Implementing an outreach *headspace* mental health service to increase access for disadvantaged and rural youth in Southern Tasmania

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Abstract

Problem

Barriers, including distance and lack of transport, make it difficult for young people (YP) to access mental health services such as **headspace.**

Design

A collaborative mental health outreach service initiative, with outcome measures assessed at baseline and after 2 years.

Setting

The service was designed and implemented by **headspace** Hobart and Pulse Youth Health Service based in Glenorchy, Tasmania, Australia.

Key Measures for Improvement

- Number of rural and socio-economically disadvantaged YP accessing the outreach service
- Wait time to see a mental health clinician

Strategies for Change

Organisational leadership and adoption of co-design principles. Staff and youth from both services were engaged in planning and implementation. Regular service reviews were undertaken by representatives from both organisations.

Effects of Change

Numbers of YP from rural and socio-economically disadvantaged areas accessing the service increased. Wait times to see a mental health clinician were reduced by a minimum 10 working days.

Lessons Learnt

Staff engagement was vital in supporting and promoting the new outreach service. The risk of diluting the **headspace** model fidelity was ameliorated by collaborating with an existing, complimentary youth health service. The success of the service has resulted in four more outreach sites. Although administration resources are stretched, the outreach model offers

an opportunity to increase access to youth friendly mental health services for YP from disadvantaged and rural areas of Southern Tasmania.

Keywords: young people, mental disorders, regional, service barrier, organisational change

What is already known on this subject	**What this paper adds**
Barriers to young people accessing mental health services include service location, transport and wait times	Locating a mental health outreach service in an accessible area can increase access for YP from disadvantaged and rural areas
Barriers to accessing mental health services include young people having to 'retell' their story	Streamlining intake and assessment processes can reduce wait times to access mental health services and story 're-telling'
Sustainable system change is achieved through respectful partnerships with all stakeholders	Engaging staff in organisational change is vital to the promotion and success of implementing a new outreach service for rural youth

Context

Although mental disorders are one of the most common and treatable conditions affecting young Australians, only 56% of young people (YP) who report having a mental disorder access services[1]. In rural areas this is compounded by lack of transport and waitlists[2]. **headspace** National Youth Mental Health Foundation was developed in 2006, to make health systems more accessible and effective for YP aged 12-25. **headspace** focuses on four core areas: mental health, physical health, work and study support, and alcohol and other drug services. In Southern Tasmania, the **headspace** service is delivered through The Link Youth Health Service in Hobart and comprises a multidisciplinary team of clinicians, youth workers and administration staff. Mental health clinicians are balanced between salaried staff and private practitioners employed on a sessional basis usually under Medicare funding.

Problem

In 2016 a review of **headspace** services and clinical pathways in Southern Tasmania was undertaken by an evaluation team from the Centre for Rural Health, University of Tasmania. The review identified opportunities to address access barriers for YP in the socio-economically disadvantaged (disadvantaged) northern suburbs and rural areas beyond Hobart and the opportunity for an outreach service in collaboration with a Tasmanian Government youth service called Pulse Youth Health South (YHS) based in Glenorchy. A review of postcodes also indicated a low rate of YP accessing **headspace** Hobart from disadvantaged areas in the northern suburbs near Glenorchy and adjacent rural areas. Glenorchy is approximately half an hour by bus to **headspace** Hobart (based in the CBD). Implementing an outreach service was consistent with **headspace** best practice guidelines[3] and offered an opportunity to address infrastructure limitations at **headspace** Hobart along with increasing demand-driven wait times.

Setting

Pulse YHS had a long-term physical presence in Glenorchy, an area ranked in Quintile 1 (most disadvantaged) on the Index of Relative Socio-economic Disadvantage (IRSD) SEIFA score[4] and a 2 on the Modified Monash Model (MMM) of rurality[5]. The outreach service was supported by administration from **headspace** Hobart.

Key measures for improvement

Key measures included: number of YP referred to the outreach service; reach of the service measured by postcodes; and wait time for the YP to see a Mental Health clinician.

Strategies for change

Initially, regular meetings were held between the **headspace** and Pulse YHS managers to develop the new outreach service model and referral pathways. Regular meetings were undertaken with both Pulse YHS and **headspace** teams to engage staff in the change process, address any concerns and offer suggestions to develop the new service including administrative procedures. The **headspace** Hobart Youth Reference Group were consulted about the pilot and provided with updates. During the service development stage, it transpired that both Pulse YHS and **headspace** staff were unknowingly using the same intake assessment tool (the HEADSS). This resulted in YP undertaking this assessment twice when being referred to **headspace** Hobart. With the aim of streamlining and reducing duplication of processes (also recommended in the initial service review), the referral pathway was adjusted so that HEADSS assessments could be either undertaken by Pulse YHS or **headspace** Centre staff. YP could then choose to access the service at either location.

A Memorandum of Understanding was written, outlining resourcing, governance, management responsibilities and pathway processes. A trial period of three months was agreed to for an experienced Mental Health clinician to be based one day a week at the Pulse YHS in Glenorchy, to offer therapy sessions and, where possible, HEADDS assessments. The YHS manager met with the **headspace** Clinical Lead and Centre Manager fortnightly to identify service issues and make service adjustments. An example of this was suggesting that the **headspace** clinician spend some time sitting in the open plan area of the office (rather than staying in the therapy room) to build rapport with YHS staff.

After the initial trial period, changes to referral forms were made and promotion of the new outreach service via social media was undertaken. Engagement of the **headspace** intake team was vital in this change process. The Pulse YHS Manager and **headspace** Centre Manager have continued to meet regularly.

Effects of change

Overall service access has increased, with higher increases seen in rural YP accessing the service as compared to YP located closer to Glenorchy. The number of YP accessing the outreach service from MMM5 areas (7140, 7030) and rated as IRSD Quintiles 1 and 2

respectively, has increased by 54% (see Table 1). Numbers of YP from postcode 7017, an area east of Glenorchy requiring travel across the Derwent River, has more than doubled. There has also been an increase (20%) in number of YP accessing the outreach service from postcodes 7009 and 7011, rated as IRSD Quintile 1. Collectively, YP accessing the outreach service at Pulse YHS comprise approximately one quarter of the total **headspace** clientele, thus freeing up space for more YP to be seen in **headspace** Hobart. Streamlining the initial assessment process by using the HEADSS tool only once and the YP not having to travel to Hobart, reduced the wait time for a YP to be seen by Mental Health clinician by a minimum 10 working days. YP no longer need to physically attend **headspace** Hobart if assessed by Pulse and can choose to access services in either location. Table 1. Number of YP accessing the outreach service by postcode, 12 months prior to service commencement and at two years post implementation.

Postcode	**IRSD[‡] Quintile**	**Baseline**	**2 years**	**% change**
MMM2[†]				
7009, 7011	1	165	198	20.0%
7010	2	72	82	13.9%
7012, 7017	3	13	32	146.2%
Subtotal		**250**	**312**	**24.8%**
MMM5				
7140	1	16	28	75.0%
7030	2	58	86	48.2%
Subtotal		**74**	**114**	**54.1%**
Total		**324**	**426**	**31.5%**

[†]Modified Monash Model[5]
[‡]Index of Relative Socio-economic Disadvantage (IRSD) SEIFA scores[4]

Lessons learnt

The process highlighted the importance of involving staff across both services in the change process to ensure clarity around new referral and intake processes. There has been an observable shift in staff culture with the outreach approach becoming normalised. This success is attributed to collaborating with a youth health service with a full range of supports in place, ameliorating the risk of diluting the **headspace** model. Four other new outreach services have since been established, as has ongoing review of referral processes to further reduce wait times. An ongoing challenge is funding needed for administration resourcing. Although demand for **headspace** services shows no signs of abating, and the right balance of salaried versus Medicare funded clinicians requires ongoing consideration, this project suggests that the outreach model offers an adaptable and scalable approach to support YP from disadvantaged and rural areas to access mental health services.

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