two rounds included consultation with young people (n=27), parents/carers (n=20), external service providers who partner with either YETTI and/or YFlex (n=10), and staff and management from both programs (n=16). During this phase program data for both services was also analysed to identify reach and outcomes. The data range included in the analysis of this report was from October 2018 to April 2020.

The evaluation concluded with **Phase 4: Analysis** and reporting which involved processes of data synthesis and analysis to inform final reporting.

KEY FINDINGS

Target cohort is being reached, and the services have increased access to support in this group

A total of 271 young people have been engaged by YETTI and 227 by YFlex for treatment since the programs were implemented. A further 351 young people have received primary or secondary consults from the YETTI team since the program's implementation. Both programs are reaching young people who present with moderate to high levels of mental health need, including complex presentations such as school refusal and eating disorders. This indicates that both programs are successfully reaching their target cohort.

Mental health awareness and understanding has increased for the target cohort

A key outcome delivered by both programs is that young people and their families report a greater level of understanding of their mental health issues and symptoms. This understanding then supports young people's emotional regulation, and enables parents and families to better support their child.

Social connection and community participation has also increased

A further critical outcome delivered by both programs is an increase in young people's social connections and engagement with activities outside the home (including increased participation at school). This increase in engagement is often instrumental to furthering mental health outcomes, and reflects that both programs are helping young people to build confidence to engage in activities which are meaningful to them.

Mixed evidence of improvements in mental health symptoms

Both programs achieved significant reductions in K10 score between intake and follow up assessment, indicating overall effectiveness in reducing psychological distress. Within the qualitative data, there was mixed feedback for both programs regarding their impact on reducing mental health symptoms. Some young people and families reported significant change in their symptoms while others reflected that while some areas of their mental health had improved, they still required further help to address their presenting issues. This finding most likely reflects the complexities involved in supporting the target cohort, and may indicate that more intensive support is required for young people with particularly complex needs.

EXECUTIVE SUMMARY CONTINUED

Both programs are integrating well with the broader landscape, although are not meeting the level of community need

Partners of both programs reflected that YETTI and YFlex have successfully integrated into the broader youth mental health landscape and are providing much needed support between early intervention and tertiary services. As with the reach findings, this feedback indicates that the programs are supporting their target cohort.

Partners did also report that the demand for these services current exceeds the capacity of YETTI and YFlex, indicating the need for more services for this cohort.

Three strengths of the models were identified

Feedback from young people and parents reflect a number of key areas of strengths for the programs which enabled outcomes. Both YETTI and YFlex were reported to provide consumers with practical strategies to address their symptoms, as well as meaningful, safe engagement between workers and young people. YETTI also received feedback that the program's focus on providing whole-of-family support through dedicated clinicians working with family members in parallel to other YETTI clinicians working with young people was a key strength and enabler of outcomes.

Systemic challenges in meeting demand were noted

There was minimal constructive feedback received about either service, but Partners did report that the demand for these services current exceed the capacity of YETTI and YFlex. This feedback indicates that there is an ongoing need for more services for this cohort.

RECOMMENDATIONS

Recommendation 1.

To ensure the needs of young people experiencing or at risk of severe mental illness continue to be addressed, EMPHN should continue funding services targeted at the cohort too complex for primary care but insufficiently acute to be eligible for CYMHS support.

Recommendation 2.

To support a program that is accessible, equitable and integrated with the wider system, a future model should incorporate:

- catchment-wide strategies for co-location or in reach to headspace, community health and general practice locations
- negotiation of 'step up/down' protocols with CYMHS to formalise and make consistent relationships across the catchment
- flexibility in the provision of services to enable supportive outreach services for families for whom attendance at services is a barrier to engagement.

Recommendation 3.

To ensure that the program is equitably distributed, EMPHN should develop clear estimates of the level of need for Youth Enhanced Services within each LGA as part of its next needs assessment, and consider locality specific service benchmarks for contracted providers.

Recommendation 4.

To ensure value for money informs decision making about program funding models, EMPHN should complete a cost-effectiveness analysis of the two programs. This might include, for example, determining the cost per consumer, and the cost per consumer achieving a reduction in K10 score of five points or more.

Recommendation 5.

To improve the utility of program data, EMPHN should consider strengthening guidance on assessments to reduce variance in the timing of reassessments, and potentially increase the frequency of reassessments.

Recommendation 6.

To maximise value for money in future program delivery, EMPHN should undertake a multi-criteria analysis of commissioning options focusing on **equity** (with respect to geography and demography), **effectiveness** (consumer and family benefits achieved), **cost-effectiveness** (maximising benefits secured per dollar).

Recommendation 7.

To minimise the disruption of a transition to a new model (if adopted), EMPHN should invest in change management in close collaboration with existing providers.

Recommendation 8.

If a new model is adopted, inclusion of key YETTI and/or YFlex model or delivery elements which have demonstrated efficacy should be considered for inclusion. These include: a dynamic demand management referral model, not holding a waitlist, continued delivery of psychiatry services and family support, continued focus on practical strategies and relationship building for consumers, and sector-capacity building, and delivery of cost-effective outreach services.

01

INTRODUCTION

BACKGROUND

MENTAL HEALTH IN AUSTRALIA AND THE NEED FOR REFORM

Mental health is a complex issue facing many Australians today. The Australian Bureau of Statistics (ABS) National Survey of Mental Health and Wellbeing (the Survey), provides what is still the most comprehensive review of mental health illnesses amongst Australian adults over their lifetime. The findings estimate that one in five Australians suffer from some form mental illness in a given year.[1]

This evaluation follows the release of inquiries by the Productivity Commission and Victorian Royal Commission into Mental Health which both aim to set a path to reform across the mental health sector.

The Productivity Commission in its Mental Health Draft Report (the Report) outlined key investment priorities in mental health reform aimed at enhancing labour participation and productivity within the Australian economy. Amongst a range of findings, it revealed that 3.9 million people are living with a diagnosed mental illness, costing the Australian economy an estimated $500 million per day – or $180 billion per year.[2]

The report was followed by the Interim Report of the Royal Commission into Victoria's Mental Health System (the Commission Report) which mapped a plan of action to drive change within Victoria's mental health sector.[3] The Commission Report identified key challenges facing Victoria's mental health system including treatment gaps in early engagement where access to services are compounded by

- complexity and fragmentation across the mental health system
- underinvestment in public specialist clinical mental health services to people severely affected by mental illness
- equitable access to services for people across the state.

Importantly, the Commission Report identified the "missing middle" - a large service gap for people whose mental health needs are too complex for enduring primary care supports, but not severe enough for acute tertiary services.

Findings from both reports confirmed the urgent need for reform and the importance of greater investment in early intervention and prevention and the implementation of an accountable, transparent, connected and inclusive mental health system. They proposed for the expansion of primary and community-based care funding to ensure people with or at risk of mental illness are able to access the right treatment at the right time. The reports identified the importance of reforming the mental health system to bridge "missing steps in the continuum of care" by through the continued adoption of a stepped care approach.[4]

YOUTH MENTAL HEALTH NEEDS

For young people, the frequency of mental health illness is greatest – with over one in four Australians between the ages of 16 and 24 being reported to have experienced mental illness in the previous 12 months – the highest proportion across all age groups surveyed between 16 and 85.[5]

Mental illness amongst young people is becoming an increasing priority in efforts by researchers and policy makers to address mental health in Australia. It is recognised that approximately three quarters of Australians who develop mental illness first experience mental ill health before the age of 25, showing the importance of intervening in health issues during the critical stags of adolescence.[6] The recent release of the Can we talk? Seven year youth mental health report by Mission Australia and the Black Dog Institute found an increase in psychological distress amongst young people by five and a half per cent between 2012 and 2018.[7] Given that young people are less likely to access health services and almost half as likely to visit a doctor for mental health related concerns compared to the rest of the population, the need to address undertreatment and increase access to support for young people with or at risk of mental illness is evident.[8]

1 ABS. (2007). National Survey of Mental Health and Wellbeing: Summary of Results, 2007.
2 Productivity Commission. (2019). Mental Health Draft Report.
3 Royal Commission into Mental Health (2019). Interim Report.
4 Ibid.
5 Ibid.
6 Kessler, R.C., Berglund, P., Demler, O., Jin, R., Merikangas, K.R., Walter E.E. (2007). Lifetime prevalence and age-of-onset distributions of DSM-IV disorders in the National Comorbidity Survey Replication. 20(4) (pp.359-364).
7 Hall, S., Fildes, J., Perrens, B., Plummer, J., Carlisle, E., Cockayne, N., and Werner-Seidler, A. (2019) Can we Talk? Seven Year Youth Mental Health Report - 2012-2018. Mission Australia:
8 See Australian Institute of Health and Welfare, Young Australians: their health and wellbeing 2011. 2011, AIHW: Canberra

THE ROLE OF PRIMARY HEALTH NETWORKS AND STEPPED CARE IN MENTAL HEALTH

The *National Mental Health Commission's Review of Mental Health Programmes and Services* identified poor integration across the mental health service system and provided an imperative for the Federal Government to improve service coordination across the sector.[9] The Review was followed by the *Fifth National Mental Health and Suicide Prevention Plan (2017-2022)* (the Plan), which committed governments across the country to work together to achieve greater integration in planning and service delivery across the mental health system.

In July 2015, the Federal Government established 31 Primary Health Networks (PHNs) to hold responsibility for planning primary health services, including mental health services, within regional catchment areas.

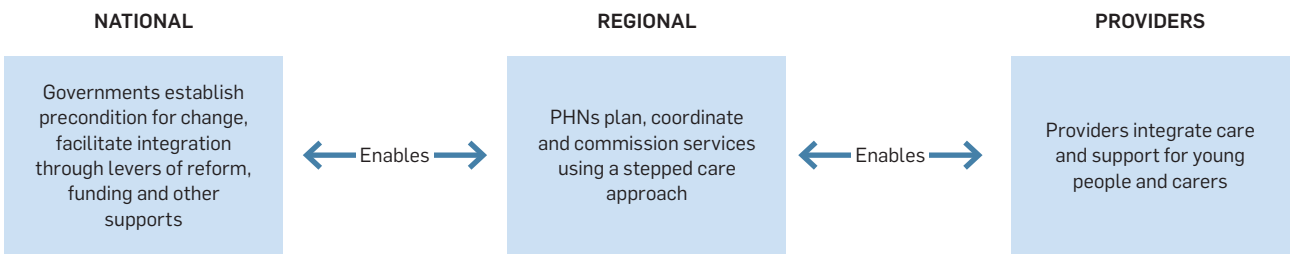
PHNs are tasked with driving mental health reform by integrating Commonwealth funding, regional care pathways and service providers (as demonstrated in Figure 1).

PHNs fulfil this role by commissioning integrated health services to increase access to primary care supports using stepped care planning. A stepped care health service model is built on commissioning a continuum of primary health services where people who are experiencing or at risk of mental illness have access to a range of program supports for different needs. The stepped care approach to mental health is implemented through the Primary Mental Health Care Flexible Funding Pool, created in 2015-16, which tasks PHNs to tailor primary health care services based on regional needs assessments.

The implementation of stepped care has enabled PHNs to broaden the type of mental health disorders treated, by integrating new programs and services into the pre-existing service environment.

Stepped care has also contributed to the integration of headspace services within broader primary health, physical health and drug and alcohol services and the management of transition arrangements within services formally funded under the Early Psychosis Youth Services Program into newly commissioned early intervention programs.

Figure 1 Context for PHNs[10]



EASTERN MELBOURNE PRIMARY HEALTH NETWORK - YOUTH ENHANCED SERVICES

The Eastern Melbourne PHN (EMPHN) catchment covers an area of approximately 4,000km^2 of Melbourne's outer east and north east and represents a population of approximately 1.5 million people. There is significant cultural and socio-economic variation across the catchment, reflecting a diversity of health care needs. EMPHN has highlighted that the catchment "presents some unique challenges in relation to its size and diverse pockets of need".[11]

In 2016 all PHNs, including EMPHN received Youth Enhanced Services funding from the Commonwealth Department of Health. The funding is provided to "improve early engagement and intensive support and care for young people aged 12 to 25 years who are experiencing, or at risk of, severe mental illness".[12]

The aim of Youth Enhanced Services funding is to:

"Support a single point of entry for treatment, as well as ease of transition between levels of care for young people and their families, replacing often complex treatment and support pathways. It is also intended that the models improve access to services in the outer east and outer northern regions including at risk youth populations."[13]

In fulfilling this aim, the Youth Enhanced Services funding also helps to address the 'missing middle' challenge faced by the mental health sector. The missing middle refers to the service gap between primary and secondary mental health services (community or outpatient services) and tertiary mental health services (hospital-based services). Historically, consumers whose needs exceed primary and secondary services, but do not meet admission threshold for tertiary services have not been able to access services tailored for their level of need. The Youth Enhanced Services funding is designed to address this service gap, and provide support for young people with mental health symptoms which are too complex for the available primary and secondary services, but which do not meet criteria for a tertiary referral.

EMPHN has identified eight specific service outcomes for the Youth Enhanced Services:[14]

- Improved early identification and primary care treatment for young people experiencing or at risk of severe mental illness with a focus on first episode psychosis.
- Increased access to community based responsible treatment options supporting the primary care sector.
- Streamlined psychosocial recovery focused support to young people during their recovery.
- Young people supported to maintain social and vocational functioning and reducing impact of other health-related problems so that they can return to their usual developmental trajectory.
- Inclusive wellbeing support for family, friends and carers.
- Improved access to recovery supports, including educational, vocational, residential and other related supports.
- Support pathways for young people presenting with other forms of severe and/or complex mental illness.
- Increased service integration and sector capacity building.

11 EMPHN Youth Severe Funding Analysis document, provided via email by Michele McCallum, 26 July 2018
12 EMPHN (2018). Youth Severe Funding Analysis document (provided via email by Michele McCallum, 26 July 2018)
13 Ibid.
14 Youth Severe Evaluation Part B Attachment A – Service Outline.

BACKGROUND CONTINUED

EMPHN has further identified 10 key principles underpinning the treatment models:[15]

- Community based integrated partnership model.
- Streamlined care pathways between primary care and tertiary services.
- Collaborative shared care process.
- Integrated single access points.
- Tailored young person focused needs-based approach.
- Multidisciplinary team care arrangements providing evidence-based best practice.
- Recovery oriented supports.
- Family/carer/friend inclusive practice.
- Flexible responsive service delivery and assertive engagement.
- Psychiatric governance, assessment, and treatment planning.

As part of their Stepped Care model, EMPHN used the Youth Enhanced funding to commission the delivery of two youth severe service models in the Eastern Melbourne catchment commencing in July 2017:

1. **YETTI:** Eastern Health in partnership with Austin Health is delivering the Youth Engagement and Treatment Team Initiative (YETTI), covering the inner, outer and north-eastern areas of the catchment.
2. **YFlex:** Neami National is delivering YFlex (Flexible Intensive Mental Health Support for Young People), in the northern-most areas of the catchment.

The inclusion of Youth Enhanced Services is an important step in reducing service gaps between primary care and specialist youth mental health services (inpatient and community-based). It is part of ensuring that young people with complex, moderate to severe mental illnesses are not slipping through gaps in care and have access to specialised support that extends beyond what was previously available in primary health services.

15 Ibid.

ABOUT YETTI

Eastern Health Child and Youth Mental Health Service (EH CYMHS) has established YETTI in partnership with Austin Health to deliver the program to local government areas (LGAs) of Banyule and Nillumbik, and Eastern health who are responsible for delivering services for Boroondara, Knox, Manningham, Maroondah, Monash, Whitehorse and the Yarra Ranges. YETTI program offers support to young people aged 12 to 25 years presenting with sub-clinical forms of serious mental illness, or who are experiencing symptoms which place them at ultra-high risk of developing such an illness.

The program offers three streams of support including:

- **Primary Consultation**: one-off consultation with the young person and their family/carers/significant other conducted by YETTI to provide recommendations and specialist advice to the agency providing ongoing treatment.
- **Secondary Consultation:** YETTI partners with another agency to consider support options that best meet the young person's needs.
- **Case Management:** a young person is provided with clinical and psychosocial intervention and support for an average period of 6 to 12 months. In collaboration with the young person their family/carers/significant other, YETTI program clinicians formulate an Individual Recovery/Service Plan to structure an evidence-based treatment approach to best meet their needs. Treatment options include but are not limited to Cognitive Behaviour Therapy, Family Therapy, Acceptance and Commitment Therapy and Sensory Modulation strategies.[16] Psychiatric reviews are conducted as required.

Clinical and psychosocial treatment models are underpinned by the therapeutic relationship between the YETTI clinician and young person. Interpersonal relationships, interests, living skills educational/vocational pursuits are explored alongside factors that can improve emotional wellbeing, and safety. Treatment is informed by recovery oriented mental health practice principles which recognise individuality, choice, attitudes and rights, dignity and respect, partnership and community and the need for continuous evaluation.[17]

ABOUT YFLEX

Neami National has established a community-based YFlex team to service EMPHN catchments northern most areas of Whittlesea LGA and southern parts of Murrindindi and Mitchell Shires, including Kinglake, Toolangi, Wallan and Wandong.[18] YFlex provides tailored mental heath support to young people aged 12 to 25 years who are experiencing complex mental health issues, at risk of developing complex mental health issues, or experiencing mental health issues and are having difficulty accessing mainstream services.[19]

The service comprises of two streams:

- **Brief intervention stream (or active support):** A short, 5 to 6 session engagement with the service
- **Long-term support stream:** Up to one year of engagement with the service.

Both streams aim to provide intensive clinical, recovery focused supports and comprise the following service elements including flexible outreach, mental health support, assessment and monitoring of mental state and risk, medication consultation and management, evidence based therapeutic intervention, group programs, contact with a young person's family/carer and referrals to mainstream health services. The program covers interventions targeting issues of substance abuse, physical health, sexual health, homelessness, justice and financial stress.[20]

The intended focus of YFlex is to foster trust between clinician and young person to identify and explore their own strengths and aspirations and effective psychosocial strategies that assist re-connection back into mainstream health/mental health and community supports.[21]

16 Youth engagement and Treatment Team Infinitive (YETT): Service Overview (2017/2018)
17 Department of Health (2010). Principles of recovery oriented mental health practice.
18 Neami National (2019). Neami YFlex – Find a service. Available at: https://www.neaminational.org.au/find-services/neami-YFlex/
19 Ibid.
20 Neami National (2019). Neami Yflex – Find a service. Available from: https://www.neaminational.org.au/find-services/neami-YFlex/
21 Neami National (2017). Response to Request for Tender.

EVALUATION OVERVIEW

Urbis was commissioned to undertake an independent evaluation examining the effectiveness of the implementation of the YETTI program delivered by Eastern Health, and the YFlex program delivered by Neami National (note, the YETTI program delivered by Austin Health was not included in this evaluation).

KEY EVALUATION QUESTIONS AND AIMS

The evaluation was conducted between July 2018 and July 2020, and addressed the following Key Evaluation Questions (KEQs):

- How effective was the implementation and delivery of the models against the intended objectives of the service model, including delivering on the service implementation/project plans and the service outputs?
- What has been the user experience of the service by young people, families and stakeholders?
- To what extent has the integration and collaboration with other services/stakeholders, in particular general practice and headspace centres, been achieved in meeting the principal objectives of the service model?
- How effective have the models been improving access and early intervention and treatment for the targeted at-risk groups of young people experiencing severe mental illness?

The evaluation has been designed with a utilisation focus - an approach based on the principle that all decisions made during the evaluation design and execution are closely guided by the intended use of the evaluation products and findings. It is expected that this final report will be used as an evidence base to inform the ongoing funding of the Youth Enhanced Services in EMPHN catchment. Evaluations findings will also be used to inform systematic decisions relating to the design, implementation and delivery of youth mental health services operating within a stepped care model.

METHODOLOGY OVERVIEW

The evaluation was completed over four distinct stages. **Phase 1: Immersion** was completed in July 2018 and comprised of the project inception meeting and development of the project plan. **Phase 2: Development of evaluation plan and framework** was completed from August to October 2018 and included data gathering activities, including a preliminary document review and key information interviews to inform the development of the evaluation plan, program logics, evaluation framework and Human Research Ethics Committee submission.

Phase 3: Data Collection occurred across March to November 2019. Data collection was conducted over two rounds and comprised of the following elements:

- Consumer consultation comprised of Young person (n = 27) and family/carer (n= 20) 30 minute interviews
- 1-hour telephone interviews with representatives of the broader youth service system (n=10)
- On-site and telephone interviews with service provider leaders and delivery staff (n = 16).

The evaluation concluded with **Phase 4: Analysis and reporting** which involved processes of data synthesis and analysis to inform final reporting. Full methodology details are available in Appendix A.

LIMITATIONS

Program consumer views may not be fully representative due to sample size.

The sample size of n=27 young people and n=20 family/carer interviews is substantially smaller than the total number of young people engaged by the programs (n=271 for YETTI case management, n=148 for YETTI primary consultations and n=203 for YETTI secondary consultations, and n=227 for YFlex). For this reason, the views expressed in this report may not reflect all views held by young people and their families in relation to either program.

Program consumer view may also not be fully representative due to participation requirements.

Young people's participation in interviews was voluntary and contingent on two factors: program staff's assessment of whether a young person's participation was safe and appropriate, depending on their mental health state at the time of recruitment; and a young person's consent (and for those under the age of 16, the consent of their parent or primary carer) to participate. Due to these requirements, there is a risk that the young people who participated in the evaluation were more likely to have been well engaged with either program, and potentially would have had a more positive experience. It should however still be taken into account when interpreting the findings.

Qualitative data may have a positive bias due to recruitment method.

Initial recruitment for young people, parents/carers and external service providers to participate in the interview was conducted by YETTI and YFlex staff. This enabled the evaluation to access to groups needed to answer the evaluation questions, while also providing appropriate safety measures (for young people and parents/carers) whereby only those for whom YETTI or YFlex workers had determined their mental health state would not be negatively affected by the evaluation were invited to participate.

This recruitment method offers benefits of quick and streamlined access for the evaluators to the key groups needed for participation. However, it also has a risk that the qualitative data will have a positive bias due to participants' relationship with the service likely to impact their decision to participate.

In addition, for qualitative data relating to young people, the positive bias risk is also heightened due to the evaluation only being able to safely engage with young people whose mental health is stable. This can mean that the evaluation does not hear from young people for whom the programs have not been effective.

Quantitative data does not include all program activity.

The consumer profile and program activity data presented in this report is inclusive of all young people who engaged with YETTI or YFlex between the period of 1 October 2018 and 30 April 2020 and who were accepted to either program as a consumer. This report does not include findings relating to the n=351 young people who only received a primary and/or secondary consult from YETTI but did not go on to receive treatment as no detailed data was available on these young people. This means that the consumer and activity data in this report does not reflect all activity delivered by either program, or all young people who engaged with either program. Session data is inclusive of all sessions held between the period of October 2018 and April 2020.

Quantitative data is not consistent across programs or consumers.

The K10 scores may not reflect the outcomes of the full cohort of young people due to the inconsistent implementation of the surveys. There is currently no protocol for when clinicians or workers should implement the K10 surveys and only a relatively small number of consumers have taken the measures two or more times. Of those who have taken the assessments multiple times, the period between assessments vary significantly between consumers. Therefore, it is difficult to understand the progress of young people overtime and for different demographics. In addition, clinicians and workers are required to manually enter the K10 scores and these are subject to potential human error.

Quantitative data does not include stage of treatment.

The consumer profile and program activity data available for this report does not allow for disaggregation of data by stage of treatment, which means experiences of participants included in this report represent various points on the engagement continuum.

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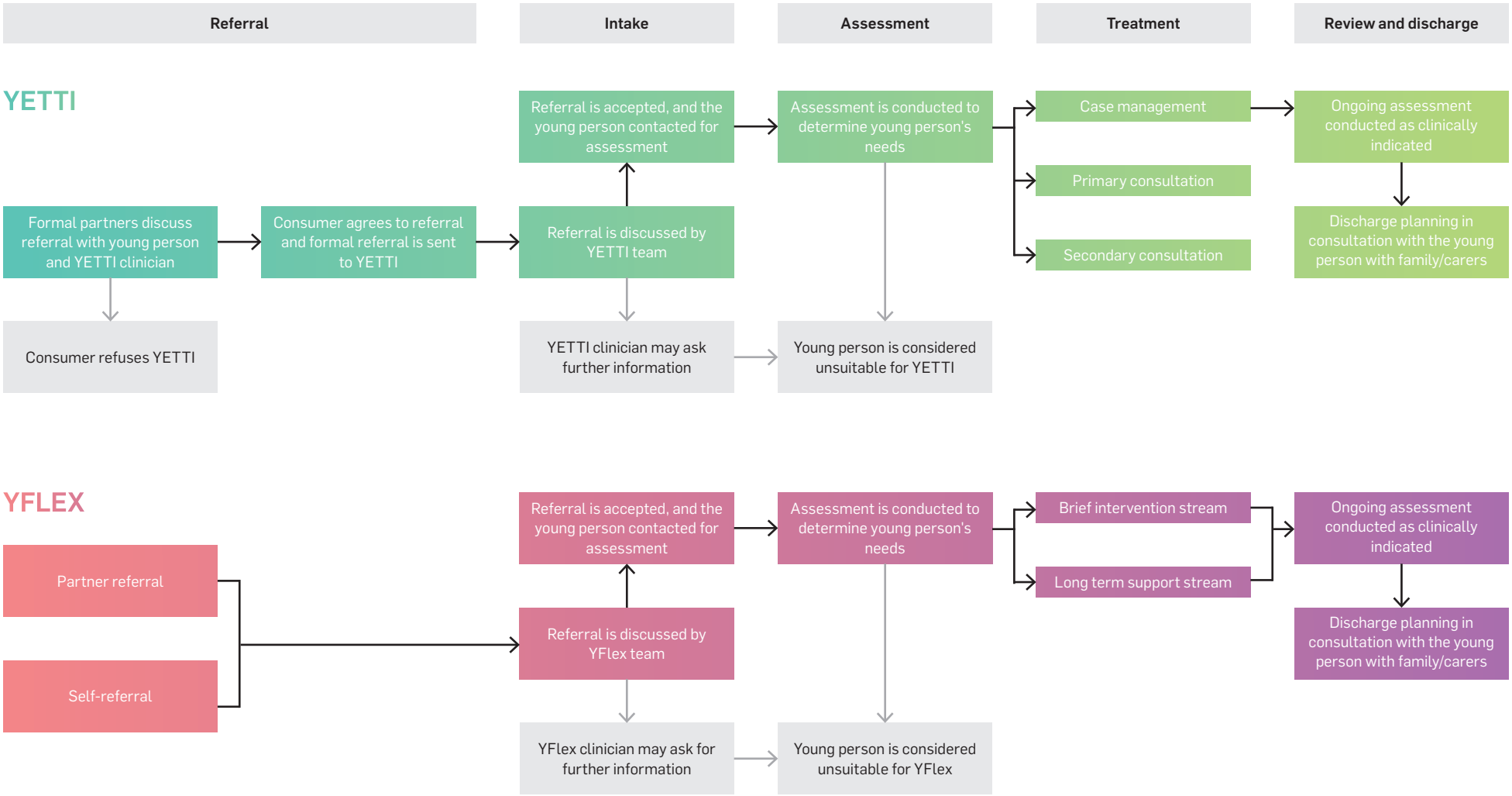
WHAT DO THE PROGRAMS LOOK LIKE IN PRACTICE?

CONSUMER JOURNEY



YETTI IN PRACTICE

WORKFORCE

YETTI employs a full time Service Manager, five full time and two part-time clinicians (6.6FTE), and also has a Consultant Child and Adolescent Pyschiatrist (0.4FTE). The Service Manager role is operational in nature and was recruited from Eastern Health's Mental Health Program. Clinical staff were recruited from the Eastern Health Adult Mental Health Service, Child and Youth Mental Health Service and community health.

The team reports that this breadth of experience is appropriate for the needs of the program and target cohort. The team also report that their experience of having been clinicians in the CYMHS team is noted as a benefit to the program, as this enables strong working relationships with the CYMHS team, and appropriate referral pathways between YETTI and tertiary mental health services.

OPERATIONS

YETTI is based in Box Hill and Ringwood East. The program operates as an outreach clinic however, so no consumers are seen at the Box Hill location. Instead, the clinicians co-locate with local service providers (such as headspace and local GPs) and offer young people services from those locations, as well as in the young people's homes and their community.

The team have a range of systems and processes in place to manage data and administration for the program. These include a comprehensive intake and assessment procedure, as well as ongoing collection of consumer outcome measures on a regular basis. All data is entered into a single Consumer Record System, and staff report this system is appropriate for their needs and that the required data collection does not cause any undue administration burden.

EMPHN receives quarterly reports which include quantitative data snapshots measuring the achievement of set KPIs, and qualitative summaries providing information relating to program outcomes, incidents, capacity building opportunities and community engagement activities.

All staff participate in regular clinical supervision, and also engage with continuing professional development opportunities.

GOVERNANCE

EMPHN holds contract management and commissioning responsibilities for YETTI. This responsibility is operationalised by one of EMPHN's Mental Health and Alcohol and Other Drugs Managers, who oversees the delivery and performance of YETTI. This role reports to senior management/executive within the Mental Health and AOD Directorate at EMPHN, and is ultimately accountable to the EMPHN Chief Executive.

Eastern Health holds responsibility for the operations, clinical governance and overall governance of the YETTI program. The YETTI Service Manager delivers day-to-day operational management of the program. This role reports to the Associate Program Director Child and Youth Mental Health and the Clinical Director Child and Youth Mental Health, who provides overarching guidance and support for the program.

All critical incidents are managed by the YETTI staff and Service Manager in the first instance, and are escalated to the Clinical Director as required. Eastern Health provides EMPHN with critical incident reports as incidents occur, as well as quarterly progress reports which include Key Performance Indicator (KPI) performance, as well as qualitative data regarding outcomes, capacity building and community engagement.

YFLEX IN PRACTICE

WORKFORCE

YFlex employs a full time Service Manager, approximately 3 full time equivalent (3.2 FTE) workers and a consultant psychiatrist (0.2 FTE). Worker roles include two social workers, youth mental health workers, and a peer support worker. The consultant psychiatrist provides consultation services across one day a fortnight to conduct psychiatric reviews.

All staff bring a variety of different clinical and community experience from previous employment. The Service Manager is responsible for undertaking all assessments and also provides clinical guidance and intervention in instances of consumer crisis. The workers are responsible for the ongoing care of each consumer. The team are trained in Cognitive Behavioural Therapy (CBT), Acceptance and Commitment Therapy (ACT) and Narrative Therapy. One youth mental worker is trained in family work. All were newly recruited to YFlex during implementation of the program.

OPERATIONS

YFlex co-locates with the City of Whittlesea's EDGE Youth Services in Westfield Plenty Valley. The program delivers onsite appointments at EDGE Youth Services, as well as outreach services across the community (including home visits). YFlex staff deliver services in a range of outreach locations, including within the home environment, schools, library and community hubs and community health services.

The program uses a structured intake and assessment process for all referrals, as outlined in the consumer journey above. Data collected includes activity data (number, duration and location of appointments), consumer outcome measures (relating to suicidal ideation, mental health wellbeing and depressive symptoms) and risk assessments as required. All data is entered into an internal YFlex Consumer Record System and EMPHN's Fixus database. Although team members report that entering data into two systems can be challenging, data collection processes are comprehensive and appropriate for their needs.

YFlex reporting arrangements are consistent with YETTI. EMPHN receives quarterly service reports detailing KPI achievement status, service outcomes, incident summaries, capacity building and community engagement activities.

All staff participate in regular individual and group clinical supervision, and also engage with continuing professional development opportunities.

GOVERNANCE

Contract management and commissioning for YFlex is provided by EMPHN. As with YETTI, this responsibility is operationalised by one of EMPHN's Mental Health and Alcohol and Other Drugs Managers, who oversees the delivery and performance of YFlex. This role reports to senior management/executive within the Mental Health and AOD Directorate and EMPHN, and is ultimately accoutable to the EMPHN Chief Executive.

Neami National holds responsibility for the operations and overall governance of the program. The YFlex Service Manager delivers day-to-day operational management of YFlex. This role reports to the Neami Regional Manager who provides overarching guidance and support for the program.

Critical incidents are managed by the YFlex team and Service Manager, and are escalated to the Neami Regional Manager as required. Neami National provides EMPHN critical incident reports as incidents occur, as well as quarterly progress reports which include Key Performance Indicator (KPI) performance, as well as qualitative data regarding outcomes, capacity building and community engagement.

03

WHO IS ACCESSING THE PROGRAMS?

WHO IS ACCESSING THE PROGRAMS CONTINUED

A key goal of both programs is to strengthen access to services for young people experiencing, or at risk of, severe mental illness. This chapter summarises the key data showing that the programs are reaching the intended cohort, and in doing so have provided an important point of access for young people who might otherwise lack appropriate supports. Consumers of both services at intake report K10 scores around 33, which is above the cut off (30) for very high levels of psychological distress.

Another key outcome for both programs is increased access to community based responsible treatment options to support the primary care sector. Since services commenced to November 2017, the programs have engaged with nearly 500 young people in treatment: 271 consumers have been engaged in treatment by YETTI and 227 by YFlex. A further 351 young people received either a primary or secondary consult from YETTI.

Insights from stakeholders also indicate that the program is reaching a group that is otherwise struggling to engage with appropriate supports within the regional mental health system. On interview, young people and parents reported engagement with a range of primary and tertiary services prior to their engagement with YETTI or YFlex, including CYMHS, headspace, general practitioners and school counsellors. As YETTI operates a closed referral system, the service only receives referrals from other service providers. YFlex staff reported that they try to focus on young people who have tried engaging with other services previously, but who still require assistance (noting however that the service does accept direct referrals for young people not previously engaged with other services where their clinical presentation and circumstances warrant a specialist mental health service and the level of support provided by YFlex).

YETTI operates with an intake triage system, with no waitlist and an average time to intake of one day, while YFlex has an average wait time of 20 days from referral to intake. Duration of service is broadly similar in each service, averaging around 145 days. The findings suggest that both programs are able to achieve the key service outcome and support the primary care sector.

Both programs have a broadly similar profile on the key demographics we examined, with consumers aged 19 or younger, and female consumers overrepresented. In each case, approximately one in four consumers was from a culturally and linguistically diverse background. There were some differences observed in the proportion of consumers identifying as Indigenous, with a higher proportion of YFlex consumers being Aboriginal or Torres Strait Islander.

Note, as specified in Section 1 - The consumer profile and program activity data presented in this report is inclusive of all young people who engaged with YETTI or YFlex between the period of 1 October 2018 and 30 April 2020 and who were accepted to either program as a consumer. This report does not include findings relating to the n=351 young people who only received a primary and/or secondary consult from YETTI but did not go on to receive treatment as no detailed data was available on these young people. This means that the consumer and activity data in this report does not reflect all activity delivered by either program, or all young people who engaged with either program. Session data is inclusive of all sessions held between the period of October 2018 and April 2020.

YETTI Key take outs

- Over two thirds of consumers were female (72%) and less than one third were male (28%)
- Over eight in ten consumers were aged 19 years or younger (83%) and 15% were aged between 20 and 24 years old.
- 28% were culturally and linguistically diverse and reflects YETTI's focus on this more vulnerable cohort.
- 2% of consumers identified as Aboriginal and Torres Strait islander.
- On average, consumers wait 1 day from referral to start date, and are engaged in YETTI for 144 days.
- Approximately two thirds of the sessions conducted were at the headspace office (65%).

YFLEX Key take outs

- A larger majority of consumers were female (60%) compared to male (38%)
- Two thirds were aged 19 years and younger (66%), and 30% were aged between 20 and 24 years old.
- 25% were culturally and linguistically diverse, and 8% identified as Aboriginal and Torres Strait islander. These figures reflect that YFlex's focus on these families who are more at risk.
- On average, consumers wait 20 days from referral to start date, and are engaged in YFlex for 146 days.
- One in four appointments were in the consumers home (25%), and a further 40% were delivered in the service providers office and 8% at a school or educational centre. Approximately one in five appointments were conducted over the telephone or online (22%).

YETTI REACH

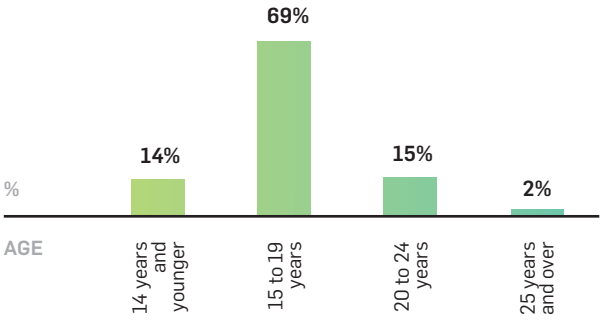
Base n=189

189 consumers in sample of files opened between 1 October 2018 and 30 April 2020

GENDER

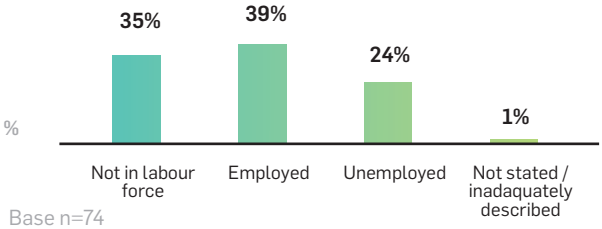
REGION

AGE



Note: The age data used for this chart was calculated at the time of data extraction for this report. Age at time of commencement was not available for analysis. As a result, this analysis does not necessarily represent the ages of young people at time of referral, and should be interpreted with care.

EMPLOYMENT STATUS (18 YEARS AND OVER)

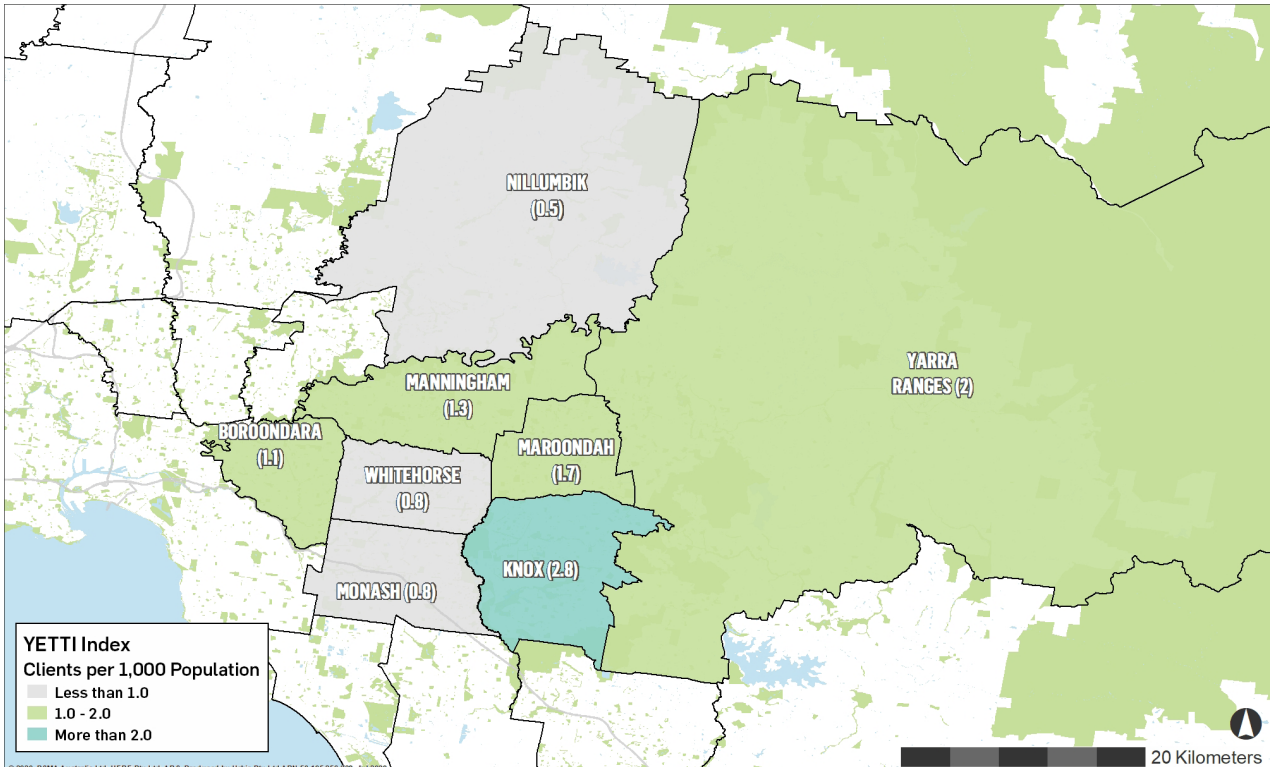


Base n=74

Note: This chart only includes employment data for young people whose age was recorded as over 18 at the time of data extraction. However, the employment status information was recorded at time of commencement, and age at time of commencement was not available for analysis. As a result, this analysis may not be fully reflective of employment status for young people aged over 18 at the time of referral, as it likely includes young people who were under 18 at the time of referral and were therefor not in the labour force. This analysis should be interpreted with care.

YETTI REACH

LGA



Note: LGAs outside of the catchment area may relate to young people who attend education within the catchment area but who live outside the area, or those whose contact details were updated on exit of service when they moved out of the catchment area.

28%
of consumers were culturally and linguistically diverse

2%
of consumers identified as Aboriginal and Torres Strait Islander

1%
of consumers were in short term or emergency accommodation

7%
of consumers reported they were providing care to someone else (no further details available)

20%
of consumers were identified by clinicians/workers as being at risk of suicide

AVERAGE NUMBER OF DAYS OF SERVICE ENGAGEMENT

1
Referral to initial assessment date

On average, consumers waited **1 day** from referral to their initial assessment

Base n=174

144
Initial assessment date to end date

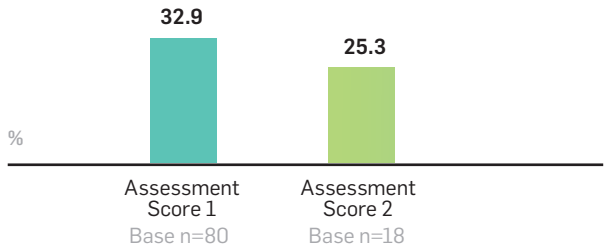
On average, consumers were engaged with the YETTI program for **144 days**

Base n=105

Note: As noted above YETTI operates a closed referral process whereby referrals are accepted when the service has capacity.

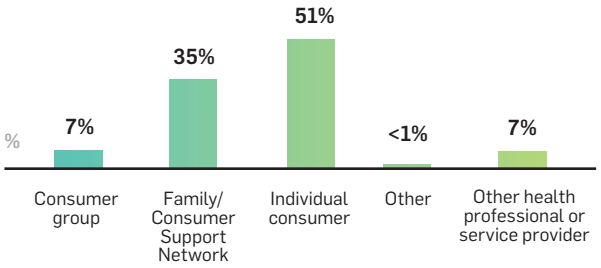
YETTI REACH

K10 ASSESSMENT SCORE



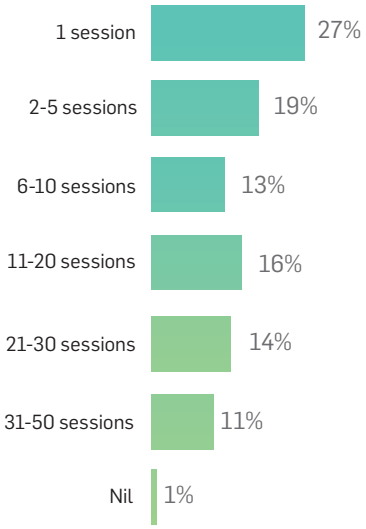
K10 is used as measure of psychological distress. The maximum score is 50 indicating severe distress, the minimum score is 10 indicating no distress.

SESSION TYPE



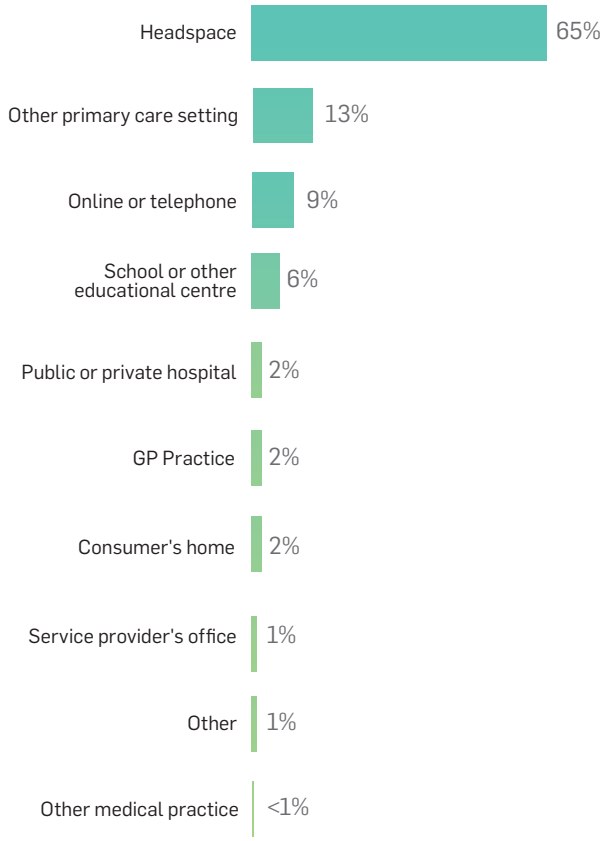
3,252
sessions were held by YETTI between October 2018 and April 2020

NUMBER OF SESSIONS (OF CLOSED CASES)



Note: This analysis was undertaken using files opened and closed between 1 October 2018 and 30 April 2020, and does not include sessions for young people whose files were opened before 1 October 2018, or remained open as at 30 April 2020. In addition, this chart does not identify young people who may have accessed a limited number of sessions due to their needs being appropriate for Primary Consultation. As a result, this analysis should be interpreted with care.

LOCATION OF SESSION

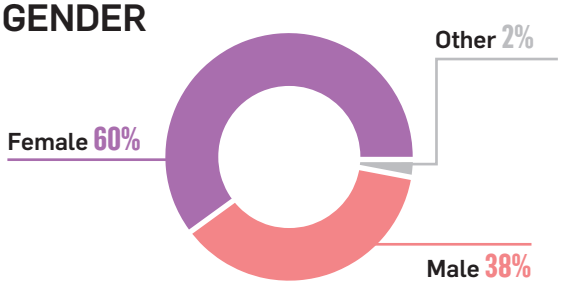


YFLEX REACH

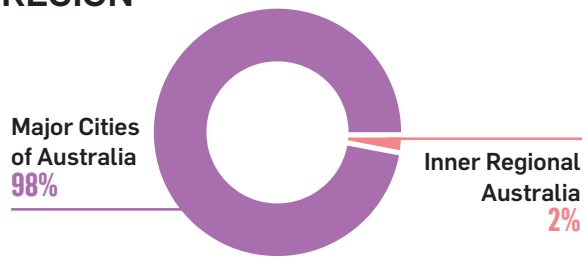
Base n=125

125 consumers in sample of files opened between 1 October 2018 and 30 April 2020

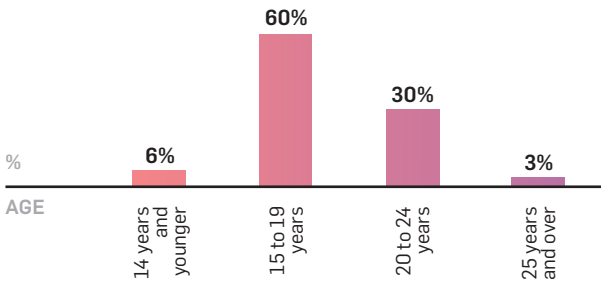
GENDER



REGION

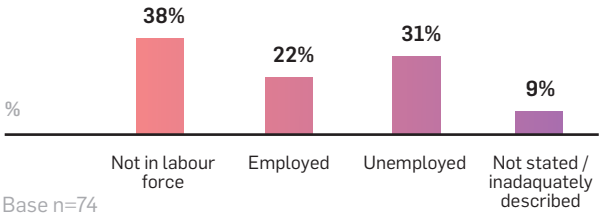


AGE



Note: The age data used for this chart was calculated at the time of data extraction for this report. Age at time of commencement was not available for analysis. As a result, this analysis does not necessarily represent the ages of young people at time of referral, and should be interpreted with care.

EMPLOYMENT STATUS (18 YEARS AND OVER)

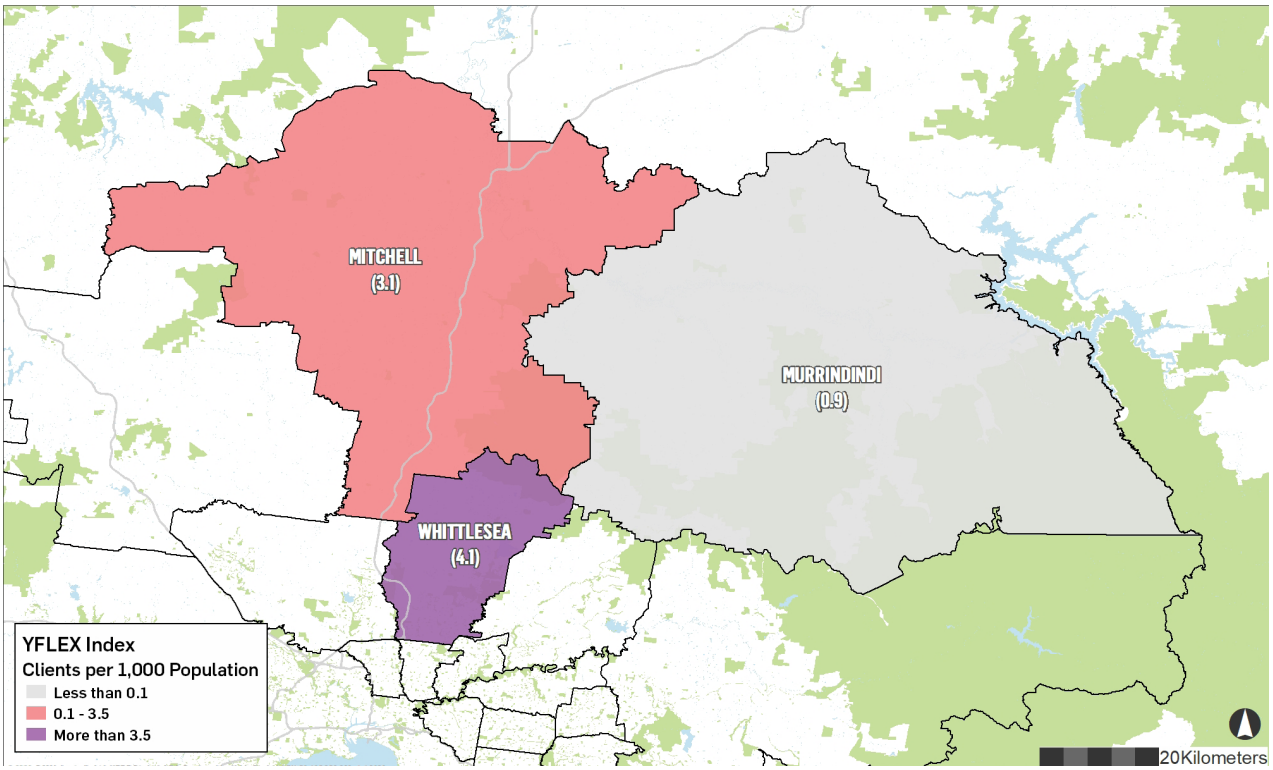


Base n=74

Note: This chart only includes employment data for young people whose age was recorded as over 18 at the time of data extraction. However, the employment status information was recorded at time of commencement, and age at time of commencement was not available for analysis. As a result, this analysis may not be fully reflective of employment status for young people aged over 18 at the time of referral, as it likely includes young people who were under 18 at the time of referral and were therefor not in the labour force. This analysis should be interpreted with care.

YFLEX REACH

LGA



Note: LGAs outside of the catchment area may relate to young people who attend education within the catchment area but who live outside the area, or those whose contact details were updated on exit of service when they moved out of the catchment area.

25%
of consumers were culturally and linguistically diverse

8%
of consumers identified as Aboriginal and Torres Strait Islander

2%
of consumers were in short term or emergency accommodation

6%
of consumers were also providing care (often to a parent or partner)

AVERAGE NUMBER OF DAYS OF SERVICE ENGAGEMENT

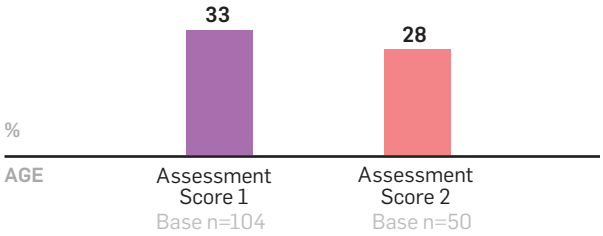
20 | 146

Referral to initial assessment date
On average, consumers waited **20 days** from referral to their initial assessment
Base n=117

Initial assessment date to end date
On average, consumers were in the YFlex program for **146 days**
Base n=75

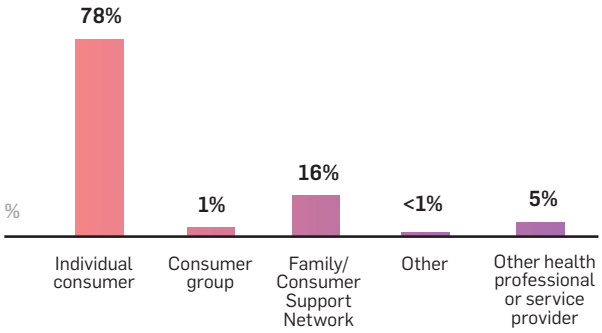
YFLEX REACH

K10 ASSESSMENT SCORE



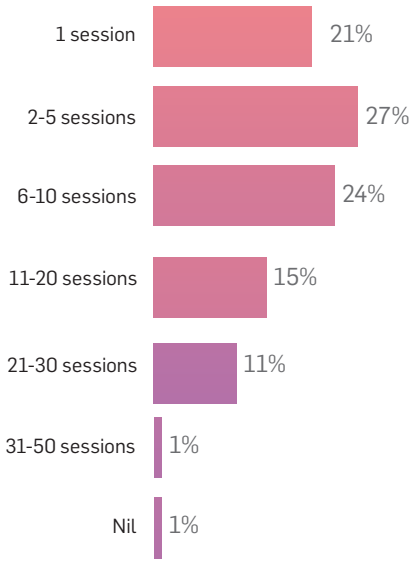
K10 is used as measure of psychological distress. The maximum score is 50 indicating severe distress, the minimum score is 10 indicating no distress.

SESSION TYPE



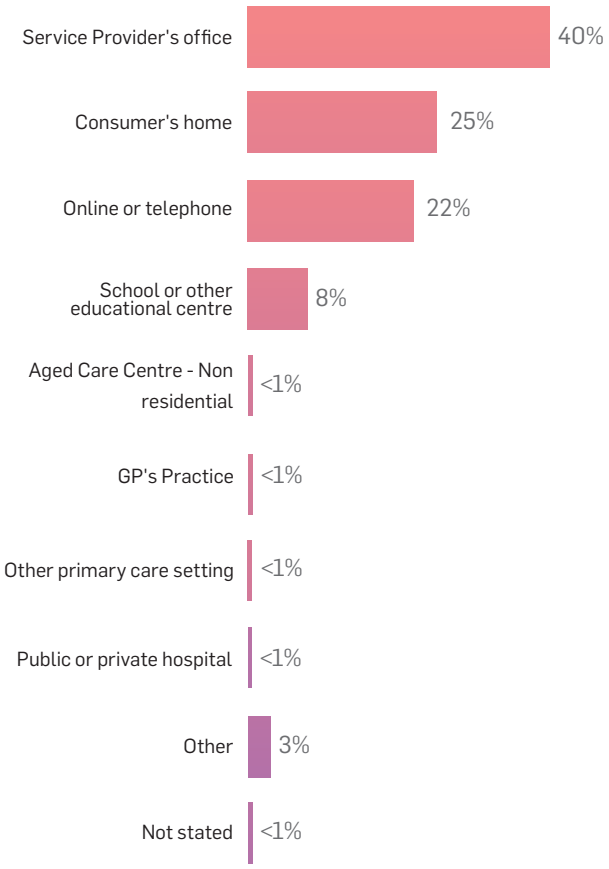
1,821
sessions were held by YFlex between October 2018 and April 2020

NUMBER OF SESSIONS (OF CLOSED CASES)



Note: This analysis was undertaken using files opened and closed between 1 October 2018 and 30 April 2020, and does not include sessions for young people whose files were opened before 1 October 2018, or remained open as at 30 April 2020. In addition, this chart does not identify young people who may have accessed a limited number of sessions due to their needs being appropriate for brief intervention. As a result, this analysis should be interpreted with care.

LOCATION OF SESSION



04

KEY FINDINGS

CONSUMER OUTCOMES

INCREASED UNDERSTANDING OF MENTAL HEALTH

A key outcome of both programs reported by young people and their parents was an increased understanding of their own/their child's mental health.

This was achieved through staff of both programs providing psycho-education about different mental health disorders and symptoms, as well as providing mental health handouts and resources which consumers and their families could take home.

As a result of this support, consumers and families were able to more easily recognise behaviours and symptoms of mental health and respond using the strategies provided by the programs. This was particularly valuable to families who had previously experienced distress and confusion as a result of mental health symptoms.

A key service outcome is to provide streamlined psychosocial recovery focused support to young people. These findings indicate the programs are effective in providing psycho-education to young people and families, and that this support is having a positive impact and is working towards achieving the above outcome.

"[YETTI] has helped me, it made it more obvious that I needed help with it"
YETTI YOUNG PERSON

"[YFlex] has really helped me to understand my anxiety, apply things in life
YFLEX YOUNG PERSON

"He's found ways to manage certain stressors a bit better"
YFLEX PARENT

"I can see [my daughter] is starting to articulate her thoughts more. Rather than lashing out, she is using her words to describe how she is feeling"
YETTI PARENT

IMPROVEMENTS IN MENTAL HEALTH, ALTHOUGH SOME PEOPLE REPORTED MIXED EXPERIENCES

We undertook several analyses of K10 scores reported, although we qualify our finding noting that sample sizes are small.

K10 scores for both programs indicate statistically significant improvements in the average scores at intake and follow up assessment, indicating a reduction the level of mental health distress experienced by service users.

"We've started to see our daughter again"
YETTI PARENT

"I can start seeing differences come through from how I used to be from before this started to affect my life"
YFLEX YOUNG PERSON

"It's a lot easier to deal with my dark days, easier to self-regulate, check myself, and I'm doing what I can to keep myself in check"
YFLEX YOUNG PERSON

"Goals were to help [child] manage social anxiety, but hasn't seen much improvement in this"
YFLEX PARENT

CONSUMER OUTCOMES CONTINUED

On the basis of our analysis and data available, we are unable to make definitive findings as to the relative performance of the programs and recommend further analysis on a larger sample. While both programs appear to the working with a similar cohort of young people, we cannot eliminate the possibility that differences between program results are related to differences within the cohorts or in the way in which assessments are undertaken by the services, rather than representing difference in the service delivery model.

We are, however confident to state that both programs appear to be positively impacting on reported psychological distress at the statistically significant level.

In addition to our analysis of K10 scores, we analysed results from qualitative interviews with consumers and parents. There was mixed qualitative feedback as to the impact of both programs on improving mental health.

Both programs had consumers and parents who reported that mental health had improved as a result of the support received. Improvements reported by young people and parents include decreases in the mental health symptoms, particularly anxiety, and improvements in regulating emotions.

Program staff also reported seeing positive changes occur for young people, particularly in relation to their self-management of mental health symptoms.

However, some YFlex and YETTI consumers and parents reported mixed or limited improvements in their/their child's mental health. For example, one YFlex parent observed limited improvements in their child in managing their social anxiety, and a small number of consumers reflected a positive but not substantial impact from the program. Some young people who had accessed YFlex reflected that while they could see improvements in some areas of their mental health, there were still areas that they needed support with.

Similarly, one YETTI parent reported that their child did not experience strong rapport with their worker and subsequently disengaged from the service. A number of other YETTI parents reflected that while they had seen some improvements in their child's mental health, some symptoms and challenges remained and required further support.

The mixed nature of these outcomes also reflected in the outcomes measurement data for both programs, where average changes in K10 scores on entry and follow-up show significant change for both programs (complete analysis findings available in Appendix B).

A possible reason for these mixed results is the level of severity and complexity of consumer presenting issues for both services. It is possible that some young people will not be able to experience a full recovery in the time they have engaged with the programs due to the severity or complexity of their symptoms, but this would not mean that the services are not effective.

A further possible reason for these mixed results for YETTI in particular is reflected in feedback from parents that YETTI staff struggled to support young people who were experiencing issues requiring specialist knowledge, for example ADHD or eating disorders. This feedback may indicate that while YETTI can make a positive impact on mental health for high prevalence issues, supporting young people with issues needing some forms of specialised support may be beyond the current capacity of the service.

"It did make a slight difference. I'm not completely happy now, it did make a good impact on me' - YFlex young person"
YFLEX CONSUMER

"Certain parts that are different, certain parts that aren't"
YFLEX CONSUMER

"He has an ADHD diagnosis and don't know much about that. Maybe could have been more informed about that and how it affected him at school. Its hard to find a service that has an understanding of the different ADHD can present"
YETTI PARENT

"If there is a need to refer to a specialist (they did refer to a dietician), need more focus on symptoms of bingeing – felt it was a bit dismissive. Had higher expectations of the psychiatrist in relation to eating disorders – clarifying the role of the psychiatrist would have helped"
YETTI PARENT

"Having different types of help, not just psychologist i.e. sexual assault counsellor, therapist"
YFLEX YOUNG PERSON

It must be acknowledged however that this feedback is from the parents' own experience of the program, and that they may not have the clinical understanding to fully assess whether the interventions applied by the clinicians were appropriate for their child's needs. In this way, this feedback may instead indicate that the parents' expectations of symptom improvement for their child differed from what may have been possible for the clinicians to deliver.

Overall, the evaluation plan identified that support for young people presenting with other forms of severe and/or complex mental illness as a key service outcome for the programs. The findings relating to mental health outcomes suggest that the services are broadly meeting this outcome, with some opportunities for greater support or clinical intervention noted.

GREATER ENGAGEMENT IN EDUCATION AND COMMUNITY

YFlex consumers and stakeholders report that as a result of the program, young people are more able to participate and engage in social, school and community activities.

For example, some consumers reported leaving the house more and engaging with friends. An external partner also reported young people demonstrating greater participation in study and school activities.

The findings indicate that there is a positive impact on young people supported through the programs, and are able to better engage in school, social activities and with friends. Young people are able to return to and maintain their regular social and vocational functioning which is a key service goal of both programs.

"I've had more opportunity to do things that I'd normally just turn down"
YETTI YOUNG PERSON

"Seeing good school outcomes for students, able to re-engage and sit VCE or other exams"
YFLEX PARTNER

"Was hardly leaving the house couldn't drive without a panic attack, Now drive whenever I want, I leave my house and go out and do things."
YFLEX YOUNG

"My son went from having a lot of fear about everything, like going out of the house or engaging with friends, and being very isolated. Over time he's learnt how to put things into perspective, he is going out, doing more age appropriate things, socialising, got a part-time job. His quality of life has improved"
YETTI PARENT

STRONG INTEGRATION WITH EXISTING SERVICE LANDSCAPE

Both programs demonstrated clear strengths in integrating with existing youth mental health service providers and adjacent services (e.g. general practitioners, school counsellors).

As a closed referral service, YETTI conducted more targeted engagement with the community sector, building formal referral pathways with five service providers at the time of writing. This included multiple headspace sites, as well as a general practice and a youth service. YFlex is not a closed referral service, and have engaged more broadly across the service landscape to build awareness of their program and generate referrals.

Staff from both programs reported that during their implementation phase they proactively engaged with a number of community service providers in order to build awareness of their service, and develop referral pathways.

Through these processes of building awareness and referral pathways, both programs have since been able to integrate well with existing youth mental health providers. Both programs regularly deliver services from the sites of their partners (particularly the headspace sites), and work collaboratively with staff from many different organisations.

Both services also have frequent interaction with the local Child Youth Mental Health Services (CYMHS)teams. As part of Eastern Health, the YETTI team is directly cnected to the CYMHS team and is able to provide consumers with referrals to tertiary mental health services. YFlex also make referrals to the CYMHS team, but YFlex staff do not report that a strong referral pathway exists. This difference between to the two programs may be reflective of Neami's external role as a community service provider, and/or the fact that YETTI management and many of the clinicians have worked in CYMHS and subsequently have a deep understanding of the service, referral criteria and processes.

While service integration was a positive outcome for both programs, there were some instances where better coordination with services such as CYMHS and schools would benefit consumers. Some YETTI parents reported that although clinicians were able to connect with other services, a more formal approach would ensure on-going and consistent care for young people.

Overall, the focus on coordination with other youth mental health service providers and adjacent services such as educational and vocational supports, ensures that young people are able to access and receive consistent and on-going care.

"A lot of it is also about having a presence in those areas so that we can help people to better understand who we are and what we do"
YFLEX STAFF

"YETTI has furthered very strong and collaborative relationships. We're developing things together like a Youth Suicide Post-Vention Protocol with a range of partners. There's lots of goodwill"
YETTI STAFF

"Improve communications between CYMHS, other services and YFlex"
YFLEX PARENT

PROGRAM IS VIEWED AS MEETING THE 'MISSING MIDDLE'

As outlined in the Introduction, the YETTI and YFlex programs' funding was intended to address the 'missing middle' service gap between primary and secondary mental health services and the tertiary mental health system. (n.b. young people in this cohort are often referred to by the sector as being a '2.5', meaning halfway between the secondary and tertiary services). Feedback from staff and stakeholders for both programs confirm that the programs are supporting this sub-cohort, and in so doing are filling a vital gap in the service landscape.

Program data reveals that both programs are supporting young people with moderate to high levels of mental health issues, providing further evidence that the programs are meeting the missing middle.

There was however some feedback about both programs that due to the local CYMHS team having an increase in acuity at the time of writing, they were being more selective about their referrals. This meant that some young people who could be considered to be have needs appropriate for the tertiary system were being seen by YETTI or YFlex, and young people whose needs exceed the headspace model (i.e. the '2.5's) were being supported by headspace. This expansion of YETTI, YFlex's and headspaces resources for young people with more complex needs than their respective target cohorts was noted by stakeholders to be putting pressure on the services at this time.

Overall, the feedback from staff and partners in conjunction with the program data confirms that both programs are appropriately reaching their target cohorts and are providing much needed support to service the landscape.

"[Without YFlex] the biggest gap will be that young people who can't access headspace and CYMHS wouldn't be getting a service"
YFLEX STAFF

"We've felt really reassured knowing there's an extra service that can provide more complex mental health support and outreach"
YFLEX PARTNER

"The hospitals are accepting less and less. When YETTI started they really focussed on the 2.5s. Now YETTI is more acute"
YETTI PARTNER

SECTOR CAPACITY REPORTED TO HAVE INCREASED

An important service outcome of both programs is that they are building the capacity of their partner organisations in relation to supporting the 'missing middle', and more complex mental health issues.

Partners of both programs reported positive feedback about the time and effort spent by staff of both program in providing secondary consults, offering advice and building their skills and knowledge in complex mental health.

Workers from both programs also confirmed that they see sector capacity building as a core part of their role.

This focus on and success in capacity building has helped to embed both programs in the service landscape, as well as strengthen the overall skills and capabilities of the sector to support the target cohort.

"[YETTI] has had a great impact on the mental health sector. It has provided more services, resources and expertise"
YETTI PARTNER

"This is where the money needs to go, because there's a lot of services out there for early intervention, and tertiary is so under the pump. The gap is in this YETTI space"
YETTI PARTNER

"None of our team are trained mental health workers. Having that support [from YFlex] is key to us"
YFLEX PARTNER

STRENGTH OF BOTH PROGRAMS

Three core strengths of both programs were identified by young people, families, staff and stakeholders.

1. Focus on practical strategies

Both programs focus on practical strategies and tools for young people to better manage and understand their emotions independently. Young people reported that due to the tools that were provided to them during the sessions, they were better able recognise and regulate their emotions. In addition, specific to YETTI, parents identified a key strength of the program is having solutions to address their family needs.

"It's a lot easier to deal with my dark days, easier to self-regulate, check myself, and I'm doing what I can to keep myself in check"
YFLEX YOUNG PERSON

"Instead of anxiety, I go back to what they've said to help"
YFLEX YOUNG PERSON

"The person I'm talking to has given me different ways to deal with bad mindsets"
YFLEX YOUNG PERSON

"The strategies that I could put in place to help me with what I was going through [was most helpful]. Everything they said was very tailored to my specific needs"
YETTI YOUNG PERSON

"Understand what needs are and find usable solutions has been one of the really positive strengths that the program has given to the family"
YETTI PARENT

2. Both programs are highly engaging and offer a safe space for young people

Many young people and parents reflected in interviews that a core strength of both programs was how staff engaged with consumers, developed strong relationships and offered a safe environment.

In particular, feedback from young people and parents was that workers from both programs were friendly and engaging. Key themes from this feedback included parents and young people feeling that they were not being judged, were safe to engage with the worker, and had their needs understood. A central theme of feedback from many young people of both services was that they highly valued the relationship with their worker, and felt a genuine connection that enabled them to build trust, share their experiences and apply the advice and strategies provided to them.

"Very welcoming, no judgement, they support you through your decisions and what you want to hear. They don't give up on you even if you don't want help they won't give up on you"
YFLEX YOUNG PERSON

"They made me feel comfortable, I don't normally like talking to new people"
YETTI YOUNG PERSON

"The relationships are crucial, the clinician successfully built up the trust relationship"
YFLEX PARENT

"Both workers were phenomenal, very professional, still warm, really engaging we felt really comfortable, there was a lot of trust"
YETTI PARENT

STRENGTH OF BOTH PROGRAMS CONTINUED

Young people and parents appreciated flexibility provided by the workers to meet consumer needs. For example, many consumers received services in their home and reported being able to contact their clinician whenever they wanted to. The programs also offered consumers and families flexibility around scheduling appointments, and for consumers to manage their sessions to better suit their needs. For example, parents reported being able to easily book schedule appointments around work and school hours. In addition, young people spoke positively about the easy of moving around sessions on short notice and giving the option to text their worker.

"Having someone that's there, who can just be there if I need to send them a text, go in and say hi"
YETTI YOUNG PERSON

"Very flexible with her work hours, after school is great"
YETTI PARENT

"it's really flexible with their time, if you can't meet up with them on the day it's no worries"
YFLEX YOUNG PERSON

"You name the time of day and ill come to you"
YETTI PARENT

"Flexibility to change appointments, make one when you need and they are responsive and attentive. Even when we don't have an appointment the clinician is asking how we are going"
YFLEX PARENT

Young people and families also spoke positively in the interviews about the availability of having male clinicians and the relationship they develop with male consumers. One parent whose child had not seen a male clinician also reported that this would have been of benefit to their son.

"He was nearly 15 then, it would have been better if he had a younger male with the two women in the room. He didn't have a chance to relate to a male, only another mother figure"
YETTI PARENT

"He disengaged, didn't like his worker who was a young female and he didn't have the chance to relate to a male. In the next room there's a youth centre and a male youth worker – maybe could have looked at partner options"
YETTI PARENT

STRENGTH OF BOTH PROGRAMS CONTINUED

3. Whole family engagement

Parents indicated that a particular benefit of YETTI was how the program engaged the parents and families of the young person through combined sessions. These sessions were reported to provide a safe space for families to express their feelings and issues. In addition, the individual parent sessions gave parents greater understanding of how to support their child.

"Since the first family session [our child] is the one asking us to attend the family session"
YETTI PARENT

"Most useful is coming together, if we have any worries or anything that's not going right, we're able to express it and have a third person in the room to explain it, normalise it"
YETTI PARENT

"There is only so much at home we'll say to each other, this gives us a place to express how we're feeling, give feedback to each other"
YETTI PARENT

"[Young person] loved the service, since the first family sessions, she's the one asking us to attend the family session"
YETTI PARENT

"Had time with the clinician to focus on how to support both children and focus on her role and the dynamic of the family"
YETTI PARENT

"The way the clinicians have been able to engage with our families, build those relationships and really understand what the needs are and find usable solutions has been one of the really positive strengths that the program has given to the family"
YETTI PARENT

The inclusion of the whole family plays an important role in youth mental health.[22] The findings indicate that engaging family supports positive outcomes for the consumer and their families. Although it is understood that YFlex also offers family sessions and support, the parents who participated in interviews for this evaluation did not report engaging individual sessions for themselves. They did however provide positive feedback about the engagement they had had with the service. These findings suggest the programs are working towards achieving inclusive wellbeing support for family, friends and carers which is a key service outcome for both programs.

"It's been great, YFlex has gone above and beyond, like booking in appointments after hours so my husband can attend and everyone can be on the same page"
YFLEX PARENT

"They were very approachable and made sure they asked me if I had questions"
YFLEX PARENT

"If I want to talk to the worker, I'll text and ask for 20 minutes with them before my child's appointment"
YFLEX PARENT

22 Headspace (2012). Position paper – Inclusion of families and friends.

CHALLENGES FACED

Three challenges faced by the programs. The first relates to feedback received from families about the closed referral pathway of YETTI. The other challenges identified by stakeholders are systemic issues that impact both programs.

1. There is limited information available about YETTI

Although feedback from young people was highly positive regarding the referral process into the YETTI, some parents indicated that there was some uncertainty about the program at entry. For instance, one parent was not able to find any information about YETTI online and therefore unsure about what the program was and its relation to headspace and the wider EMPHN.

"I met with an intake worker from there and they suggested that YETTI might be an appropriate program. I didn't know anything about it, and to be honest, I tried Googling it and couldn't find anything on the website... I was confused at the start about what YETTI actually was and how that linked to previous experiences Eastern Health and thought it was the same thing which didn't work out... some information on who the people are, how the sessions will run and where it fits under the umbrella would have helped me put it into context."
YETTI PARENT

Little to no information about YETTI creates ambiguity and raises questions about the services it offers and how it is relevant to young people and their families.

2. The youth mental health sector remains fragmented and difficult to navigate

A strong theme which emerged from parent and consumer interviews was that while the majority were very positive about YETTI/YFlex, many reported difficulties associated with navigating the mental health sector prior to their referral to either service.

Multiple consumers had already received services from other providers, including CYMHS and headspace but found that these services were not able to meet their needs and a referral to YETTI/YFlex was then made. The experience of seeing multiple providers, having to retell their story and rebuild rapport and trust with each worker was identified as an area for improvement by some of these consumers and parents.

Other consumers had initially been referred to or self-presented to headspace and completed an intake assessment only, before being referred to YETTI/YFlex. In most of these instances consumers and parents did not report this pathway was problematic, although some reflected that this process took more time than they were anticipating, with one parent reporting waiting up to six months before her daughter was able to engage with YETTI.

"[The referral process] was honestly heartbreaking. We had approached our local GP 18 months ago, got a care plan and were put on a waitlist for a local lady. No matter how many times I called this lady there was still no movement in the waitlist and she couldn't suggest anyone. I was always just kind of given roadblocks until everything got worse"
YFLEX PARENT

CHALLENGES FACED CONTINUED

"We were old experts at referrals, interviews. My child had a timeline printed to help them retell the story"
YFLEX PARENT

"It took a long time to get an intake appointment with headspace, so that was unsatisfactory in that to get to YETTI it was weeks and weeks. Once we got to YETTI that was fine, it was the process of getting there [that was the issue]"
YETTI PARENT

Overall these experiences are reflective of a youth mental health service sector which remains fragmented, and difficult for young people and families to navigate. While the centralising of intake through headspace provides some families with clarity and an accessible entry to the system, not everyone knows to begin with headspace, and some that do still experience extended wait-times and confusion. Opportunities to further streamline the EMHPN stepped-care model for young people should be explored, particularly in relation to the simplification and additional communication of referral pathways.

3. Current service capacity is not meeting community demand

Feedback from consumers, parents and partners reflected that YETTI and YFlex are both delivering a much needed service in the community. When asked about the hypothetical impact of either service not being available, many interviewees responded that this would be a significant loss for the youth mental health sector.

"[Without YETTI] we'd be really stuck. They pulled the Mental Health Nurse Incentive Program, ATAPS got defunded and the suicide prevention service was defunded. There's nothing else between Better Access and Hospital, and if that went we'd be pretty lost"
YETTI PARTNER

"[Without YFlex] as a very small team we would have to support up to 100 young people on our own, because we wouldn't have access to that service"
YFLEX PARTNER

"[Without YETTI] we would be inundated and there is nothing for these high risk kids, so the risk for these young people would escalate significantly"
YETTI PARTNER

"We are already an overwhelmed service. I think [without YFlex] we would see more referrals and potentially more crisis presentations and more acuity of consumers without having that kind of service there"
YFLEX PARTNER

CHALLENGES FACED CONTINUED

While this is very positive feedback about both services, additional feedback from staff and partners also reflects that there remains an outstanding need for additional youth mental health services in EMPHN catchment area. The experience of consumers and parents in relation to waitlists also reflects this need (as outlined above).

"[YETTI] is not completely meeting the need because of demand"
YETTI PARTNER

"I guess it fills that gap and helps to support those kids that could potentially fall through the gaps and not get a service. So we need a bigger YFlex service basically"
YFLEX PARTNER

"You do see young people with complex, long-term issues that you wish YETTI had been there for earlier"
YETTI STAFF

These findings within EMPHN catchment align with noted treatment gaps across the state for people within the "missing middle" experiencing moderate yet complex mental illness.[23] The Victorian Government submission into the Royal Commission also expressed concern for limitations of primary care services where Medicare subsidised services often failed to impact a person's recovery.[24]

It should be noted that as the evaluation was only able to speak with young people and parents who had been accepted and engaged by the programs, there are also the experiences of families who were referred to either service and who where either then referred on to another service (particularly for YETTI if their caseloads were full as they don't have a waitlist), and then may or may not have received the support that they needed. There is also a noted gap in services for young people who have needs which are appropriate for YETTI and/or YFlex, but who are not yet ready to engage with services.

In addition to the broad need for additional youth mental health services, there are also reports of how the level of acuity in the community is affecting both services' capacity to engage with their target cohort. This feedback was specific to YETTI although may reasonably be assumed to affect YFlex as well.

The high demand for YETTI and YFlex services also at times restricted the flexibility that the program usually offers. Multiple consumers and parents reported that sessions were needed to be cancelled due to limited rooms and clinicians/workers available which may have negative impacts for young people if continued for an extended period.

"More money, get more physical space. It's crowded at headspace"
YETTI YOUNG PERSON

"There were times sessions couldn't go ahead because they were too stretched and limited rooms at headspace. Both space and time were really stretched"
YETTI PARENT

"More workers needed so more kids can go to YFlex and this would help with the timing issue as well"
YFLEX YOUNG PERSON

Overall, YETTI and YFlex provide a much needed service in EMPHN and addresses the gaps in youth mental health services, however current capacity is not meeting sector demand.

23 Royal Commission into Victoria's Mental Health System (2019). Interim Report.
24 Victorian Government (2019). Victorian Government submission to the Royal Commission into Victoria's Mental Health System.

05

DISCUSSION AND RECOMMENDATIONS

REACH AND TARGETING

The overall findings of this evaluation are clearly positive. Both services are now well established and operating in a way that meets an identified need in the communities they serve. They have been effective in achieving reach into the target population, with nearly 500 young people receiving service since commencement, including a good representation of consumers from culturally and linguistically diverse backgrounds across both programs. The program also appears to be well targeted toward young people with significant mental health issues; among those for whom intake K10 scores are recorded, two thirds scored in the 'very high' range for psychological distress (scores of 30+).

YFlex does appear to be reaching more Aboriginal consumers than YETTI, the only marked difference between the profiles of program participants. We consider this is likely to be a combination of that program's focus on more diversified intake/referral pathways, its focus on families at risk, and the higher total population of Aboriginal people living in the northern regions of the catchment.

We also note that **there is variance in the apparent reach into different LGAs** within the catchment. While this is in part related to differences in the underlying population and service geographies, and volatility associated with low absolute numbers of program participants, there are sufficient differences evident to warrant focus in future service procurement (e.g. Manningham and Whitehorse LGAs appear to be relatively underserviced)

MAKING A REAL DIFFERENCE TO PEOPLE'S LIVES

Both programs were found to be **having a positive impact on levels of psychological distress** among their consumers, and **improving the mental health literacy of young people and their families**. The qualitative feedback about the positioning of the service between primary and acute care services also signals that a part of the difference made is simply the presence of a service option where previously there was none.

A SOUND CORE SERVICE MODEL

A number of key differences between the service models were identified, including how young people access services, professional philosophies and staffing profiles (clinical vs psychosocial emphasis) and the use of home-based outreach. However, no clear differences in consumer outcomes were identified between the two services as a result of these differences.

This is likely because **the core mechanisms of intervention are broadly similar and at face value are aligned to good practice** (noting we have not undertaken a clinical practice review). This includes alignment to the Collaborative Recovery Model and a strong focus on establishing a strong therapeutic relationship with consumers and their families as a critical mechanism for positive change. It is likely that these core similarities of the services have driven the result of similar levels of outcomes for consumers of each services.

Where there are differences in approach (most evident in the open vs close referral process, and the predominance of onsite service vs outreach) these are both, in our view, **appropriate service models with good arguments in their favour**. We note, for example, that the integrated model offered by YETTI provides operates cohesively within a vertically integrated stepped care system, bounded by primary care services (headspace) and acute services (CYMHS). This provides clearer pathways into and through the program, and enables a triage type approach at the point of intake that can direct consumers to the best-fit service. Conversely, the community-based, open referral model offered by YFlex is more visible to young people within the service catchment, including those who may not be accessing partner agencies, but as a consequence has less control over referral volume and is less able to triage referrals elsewhere.

Another example is the benefits demonstrated in different locations of service; **YFlex deliver nearly a third of services in consumers' homes or in schools** and a close to a further quarter of service via non-face-to-face modalities, reducing a significant barriers to access associated with limited transport options and time for young people. Conversely, YETTI provide three quarters of services in a clinical setting (mainly headspace or primary care), which generates opportunities for building service relationships and cross-referrals 'at the coalface', but is less flexible in requiring most consumers to come to the service.

As EMPHN moves to commission the next funding round of Youth Enhanced Services, it will be important to compare these key differences and identify which will be most beneficial to take forwards.

POSITIVE CONSUMER AND FAMILY EXPERIENCES

Our analysis of participant experience is caveated by an acknowledgement that our interviews with consumers and parents were constrained by the need to ensure safety of research participants. This has meant we relied on services to identify potential consumers we were currently well enough to take part in a research interview, which in turn biased our sample toward those who were doing better.

However, our interviews did serve to highlight that **there is a strong theme among participants that services offer a non-judgemental, safe experience, including a flexibility of approach that is highly valued**. There were some observations about the benefits of family integration within the service model, and this is a strong feature of the approach that is important in the context of the target age group.

YFlex is operating with **significant wait lists** and this does impact on the initial experience for some families. However the overall experience reported is positive, in contrast to experiences of other programs and services in the mental health system.

MOSTLY EFFECTIVE SYSTEMIC INTEGRATIONS

The programs operate different models of service, and this includes their integrations with the surrounding system. **A key strength of the YETTI model lies in the effective relationships in place** with both the partner headspace centres and primary care locations, and CYMHS – relationships that are enabling of a stepped approach for their consumers. More broadly, the service itself is highly valued by partner stakeholders, who consistently report that it is filling a specific gap in the service system and creating flow on benefits through alleviating stress points for other service.

PROGRAM SCALE AND VALUE FOR MONEY

Although we acknowledge that that EMPHN operates the program within the context of a specified funding envelope, we observe that stakeholders generally held the view that the program was under-resourced in the face of demand. This view finds support in the more general findings of the Royal Commission. In this context, it is particularly important that the commissioning approach adopted by EMPHN maximises the benefits generated with the available resources.

We note that the scope of the evaluation does not extend to a financial analysis of the programs, and this limits our ability to incorporate considerations of economic efficiency in making findings. Given that both programs are delivering good results, we consider that EMPHN should undertake a cost-efficiency analysis, which will provide a useful input in determining which approach delivers best value for money.

KEY RECOMMENDATIONS

Recommendation 1: To ensure the needs of young people experiencing or at risk of severe mental illness continue to be addressed, EMPHN should continue funding services targeted at the cohort too complex for primary care but insufficiently acute to be eligible for CYMHS support.

Recommendation 2: To support a program that is accessible, equitable and integrated with the wider system, a future model should incorporate:

- catchment-wide strategies for co-location or in reach to headspace, community health and general practice locations
- negotiation of 'step up/down' protocols with CYMHS to formalise and make consistent relationships across the catchment
- flexibility in the provision of services to enable supportive outreach services for families for whom attendance at services is a barrier to engagement
- partnerships or recruitment of specialist mental health practitioners may support the future model to address feedback about some young people with complex diagnoses requiring additional specialist intervention or support (e.g. eating disorders, ADHD).

Recommendation 3: To ensure that the program is equitably distributed, EMPHN should develop clear estimates of the level of need for Youth Enhanced Services within each LGA as part of its next needs assessment, and consider locality specific service benchmarks for contracted providers.

Recommendation 4: To ensure value for money informs decision making about program funding models, EMPHN should complete a cost-effectiveness analysis of the two programs. This might include, for example, determining the cost per consumer, and the cost per consumer achieving a reduction in K10 score of 5 points or more.

Recommendation 5: To improve the utility of program data, EMPHN should consider strengthening guidance on assessments to reduce variance in the timing of reassessments, and potentially increase the frequency of reassessments.

Recommendation 6: To maximise value for money in future program delivery, EMPHN should undertake a multi-criteria analysis of commissioning options focusing on **equity** (with respect to geography and demography), **effectiveness** (consumer and family benefits achieved), **cost-effectiveness** (maximising benefits secured per dollar).

Recommendation 7: To minimise the disruption of a transition to a new model (if adopted), EMPHN should invest in change management in close collaboration with existing providers.

Recommendation 8: If a new model is adopted, inclusion of the following YETTI and/or YFlex model or delivery elements should be considered for inclusion, as shown in the table overleaf.

Program/s	Current model / delivery element	Description	Recommendation of how to incorporate into a future model
Both	Referral pathway	YETTI currently delivers targeted closed-referral partnerships with primary care service providers. YFlex has open referral pathway with all service providers and the community. Both models have clear strengths which support the target cohort to access the programs.	A future model should blend the best of the two current referral pathways, forming a dynamic demand management referral model. In this model all eligible referrals would be triaged and priority consumers (based on need) would be accepted into the program, pending program capacity. Lower priority consumers, or those unable to be seen at the time of referral due to program capacity would be placed on an actively supported waitlist, for an appropriate maximum time period. If following that period the program did not have capacity to proceed with treatment, the consumer should be referred on. This approach will require strong participation with primary, secondary and tertiary providers.
YETTI	No waitlist, with primary and secondary consults provided	YETTI currently does not hold a waitlist. Instead, when the program cannot accept a referral, YETTI staff deliver either a primary and/or secondary consult, and provide the treating clinician with suitable referral options. This approach enables the program to effectively manage case-load sizes, and minimise waiting times for any accepted referrals (average YETTI wait time between referral and first appointment is 1 day). By contrast, YFlex does hold a waitlist, and while its intent is positive (in accommodating all referrals which meet referral criteria), it results in lengthy wait-times, with the average YFlex time between referral and first appointment sitting at 20 days.	A future model should adopt a no-waitlist policy, where only consumers who can access the program within a specified period are accepted. All other consumers (including those who self-refer) should receive a primary or secondary consultation and be referred onto a suitable service in the community, such as headspace, CYMHS or a GP. Provision of appropriate referrals for all declined consumers will require strong community relationships and referral pathways across the youth mental health sector. This requirement should intersect with the above recommendation for the future model to build and sustain targeted referral partnerships.
YFlex	Referral criteria	YFlex currently accepts consumers who require support for complex mental health issues which cannot be addressed by primary care service models, but who do not meet referral criteria for tertiary services. YETTI referral criteria is the same as YFlex, with the addition that YETTI provides family support if requested by the young person.	A future model should use the existing referral criteria currently in operation for both services.
YETTI	Family work	YETTI currently delivers family intervention, where family members and young people receive individual and/or family group intervention services.	A future model should include a family intervention element, that enables the needs of a young person and their family to be addressed holistically.

KEY RECOMMENDATIONS CONTINUED

Program/s	Current model / delivery element	Description	Recommendation of how to incorporate into a future model
Both	Focus on engagement and relationship building	Both programs were reported by consumers and families to provide a high level of engagement with consumers, and strong, trusting relationships were built between workers and consumers. These relationships are identified as likely to be a key mechanism driving positive change for consumers of both programs.	A future model should include a continued focus on building strong and trusting relationships between workers and consumers.
Both	Practical support	Both programs were reported by consumers and families to focus on providing practical support and strategies for consumers. This approach is identified as likely to be a key mechanism driving positive change for consumers of both programs.	A future model should include a continued focus on providing consumers and families with practical support and strategies.
Both	Consultant Psychiatrist	Both programs currently employ a Consultant Psychiatrist. This inclusion in the workforce is important given the level of mental health complexity experienced by the target cohort. Inclusion of psychiatry in both current models is also a differentiator from many primary care mental health services, as it means consumers and families in the target cohort have community-based access to a critical element of their mental health support.	A future model should include access to psychiatry services, preferably through a Consultant Psychiatrist who provides regular clinics onsite.
Both	Outreach	Both programs currently deliver community outreach, notably YFlex which delivers 25% of all appointments in consumers' homes, and 8% at consumers' schools. While the cost efficiency of this approach should be reviewed and confirmed, this element of both current models is important for supporting access for the target cohort.	A future model should include cost-efficient delivery of outreach, particularly to consumers' homes and schools.
Both	Sector capacity building	Both programs currently have a focus on building sector capacity. This has mainly been delivered through co-location and provision of primary and secondary consults. Feedback from sector stakeholders reflects that this engagement has strengthened sector capacity to support the target cohort. YETTI also hold timetabled weekly meetings with senior clinicians, and Consultant Child and Adolescent Psychiatrists and Psychiatric Registrar offer assistance, support and advice to primary health providers. Regular liaison with wellbeing services in schools also provides support in this setting.	A future model should have a continued focus on sector capacity building for supporting the target cohort.

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APPENDIX A EVALUATION APPROACH DETAILS

EVALUATION METHODOLOGY DETAILS

The evaluation was delivered over four phases between July 2018 and July 2020, as follows.

Phase 1: Immersion – July 2018

The evaluation commenced with an inception meeting with EMPHN, and the development of a project plan. The project plan was developed in consultation with EMPHN, and provided a clear overview of how our proposed methodology would be implemented over the July 2018 to December 2019 period.

Phase 2: Development of Evaluation Plan and Framework – August to October February 2018

Following the Immersion phase, key evaluation planning and preparation activities commenced, including a preliminary document review of relevant information provided by EMPHN, development of a Program Logic for both programs, and an overarching evaluation framework and Human Research Ethics Committee submission.

The Program Logics and evaluation framework were developed in consultation with EMPHN, and drew on our findings from the preliminary document review. Draft versions were provided to EMPHN for feedback, and were then finalised.

The ethics submission process for this evaluation was substantial, as it required three separate submissions to account for the different service providers and locations of the YETTI and YFlex programs. Applications were made to Eastern Health, Neami National and Monash Health, and each required development of a Research Protocol, and all supporting evaluation tools and documents such as consent forms, discussion guides and a distress protocol. Austin Health also required a separate ethics process and we were unable to secure approval in time to include staff and consumers of the Austin catchment within the evaluation.

Phase 3: Data Collection – March to November 2019

Data collection occurred across March to November 2019. Data collection was conducted over two rounds and included consultation with young people (n=27), parents/carers (n=20), external service providers who partner with either YETTI and/or YFlex (n=10), and staff and management from both programs (n=16). During this phase program data for both services was also analysed to identify reach and outcomes.

Qualitative data

All staff consultation was undertaken on site at the YFlex and YETTI offices by members of the Urbis team. Some young person interviews were also conducted face to face at the sites, and in the community. The remainder of interviews with young people, parents/carers and external service providers were completed over the phone. All interviews were conducted by Urbis team members who are registered psychologists, to support the safety of the evaluation in engaging with a vulnerable cohort.

All young people, parents/carers and service providers were recruited for participation by YETTI and YFlex staff members. The rationale for this was that the staff would have the best access to the groups needed for the evaluation, and could also support safety practices by only recruiting young people and parents for whom the evaluation would not be detrimental in relation to their mental health.

All young people, parents and service providers provided YETTI or YFlex with consent to be contacted by Urbis. The programs then passed on contact details of participants to Urbis, and Urbis contacted participants directly to arrange interviews. Prior to all interviews taking place all participants received a Participant Information and Consent Form via email and were required to read and sign it prior to completing their interview. Where participants had not provided a signed form prior to their interview, the interviewer provided them with detailed information from the Participant Information and Consent Form and completed a verbal consent process. All verbal consent was documented in interview notes, and participants who provided verbal consent received an additional copy of the Participant Information and Consent Form which noted their verbal consent, the date verbal consent was provided, and was signed by the interviewer.

All interviews were recorded with the permission of participants, and participants were also asked whether they consented to be direct but unidentified quotes included within this report. Only participants who consented to direct quotes have had quotes included in this report. All young people and parents/carers received a gratuity voucher to thank them for their time in participating.

All qualitative data was thematically analysed to identify trends from stakeholders' experiences and interactions with the programs.

Quantitative data

The evaluation received de-identified program data for both YETTI and YFlex for consumers who were referred to the service between 1 October 2018 and 30 April 2020. The evaluation also received data for sessions provided by both services between 1 October 2018 and 30 April 2020. This session data included consumers who were referred prior to 1 October 2018.

The data provided included the following information for consumers who engaged in treatment:

- Consumer demographics
  - Stream/Team name
  - Referral date
  - Start date
  - End date
  - Status (Active, closed)
  - Consumer suburb and postcode
  - Consumer LGA
  - Principal diagnosis
  - Homelessness status
  - Labour force status
  - Gender
  - Age
  - Cultural and Linguistic diverse status
  - Carer status
  - Aboriginal and Torres Strait islander status
  - Whether suicide referral
  - Humanitarian entrant status
  - Sessions granted
  - Sessions attended
  - No show sessions
  - Cancelled sessions
- K10 and SDQ assessments
  - Stream/Team name
  - Principal focus of treatment plan
  - Episode status
  - Assessment type
  - Assessment 1/2/3/4/5/6/7 type
  - Assessment 1/2/3/4/5/6/7 date
  - Assessment 1/2/3/4/5/6/7 score
- YETTI/YFlex session data
  - Agency
  - Program stream
  - Consumer postcode
  - Indigenous status
  - Session number
  - Assessment count
  - Session postcode and LGA
  - Session date
  - Session type
  - Contact type
  - Duration and minutes logged
  - Venue
  - Modality
  - Principal focus of treatment

Data cleaning was undertaken, resulting in a sample of n=189 for YETTI and n=125 for YFlex. The following analyses were then undertaken on the data:

- Descriptive analysis on the above variables of each program to understand the profile of consumers reached
- Average days taken between referral day and start date, and start to end date for each program
- Mean K10 scores at aggregate level and for each program
- Descriptive analysis of sessions based on variables above for each program

Selected findings from the quantitative analysis are included throughout the report. All quantitative findings from all analyses completed were charted and are included in Appendix B of this report.

Phase 4: Analysis and reporting – December 2019 to July 2020

This phase commenced with a team synthesis session within Urbis whereby team members met and workshopped the findings of the qualitative and quantitative analysis to develop the key findings and recommendations for the evaluation.

The outputs of the synthesis session were then used to develop the final Evaluation Report. The report was provided to EMPHN in draft and feedback was received. The report was then updated and finalised.

APPENDIX B
PROGRAM
DATA CHARTING

APPENDIX C
REFERENCES

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