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COMMUNITY SERVICES

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EVALUATION OF THE
EARLY PSYCHOSIS
YOUTH SERVICE:

EPY Centre

AUGUST 2021



This snapshot provides an overview of the Early Psychosis Youth Service (EPYCentre) evaluation (2019-2021). The EPYCentre is a specialist functional recovery service for young people aged 12 to 25. It is a partnership between Ruah Community Services and the WA Primary Health Alliance. The early intervention service supports young people who have received up to 24 months of active treatment for psychosis. It is an integrated service that operates in partnership with Perth South Metropolitan Health Service Providers (HSPs) and Primary Health Networks (PHNs). The full independent evaluation was completed by Dr Clair Scrine, SB Consulting (2019-21).*

BETWEEN JULY 2018 AND 30TH JUNE 2021

- 88** YOUNG PEOPLE ENGAGED WITH THE SERVICE FOR AN AVERAGE OF **202 DAYS**
- 99%** OF YOUNG PEOPLE HAD A SHARED SUPPORT PLAN BY THE END OF FY20-21
- THE NUMBER OF YOUNG PEOPLE ACCEPTED INTO THE SERVICE INCREASED BY **108%**
- 30** YOUNG PEOPLE HAD A PLANNED EXIT FROM THE SERVICE
- THE NUMBER OF YOUNG PEOPLE SUPPORTED PER MONTH INCREASED BY **128%**
- 34** YOUNG PEOPLE HAD SERVICE CONTACTS ON AVERAGE PER PERSON

BREAKDOWN OF SUPPORT TYPES:



SERVICE ACTIVITIES:



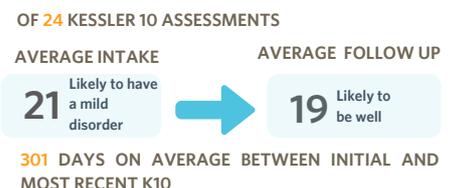
GOALS & OUTCOMES



CLIENT GENDER & DIVERSITY:



KESSLER 10



EXPERIENCE OF SERVICE

OF 34 YOUNG PEOPLE WHO COMPLETED THE EPYCENTRE END OF SUPPORT SURVEY:

- 79%** YOUNG PEOPLE **AGREED** OR **STRONGLY AGREED** THAT THE SUPPORT THEY HAD RECEIVED WILL HELP THEM MANAGE THEIR CONDITION BETTER
- 90%** RATED THE QUALITY OF SUPPORT AS **VERY GOOD** OR **EXCELLENT***

*50 YOUNG PEOPLE RESPONDED TO THIS QUESTION

The second evaluation report (2020-21) focused on the EPYCentre as an example of integrated care. The EPYCentre provides integrated clinical and non-clinical functional recovery support, where support is organised and coordinated around the needs of the young person. The report examined integration across the client journey from **referral**, to **service delivery**, **location** and **clinical review**.

ELEMENTS OF INTEGRATION

REFERRAL



- Relationships between referring services and EPYCentre workers has helped the referring services understand the role of the EPYCentre program and how it can support clinical treatment goals. As a result, referrals into the EPYCentre have steadily increased between 2018-21.
- The lived experience peer worker roles are a strong benefit to the program providing warm introduction to the service.

SERVICE DELIVERY



- Alignment of clinical and non-clinical treatment goals is an important component of service integration. The EPYCentre team have introduced shared care arrangements with the clinical teams. By FY20-21, nearly all EPYCentre clients had a shared care plan in place.
- Clinical teams interviewed identified that the flexible and tailored support provided by the EPYCentre complimented their clinical care.
- The young people interviewed (n=7) explained that while they had been initially sceptical about the service, they valued having somewhere to go to be social. The young people connected with other young people who 'knew what they had been through, didn't judge or expect you to explain yourself'.
- The young people appreciated the diversity and choice offered across the EPYCentre team. For instance, offering choice for a female EPYCentre worker when the young person's clinical case manager was male and opportunities to connect with Aboriginal peer worker roles.

SERVICE EXIT



- Support gaps were identified for young people no longer needing clinical treatment, but who could benefit from additional functional supports. It was noted that there are few age-appropriate supports for young people aged 25-30 with first episode psychosis.

CASE STUDY

Dan's case study demonstrates how integrated services can deliver substantial outcomes for young people post-first episode psychosis.

REFERRAL

Dan was admitted to hospital in January 2020 with first episode psychosis after taking prescribed medication. While they were unwell they experienced disordered thinking, auditory and visual hallucinations. Post-discharge they were connected to a South-Metro community clinical mental health team, who connected them to the EPYCentre for **functional recovery support**.

SERVICE DELIVERY

A **joint safety plan** for Dan was developed, inclusive of Dan's clinical case manager and EPYCentre key worker. The EPYCentre team worked with Dan to 'make the safety plan their own' transferring it to a journal Dan could use everyday.

Medications for psychosis can affect energy levels, concentration, physical fitness and motivation. Managing medications and side effects can be challenging for young people. Dan's medications were impacting their studies and causing distress. The EPYCentre helped Dan talk to their medical team and make a plan to safely reduce and come off their medications, working with their treating psychiatrist and clinical case manager.

SERVICE EXIT

After one year Dan felt they didn't need support anymore - with friends, family, work and study in place. Dan's clinical case manager worked with EPYCentre to facilitate a 'step-down' to GP support and Dan exited the program.

ELEMENTS OF INTEGRATION

LOCATION



- The 5000 square kilometre catchment area was an accessibility challenge identified. This impacted the willingness of some HSPs to refer young people to the program.
- The EPYCentre team have worked with the referring HSPs to trial co-location and co-hosted groups to address this challenge. Establishing strong relationships with the leadership in the clinical teams has been central to this work.

CLINICAL REVIEW



- The EPYCentre team attended some HSP's weekly meetings and clinical reviews. These were considered beneficial for engaging with treating psychiatrists and establishing aligned goals. Potential referrals could be identified and plans made to connect the young person into the program.
- The EPYCentre is required to report changes in psychological distress (Kessler 10) scores as an outcome indicator. The EPYCentre work with the young person's treatment team, sharing results to ensure this is only completed once.

SYSTEM LEVEL



- The evaluation noted the benefits of wrap-around functional recovery supports for young people transitioning into adult mental health (16-20 years). At this life stage, access to non-clinical supports for young people reduces.
- Advocates of the program identify that some young people risk losing all their formal supports and feeling 'abandoned' when clinical treatment is no longer required. A 'step-down' model was proposed whereby the EPYCentre could continue providing functional recovery supports with General Practitioners managing potential risks.

The Mead Centre, Armadale and Fremantle Early Intervention Psychosis (EIP) are two examples where the EPYCentre has achieved high quality integrated practice.

THE MEAD CENTRE, ARMADALE

At The Mead Centre, the EPYCentre team are engaged in collaborative clinical review, goal setting and support planning. The young people are introduced to the EPYCentre early to build rapport. The Mead Centre and EPYCentre conduct joint home visits together. Benefits reported were helping the young people build positive connections via social groups and vocational supports.

FREMANTLE EARLY INTERVENTION PSYCHOSIS (EIP) SERVICE

The EPYCentre and Fremantle EIP have a formal arrangement to facilitate collaborative assessment and ongoing care. Mutual trust and respect has supported a productive working relationship. The EPYCentre team provide monthly email updates to ensure aligned goals and activities. Flexibility, tailored approaches, and staff's 'can do' attitude were noted as program benefits for the young people.

SUMMARY & RECOMMENDATIONS

The EPYCentre has faced some initial program challenges during set-up that have been navigated well. Collaborative and coordinated arrangements have been established with HSPs that include integrated assessment, review, shared care planning, regular communication and shared discharge. Relationship building, listening to needs, problem-solving and establishing strong, open and regular communication needs to be consistent and ongoing. A community 'step-down' approach and increasing the age to 25-30 years are opportunities to explore.

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