Evaluation Report
Integrated Practice Unit – Youth (IPUY)
Mental Health Services for Young People Experiencing or at Risk of Complex Mental Health Conditions

September 2022

Prepared by Bel Spagnoletti

Adelaide PHN acknowledges the Kaurna peoples who are the traditional Custodians of the Adelaide region. We pay tribute to their physical and spiritual connection to land, waters and community, enduring now as it has been throughout time. We pay respect to them, their culture and to Elders past and present.

We would also like to acknowledge and pay our respects to those Aboriginal and Torres Strait Islander people from other Nations who live, work, travel and contribute on Kaurna Country.

Adelaide PHN also acknowledges the contributions of the evaluation participants who generously shared their experiences of the IPUY program.

The Adelaide PHN evaluation team comprised:
Bel Spagnoletti (Mental Health and AOD Integration Coordinator)
Stacey Roy (Youth Mental Health Lead)
Kirsty Degabriele (Capacity Building Coordinator)
Fiona Hill (Capacity Building Coordinator)
Maria Harriss (Integration and Design Officer)
Navreen Kaur (Mental Health and AOD Project Officer)

Contents

Executive Summary

Adelaide PHN has commissioned the delivery of services for young people aged 16-25 who are experiencing or at risk of experiencing severe and/or complex mental health conditions since July 2018, as part of a suite of primary mental health services.

This program is referred to as Integrated Practice Units – Youth (IPUY) and two service providers, Sonder and Centacare, have been commissioned by Adelaide PHN to deliver the IPUY program.

Following a total of four years of operations across five different sites, the IPUY program was evaluated by Adelaide PHN during mid-2022.

The key priority of the IPUY program evaluation was to gain insights into the operationalisation of IPUY services, with a focus on service model successes and opportunities for improvement.

From June to August 2022 Adelaide PHN staff facilitated five focus group discussions and administered two online surveys with IPUY program stakeholder groups. A total of 70 stakeholders were involved in the focus group discussions and surveys, including: young people who had accessed IPUY services; family members, partners and friends of young people who had accessed IPUY services; IPUY service delivery staff; clinical and operational leads and managers of IPUY services; representatives from local health networks; primary health care providers who are not affiliated with IPUY services; and Adelaide PHN's youth mental health services team.

Key successes of the IPUY program identified by evaluation stakeholders were: that the program was life changing for young people and inspirational for program staff, leads and managers; that the service model is uniquely holistic and multidisciplinary; first impressions and the physical environment of services; accessibility and inclusivity of the services; and the continuous quality improvement of services.

Evaluation stakeholders identified successes and opportunities for improvement related to: providing integrated care for young people with complex mental health conditions; workforce recruitment challenges, staff stressors and training opportunities; and way that the IPUY program had been resourced.

Additional opportunities for the enhancement of mental health services for young people with complex conditions were put forward by evaluation stakeholders, related to: including young people in co-design, integration, branding and access; service model and continuous quality improvement; and workforce strategy and investment.

Abbreviations and Key Terms

Abbreviations

BPD	Borderline Personality Disorder
CALD	Culturally and Linguistically Diverse
CAMHS	Child and Adolescent Mental Health Services
CBC	Capacity Building Coordinator
COP	Community of Practice
CPT	Cognitive Processing Therapy
CSP	Commissioned Service Providers
DBT	Dialectical Behavioural Therapy
DHAC	Department of Health and Aged Care
DNA	Did Not Attend
FGD	Focus Group Discussion
FTE	Full-time Equivalent
GP	General Practitioner
IPUY	Integrated Practice Unit – Youth
KPI	Key Performance Indicator
LGA	Local Government Area
LHN	Local Health Network
MBS	Medicare Benefits Scheme
NPSP	National Psychosocial Support Program
PHN	Primary Health Network
PMHCS MDS	Primary Mental Health Care Services Minimum Data Set
SEDS	Statewide Eating Disorder Service
UMHCC	Urgent Mental Health Care Centre
YES	Youth Enhanced Service

Key Terms

Integrated care

The term 'integrated care' is used interchangeably with other terms such as integration, coordination, coordinated care and seamless care. Adelaide PHN's approach to integrated care reflects the following principles:

- Integrated care provides a basis for person-centred service delivery models;
- Integrated care aims to improve care for people through better coordination of services;
- Integrated care is the outcome of effective integration;
- Improving integration is beneficial to improving care for people and may also address the quintuple aims of primary health care (patient experience; population health outcomes; affordability and sustainability; provider experience; and equity and inclusion);
- Integration comprises a range of levels, application of the level(s) is dependent on what problem we are trying to resolve and what we are trying to achieve;
- Integration involves health care providers working together to deliver high quality holistic care in a well-resourced, balanced, and supportive environment; and
- Integration allows people to easily access timely, individualised, culturally appropriate, and flexible care within high quality and supportive systems and environments.

Orygen	Orygen is a Melbourne based not-for-profit research institute contracted by the Australian Government to support the commissioning and implementation of primary care mental health services for young people with severe and complex health needs. Orygen works closely with Primary Health Networks and their commissioned service providers to facilitate the design, delivery, and evaluation of evidence-based, youth-friendly models of care.

Background

About Adelaide PHN

Adelaide Primary Health Network (Adelaide PHN) is a non-for-profit organisation committed to driving improvements to the Adelaide metropolitan region's health system through commissioning. Established in 2017, Adelaide PHN is funded by the Commonwealth Government's Department of Health and Aged Care (DHAC). Adelaide PHN is one of 31 PHNs operating across Australia, and one of two in South Australia.

As a commissioning organisation, Adelaide PHN invests in innovative and integrated care models that meet local health and service needs and contribute to improving health outcomes for individuals and communities. Commissioning is a mechanism that allows Adelaide PHN to better coordinate the health system and achieve more integrated care across the acute and primary health care sectors.

Adelaide PHN's commissioning process is strategic and cyclical in nature and involves assessing local health needs; designing or redesigning services for health outcomes; procuring and contracting services; and monitoring and evaluating commissioned services (see Figure 1). Adelaide PHN seeks to engage community members and other stakeholders throughout the commissioning cycle.

Figure 1: Adelaide PHN's Commissioning Cycle

Monitoring and Evaluation in the PHN Context

In accordance with guidance from the Department of Health and Aged Care, Primary Health Networks (PHNs) use monitoring and evaluation to help ensure that the activities they commission are delivering the required services and outcomes for the communities within their region and providing value for money.

Monitoring and evaluation allow PHNs and their stakeholders to learn lessons from the activities commissioned, and to use this knowledge to improve those services and programs. The review and assessment of the performance of services and programs, and the achievement of outcomes, are key to understanding what works, identifying where approaches need to change, and capturing valuable feedback to support future commissioning decisions.

About the Integrated Practice Unit – Youth (IPUY) Program

Adelaide PHN has commissioned the delivery of services for young people aged 16-25 who are experiencing or at risk of experiencing severe and/or complex mental health conditions since July 2018, as part of a suite of primary mental health services. This program is referred to as Integrated Practice Units – Youth (IPUY).

The IPUY program was specifically designed to support young people whose mental health issues are deemed too severe and/or complex for other primary services, including headspace, and who do not meet the criteria for state-based tertiary mental health services.

The IPUY model of care sought to provide services for young people experiencing or at risk of experiencing severe and/or complex mental health conditions through dedicated multi-disciplinary and multi-agency teams under a person-centred fully integrated acute, secondary, and primary care model. This was proposed to be achieved through the establishment of formalised arrangements between Adelaide PHN, the commissioned service providers (CSPs) delivering IPUY services, Local Health Networks (LHNs) and the Women's and Children's Health Network.

Initially implemented across the Outer Northern, Outer Southern and Port Adelaide West regions of metropolitan Adelaide, the geographic coverage of the IPUY program expanded to include the Adelaide CBD region in July 2019 and the Inner Southern region of metropolitan Adelaide in July 2021.

Two CSPs, Sonder and Centacare, have been commissioned by Adelaide PHN to deliver the IPUY program. They have branded the IPUY program as:

- **Thrive**, delivered by Centacare, co-located with headspace Port Adelaide;
- **Emerge**, delivered by Sonder from three locations – Sonder Onkaparinga (emerge South), co-located with headspace Edinburgh North (emerge North),

and co-located with headspace Marion (emerge Inner South from July 2021-June 2022; since July 2022 as a 'spoke' of emerge South); and
- **IPUY Central**, formerly delivered by Sonder from July 2019 to June 2022, co-located with headspace Adelaide.

Specific modalities of care offered within the IPUY program have varied by service, and include:

- Clinical care coordination;
- Structured psychological therapies for individuals, groups and families;
- Specialised psychological therapies for young people with eating disorders
- Peer work, including for youth peers and family member peers;
- Psychiatric consultations, including one-on-one and secondary consultations;
- Functional recovery, including education, employment, physical health and accommodation supports.

Evaluation of the IPUY Program

Following a total of four years of operations across five different sites, the IPUY program was evaluated by Adelaide PHN during mid-2022.

The evaluation team initially developed a program logic model (Appendix 1), determined the priorities for evaluating the IPUY program, identified key stakeholders of the evaluation, identified existing data sources and their limitations (described below), determined the most appropriate methods to collect additional qualitative and quantitative data, and developed data collection tools.

Evaluation Priorities

The overarching priority of the IPUY program evaluation was **to gain insights into the operationalisation of IPUY services, with a focus on service model successes and opportunities for improvement.** Additional priorities identified by the evaluation team were:

- Optimal duration and intensity of an episode of care;
- Consistency and variance across IPUY services;
- Service wait times and demand management;
- Resourcing of IPUY services;
- Integration, including clinical, professional, service and administrative integration, internally within IPUY CSPs and externally with health care providers, services and agencies;

- Inclusivity and potential unmet need for priority populations, specifically young people who identify as Aboriginal and/or Torres Strait Islander, young people from culturally and linguistically diverse (CALD) communities, young people who identify as LGBTIQA+, and young people living with a disability;

- Support for young people's family members, partners and friends;
- Workforce development and wellbeing of IPUY service staff; and
- Opportunities to include young people in service co-design and other aspects of commissioning.

Data Collection

From June to August 2022 Adelaide PHN staff facilitated five focus group discussions (FGDs) and administered two online surveys with IPUY program stakeholder groups. A total of 70 stakeholders were involved in the FGDs and surveys, from the following groups:

- Young people who had accessed IPUY services;
- Family members, partners and friends of young people who had accessed IPUY services;
- IPUY service delivery staff;
- Clinical and operational leads and managers of IPUY services;
- Representatives from local health networks (LHNs), including Community Mental Health, Child and Adolescent Mental Health Services (CAHMS) and State-wide Eating Disorder Service (SEDS);
- Primary health care providers who are not affiliated with IPUY services; and
- Adelaide PHN's youth mental health services team.

A breakdown of FGD participants and survey respondents by stakeholder groups are provided in Appendix 2. All FGDs were audio recorded. Stakeholders who were invited to participate in a FGD were also given the opportunity to provide written submissions to the FGD questions during the data collection period.

Additional data sources that were used to analyse the IPUY program evaluation were; program contracts, operational data from IPUY sites, best practices resources from Orygen, and the 2021 Youth Enhanced Services (YES) survey of PHNs.

Data Processing and Analysis

The FGD audio recordings were transcribed, and the transcripts were imported into NVivo 12 for thematic analysis. The survey data were extracted from CRM; quantitative survey data were imported into Power BI and qualitative survey data were imported into NVivo 12 for thematic analysis.

Key Findings

IPUY Operationalisation

Across the five IPUY sites over the four-year period between July 2018 to June 2022:

- 2,285 young people received care;
- 2,605 episodes of care had been opened, of which 2,090 had closed; and
- 61,628 service contacts were delivered.

The average age of young people at the beginning of their episode of care was 19 years. Three out of four clients identified as female. Of the young people who accessed IPUY Services:

- 4% identified as transgender or indeterminate gender;
- 4% were born overseas;
- 3% identified as First Nations;
- 2% were homeless; and
- 1% were living with disability[1].

The top three local government areas (LGAs) of residence of IPUY clients by IPUY site were:

- **Thrive:** Charles Sturt (38% of clients); Port Adelaide Enfield (37%); and West Torrens (10%).

[1] Refers to clients who were Disability Support Pension recipients.

- **IPUY Central:** Adelaide (55%); Port Adelaide Enfield (11%); and Campbelltown (7%).
- **emerge North:** Playford (36%); Salisbury (31%); and Tea Tree Gully (9%).
- **emerge South and emerge Inner South:** Onkaparinga (64%); Marion (16%); and Mitcham (7%)

The main referral sources into the IPUY program were, on average: general practice/general practitioners (28%); state-funded mental health teams, centres, and services[2] (17%); headspace centres (14%); and self-referrals (11%).

The three main modalities of care provided across the sites: were clinical care coordination (43% of service contacts); structured psychological interventions (35% of service contacts); and psychosocial support (11% of service contacts). Across the sites, the majority of service contacts were telephone-based (42%) and face-to-face (34%).

The main reasons for episode of care closure, on average were because:

- the young person could not be contacted (26%);
- the young person's treatment had concluded (22%);
- the young person had been referred elsewhere (16%); or
- the young person declined further contact (11.5%).

Further operational data by IPUY site is reported in Tables 1 to 4 below.[3]

Table 1: IPUY Key Operational Data – Thrive (2018-19 – 2021-22 FYs)

Data item	Total
Young people (clients) supported	438
Episodes of care opened	504
Average duration episode of care (days)	172
Service contacts delivered	9,780
Average service contacts per young person	22
Full time equivalent (FTE) staff employed (2021)	3.37

[2] Encompasses the following referral sources: community health centres, public mental health services, state mental health services, community mental health, acute mental health team and public sector mental health services.
[3] emerge South and emerge Inner South data are consolidated and reported in Table 3.

Table 2: IPUY Key Operational Data – emerge North (2018-19 – 2021-22 FYs)

Data item	Total
Young people (clients) supported	941
Episodes of care opened	1079
Average duration episode of care (days)	229
Service contacts delivered	28,811
Average service contacts per young person	30
FTE staff employed (2021)	13.2

Table 3: IPUY Key Operational Data – emerge South (2018-19 – 2021-22 FYs)

Data item	Total
Young people (clients) supported	647
Episodes of care opened	735
Average duration episode of care (days)	177
Service contacts delivered	19,435
Average service contacts per young person	30
FTE staff employed (2021)	11.91

Table 4: IPUY Key Operational Data – IPUY Central (2019-20 – 2021-22 FYs)

Data item	Total
Young people (clients) supported	259
Episodes of care opened	287
Average duration episode of care (days)	143
Service contacts delivered	3,602
Average service contacts per young person	13
FTE staff employed (2021)	1.7

IPUY Program Successes

Life changing and inspirational

Young people and IPUY service staff reported that IPUY services often changed the trajectory of a young person's life. Several young people described the IPUY program as lifesaving:

> **I was able to move across pretty quickly to the DBT, which saved my life, honestly.**
>
> **Young person**

… I did DBT through emerge… it completely changed my life. Those six months were absolutely vital to the person that I am now.

Young person

… I would not be where I am with my academic career without the care I … received here. I probably wouldn't even be at uni. I know I'd be not here. Yeah.

Young person

I have witnessed the trajectory of young people's lives completely change because of their engagement with the service.

IPUY staff member

IPUY leads and managers remarked that bearing witness to young people's transformations through their participation in the IPUY service was a strong source of inspiration for them:

IPUY lead / manager 1:	**I would just say some of these young people are amazing. And if you get them involved, they have so much to say and so much lived experience, wisdom, and they're incredibly reflective, and very insightful into what's happened. And what's been helpful, and it's amazing. If you get a group of them that can truly work with you, it would be a real advantage.**
IPUY lead / manager 2:	**We get to learn from it every day.**
IPUY lead / manager 1:	**I know, it's incredible, but it's part of the bigger picture, the whole workforce... They are our future. We have seen examples of people coming to be involved in something like this, who then we recruit who are now our senior clinicians, or our leads…**
IPUY lead / manager 3:	**It's very energising.**
IPUY lead / manager 4:	**The best thing about working in the space.**

Unique, holistic multidisciplinary service

The IPUY program was regarded by FGD participants and survey respondents as a unique, holistic multidisciplinary service. The unique operational characteristics of the IPUY program identified by participants included:

- The diverse mix of service delivery staff roles, which includes:
  - mental health clinicians (social workers, psychologists and occupational therapists);

  - peer workers, including family peer workers;
  - functional recovery workers;
  - family counsellors;
  - practice nurses;
  - general practitioners;
  - psychiatrists; and
  - dieticians.
- Flexibility within the model, with the frequency of service contacts for a young person determined by their specific needs at any given time.
- The provision of a range of appropriate, evidence-based care options specifically:
  - wraparound coordinated clinical care;
  - trauma informed care, including cognitive processing therapy (CPT) and other trauma-focused psychological therapies;
  - specialist care for young people with eating disorders;
  - dialectical behavioural therapy (DBT) groups specifically for young people and their support people; and
  - peer support.

In sharing their experience with IPUY services, young people highlighted how the program provided them with appropriate support and equipped them with skills that have led to positive outcomes:

And through all the work that I've done, and all the skills that I've learnt, especially the interpersonal skills that have been really drilled into me since I started DBT…I can now sit down and have a conversation with someone about what I want, and why I'm feeling the way I'm feeling. Whereas before, I couldn't do that at all, I couldn't do anything close to that. All I would do is scream and yell and hit, and I feel really guilty for how I used to handle things. But through the support that I've been given, I've been given a voice as well, which has really helped me and that has therefore improved my emotional wellbeing as well. I feel less guilt, I feel less responsible for destruction and things like that. And because I've progressed so much with my communication skills, I've been able to get a job…

Young person

…At the start, I didn't like seeing my support person. I thought, what are you going to tell me that I don't already know? I'm living through this, you've lived through this, how can you possibly help me? But she was there for me all the time, she rocked up, she never let me down. And I can talk about anything I wanted, whether it was about going dress shopping or dyeing my hair, or the nitty gritty stuff like I've been cutting again, or my friends don't trust me anymore because I'm a borderline [BPD], they use it against me. She was there and she…just understood in a way that clinicians can't…she was incredible for me.

Young person

I know when I was going through DBT, I was offered a support person for my partner… he was happy to do it. And then once a week, she would give him a call back during his lunch break. And I think it was really good for him to have somebody to tell his side to. He's never been through the mental health system or anything like that... So I think it was really helpful for him to discuss our arguments or what we fought about, or how he could help or anything like that, and it isn't something he would have done had it not been offered...

Young person

It's like, I've done heaps of group things and just this one thing that's trying to help me get work at the moment, which has helped out heaps. Yeah, I don't know, I just can't complain about anything. It's just been really good.

Young person

When I got into [headspace] and did my sessions, it was just around mindfulness. And for me at that specific point in time, that was not helping me at all. So I think the main thing is just to speak up in terms of, if it's not working for you, they're happy to find what works. And I was very blessed in the fact that Flinders Uni were doing a study on cognitive processing therapy at that time, and [my clinician] thought that that would be a great framework for me, and it was... I'm a completely different person, I'm so thankful to that program itself. And then, from there, it brought up – I used other things to cope while I was going through that therapy. So, when I got out of that therapy, I transitioned to another therapy, which was for an eating disorder.

Young person

My clinician was, as I said, you need to hold me accountable because I've tried to do this once before and then fizzled out. She was really great with that, keeping on top of how you're going with everything checking in and stuff like that.

Young person

The success of this model of care was also reflected in the responses to the IPUY staff survey. The majority perceived IPUY services were often (n=16) or always (n=2) meeting the needs of young people. Most respondents rated the overall quality of IPUY services as high quality (excellent (n=10) or very good (n=8)).

First impressions and physical environment

Participants emphasised the physical environment in which IPUY services were situated was extremely important and a strength of the operationalisation of the IPUY model. Young people and their parents appreciated being greeted by friendly reception staff upon entering the service:

Admin staff and the receptionists are so underrated one of the old receptionists here, when I used to come here a long time ago, I loved her… welcoming, safe, the people in the front desk are the first people you see.

Young person

You walk in the admin… girl pops up, "Do you want tea and coffee?" Yeah.

Young person

I think the brand is really strong from the greeting you get when you first walk in the door, how capable your receptionists are and your front desk people, how efficient they are, how relaxed and calm and they're quite tranquil personalities, all the ones I've ever dealt with. They're really – not quiet, but really gentle and really capable… And it feels like these people are efficient and organised, they will care for my child.

Parent

Young people reported knowing what to expect when they entered an IPUY service, and that the consistently comfortable and calming sensory environment was conducive to them 'opening up'. The fact that most IPUY services are co-located with headspace enabled IPUY services to benefit from the headspace brand.

I like, when it's very quiet in waiting rooms... That is something important for being welcome and safe. If you've got a lot in mind, and you're about to go into an appointment where you're disclosing, less noise.

Young person

Yeah… same colours, the same temperature. I know what the rooms smell like, the sensory room. I know which rooms have windows and which don't.

Young person

I say full marks… I've been to both the one at Marion and the one down at Onkaparinga and Christies Beach, and nothing to complain about at all, especially coming from my previous public sector mental health place. It was an inquisitorial sort of atmosphere. Whereas coming here, it's very accommodating and the phone stuff, especially with my autism, I struggle a lot more with not being able to see somebody. But being in the building definitely helps a lot.

Young person

I remember walking in as a young person and feeling scared and nervous because, of course, new environment. But there was books I liked in the waiting room. There's tea and coffee, I'm sure everybody has that same thing.

Young person

Accessibility and inclusivity

Accessibility and inclusivity of IPUY services were reported as strengths of the model of care. Young people reported that the locations of IPUY services were easily accessible via public transport. Leads and managers of IPUY services emphasised the importance of having an IPUY service in the Adelaide CBD, particularly for homeless young people.

The majority of IPUY staff survey respondents reported that IPUY services were inclusive or extremely inclusive for young people from priority populations,

specifically young people who identify as LGBTIQA+ (n=20); young people from culturally and linguistically diverse communities (n=18); young people who identify as Aboriginal and/or Torres Strait Islander (n=17); and young people living with a disability (n=16).

Continuous quality improvement of IPUY services

Since the implementation of the IPUY model of care, the CSPs who deliver IPUY services have continuously engaged in quality improvement initiatives. 'This includes:

- Participation in Orygen's YES Implementation Labs by two IPUY services, Thrive and emerge North.
- Sonder has worked closely with the Mental Health Coalition of South Australia's Lived Experience Workforce Program since 2018 to ensure the peer and lived experience workforce employed through the IPUY services it delivers are appropriately supported.
- A youth mental health Community of Practice (COP) was established by Adelaide PHN. The COP meets quarterly and is attended by IPUY managers and leads from Sonder and Centacare and provides them with an opportunity to focus collectively on service improvement solutions.
- During 2021 and 2022 the Adelaide PHN youth mental health team has focused its capacity building efforts to support services to manage service demand and reduce wait list times, and the impact of prolonged wait times on young people and IPUY staff.

Deep dive theme: IPUY Integration

The FGDs with IPUY leads and managers, LHN representatives, primary health care providers and the Adelaide PHN youth mental health team explored the extent to which integrated care had been achieved through the IPUY model. Key findings are summarised in Figure 2 and described in further detail below.

Figure 2: IPUY Program Integration Characteristics

Integration Initiatives	Integration Partners	Intergration Supports	Integration Challenges
• Referral pathways between agencies • Use of same intake assessments • Standardised referral templates • Multiagency clinical reviews • Shared care arrangements	• Internally - headspace • GPs • Ruby's • UMHCC • University sector • NPSP • LHNs (incl. SEDS)	• Relationships, trust and communication • Governance • Resourcing	• Trust and change takes time • Different administrative platforms • Different consent requirments • Uneven integration leads to inequality for young people • Service model change

Integration initiatives

A range of initiatives are supporting integrated care, and in the Northern Adelaide region these initiatives are further advanced. This is to a large extent due to Sonder's long-established reputation as a provider of primary mental health services in the

Northern Adelaide region. Integration activities occurring in the Northern Adelaide region include:

- Establishment and ongoing refinement of referral pathways between agencies;
- Use of the same intake assessment (IAR), supports client risk stratification, a 'no wrong door' approach, and a common language in multiagency collaborative partnerships;
- Use of standardised referral templates to support young people's transitions between services;
- Fortnightly multiagency clinical reviews; and
- Shared care arrangements for young people.

Integration partners

IPUY services are working with a range of organisations to support more integrated approaches to care, including:

- headspace services (internal integration partner);
- GPs;
- Ruby's (for young people experiencing domestic or family violence);
- Urgent Mental Health Care Centre (UMHCC);

- The university sector (can be to support young people who are IPUY clients and studying at university; and also through research partnerships and sharing evidence based best practice care approaches);
- National Psychosocial Support Program (NPSP); and
- LHNs, including SEDS.

Integration supports

Participants identified that governance is a crucial mechanism to support integration. It was also noted that there is a need for integration to be resourced within the IPUY model. Good relationships, built on trust and effective communication within and between agencies were also identified by participants as mechanisms to facilitate integration. As one survey respondent observed:

> Having greater communication between external services… particularly when our young people are hospitalised, sharing psychiatric reports and discharge summaries upon discharge would be extremely helpful.
>
> IPUY staff member

Integration challenges

Participants acknowledged that achieving integrated care can be challenging because building trust and the partnerships that support integration take time to achieve. Additional barriers to integration identified included different administrative platforms and organisational requirements around consent, which made sharing clinical notes difficult and impacts on a young person's care.

It was noted that changes to the service landscape, such as the potential introduction of a new model of primary mental health care for young people with complex needs, can contribute to uncertainty and instability within the sector. It was also acknowledged that across IPUY services the extent of integration had been uneven, and that this unevenness leads to inequalities for young people who access IPUY services.

Deep dive theme: IPUY Workforce

Staff stressors

IPUY staff, leads and managers reported they and their colleagues feel stressed, and experience burn out. A number raised the concern that key performance indicators (KPIs) specified in contracts do not reflect the complexity of the work, including the time to stabilise clients, provide wraparound care coordination and offer the flexibility needed to deliver the IPUY program. These perceived unrealistic KPIs were a source of stress, as one survey respondent described it:

Sometimes our KPIs can feel unrealistic and we are often relying on DNAs to be able to complete all admin tasks/care coordination KPIs, which can lead to staff burnout. A reduction of even one client a week would allow mental health clinicians to carve out some admin time which would likely improve staff wellbeing and satisfaction.

IPUY staff member

Waitlists and the loss of the IPUY service in the Adelaide CBD region were other sources of stress reported. In the staff survey most respondents reported that they were satisfied – extremely (n=12) or moderately (n=4) – that the IPUY service they worked for supported staff wellbeing. In contrast, the majority felt dissatisfied (n=10) or ambivalent (n=6) that the IPUY service they worked for was supported by Adelaide PHN to provide high quality care to young people.

Recruitment challenges

Workforce shortages and recruitment of mental health clinicians was identified as an ongoing challenge experienced by IPUY CSPs.

It was noted that these challenges are compounded by the Commonwealth DHAC's redentialling requirements for mental health clinicians, which differs from and is more stringent than the credentialling requirements of state-funded services.

It was also identified that more psychiatry resources within the IPUY program would be beneficial and acknowledged that the recruitment of psychiatrists had been challenging.

Training opportunities identified

While it was acknowledged that staff training and development opportunities arise organically through headspace co-location with IPUY services, this typically results in headspace staff being exposed to greater complexity, rather than IPUY staff development.

IPUY leads and managers identified training opportunities that could support IPUY staff to better meet the needs of young people accessing IPUY services, including best practice for supporting young people with complex mental health needs living with intellectual disability, including neurodivergence; and best practice for supporting young people experiencing suicidality.

Deep dive theme: IPUY program resourcing

Funding sustainability

The issue of IPUY program funding sustainability was discussed in the FGDs and raised by survey respondents.

It was noted that the resourcing of two IPUY services – emerge Central and emerge Inner South - had been via underspent funds. With no additional designated funding from the Commonwealth Department of Health and Aged Care for severe and complex youth mental health, and because future underspend funding cannot be projected nor committed by Adelaide PHN, changes to service operations (for emerge Inner South, which is now a spoke of emerge South rather than standalone service) and service closure (for emerge Central) has ensued.

FGD participants noted that the timing of reductions to service delivery for young people with severe and complex mental health issues had been particularly concerning for them due to housing and public health crises in recent times. Health service stability was also raised as being particularly important for the populations of young people served by the IPUY program. Participants also noted that the reduction in resources for the IPUY program impacted IPUY staff morale and integration opportunities in the way of CSP relationships with LHNs and other stakeholders.

Uneven resourcing between IPUY services

In FGDs with IPUY leads and managers and the Adelaide PHN youth mental health team, participants raised the issue of modalities of care being offered to young people differing by IPUY service, as services had been funded at different levels.

Participants attributed this differential resourcing as contributing to inequalities whereby some young people have expanded service options, while others do not, dependant on the IPUY service that they access.

Resourcing outreach

FGD participants raised the issue that outreach had not been included within the IPUY model of care and had not been resourced. Participants noted that the lack of outreach posed a barrier to entry for young people with anxiety disorders or mobility issues, as one participant explained:

> **Probably the one of the challenges with that has been particularly in the South has been our capacity to do outreach. So working with people who have quite complex needs and then requiring them to come to us sometimes doesn't quite match what their presentations are like. So from a psychological therapy perspective, I thought it made sense that we did onsite work, but then for functional recovery we had a capacity to go out. That would've made quite a big difference.**
>
> **IPUY lead / manager**

The future of IPUY - Opportunities for enhancement

Evaluation participants provided suggestions to improve mental health services for young people experiencing or at risk of complex mental health conditions, in relation to:

- Co-design, integration, branding and access;
- Service model and continuous quality improvement; and
- Workforce strategy and investment.

The evaluation also provided Adelaide PHN to analyse its commissioning process and identify areas for improvement.

Specific suggestions are summarised in Table 5 below.

Table 5: Opportunities for enhancement

Co-design, integration, branding and access opportunities
• Continued inclusion of young people by embedding co-design into the model (i.e., a reference group for youth with complex mental health issues). • Ensure that young people's involvement in co-design is resourced. • Ensure that the timing of young person's inclusion in co-design is appropriate (i.e., that they are well enough to do so). • Ensure that young people are provided with options to participate in co-design (i.e., consider the timing of the activities outside of business hours, provide opportunities for them to be involved online as well as face-to-face). • Establish working groups to address the needs of priority populations. • Continue to work with LHNs to achieve more systematic integration. • Consider branding of future services for young people with complex mental health issues (i.e., existing brand name vs. YES). • Consider most appropriate locations of sites going forward. • Consider resourcing outreach within the model. • Mapping common resources, challenges, and time to develop integrated pathways between primary and tertiary services as recognised in the model.
Service model and continuous quality improvement opportunities
• Continued flexibility regarding duration and frequency of care for young people. • Provision of clearer guidance from Adelaide PHN in relation to operational issues (i.e., case weighting, intensity, peer worker role and scope of practice, service referral closure guidelines). • Consider refinements to the model of care, with the inclusion of appropriate outcomes and performance indicators aligned with Orygen's YES Model Core Components and Underpinning Principles (released in 2021) • Consider seeking advice from Orygen in developing appropriate KPIs for YES CSPs. • Consider a model of care that can ensure equity of access and services offered to young people through PMHCS activity funding. • Consider efficiencies in a refined model of care that support increased access for young people, e.g., digital health solutions. • Consider opportunities to increase access to psychiatric support.

- Consider refinements to the model of care which works toward addressing supply and demand issues e.g., refined eligibility criteria.
- Consider adjusting age cut offs for young people's eligibility (i.e., currently 16-25 within the IPUY model, but could begin from 12).
- Consider Medicare Benefits Scheme (MBS) blended funding models.
- Consider different care duration streams dependant on client needs.
- Consider implementing 6- or 12-month reviews to determine appropriate episode of care duration for a young person and to support demand management.

Workforce strategy and investment

- Ensure appropriate resourcing for staff training and development.
- Consider external clinical supervision.
- Support recruitment of interns and registrars to augment available psychiatry and GP within the model.
- Recruit cultural workers to better support Aboriginal and Torres Strait Islander young people.
- Continue to support staff credentialling in alignment with DHAC requirements.

Commissioning process and quality improvement opportunities

- Prioritise program outcomes and identify core components of care to provide CSPs greater opportunity to identify appropriate workforce and staffing profile.
- Consider developing and implementing an organisational monitoring and evaluation framework to support future evaluation efforts.
- Consider ensuring that clear service model outcomes and evaluation are considered as a part of service design and redesign and clearly communicated to CSPs.
- Consider resourcing for impartial external evaluators to undertake evaluation of activities commissioned.

Limitations

There were several limitations that influenced the scope and scale of this evaluation, specifically:

- The initial service model did not specify clear program outcomes, logic model, or, theory of change to support monitoring and evaluation.

  The evaluation team addressed this limitation by including Adelaide PHN staff who had expertise in youth mental health and managing contracts in the evaluation team. Their expertise helped to identify likely outcomes of the IPUY model.

  One of Adelaide PHN capacity building coordinators was also a former manager at an IPUY site. Their understanding of the program was grounded in their experience. The Adelaide PHN evaluation team also developed a program logic and key evaluation questions.

- Lower participation in focus group discussions from IPUY stakeholders based in the Central/Western and Northern Adelaide regions, and from young people who had received care from Thrive.

- This limitation was addressed by providing stakeholders with the opportunity to provide written responses to the focus group discussion questions. Written responses received were included for analysis.

- Data availability and data integrity issues stemming from Adelaide PHN's broad approach of gathering the Primary Mental Health Care Services Minimum Data Set (PMHCS MDS) via the Mastercare client management system, and presenting data back to CSPs via Power BI dashboards.

  Utilising a client management system to collect PMHCS MDS data has proven very challenging and resource intensive. It is highly dependent on individual clinician's training behaviours in completing information as well. This has led to persistent data entry errors.

  These factors have also prevented the inclusion of outcome measure data in this evaluation, due to the low availability of matched pair outcome data (across the five IPUY sites a quarter of episodes of care that had closed due to treatment concluding had matched pair data available).

  The PHN is currently piloting other approaches to this in other program areas requiring to report to the PMHCS MDS and this has been considered in the redesign of YES services.

Appendices

Appendix 1: IPUY Program Logic

Inputs *What resources are needed to conduct the activities?*	**Activities** *What activities need to be undertaken to deliver the outputs?*	**Outputs** *What services need to be delivered to achieve the short-term impacts?*	**Short term impacts** *What short-term impacts are required in order to achieve the intermediate impacts?*	**Intermediate impacts** *What intermediate impacts need to occur before the long-term outcomes are reached?*	**Long term outcomes** *What are the long-term outcomes of the program?*
Adelaide PHN PMHCS Activity Workplan Adelaide PHN Needs Assessment PMHCS funds PMHCS MDS Orygen capacity building resources PHN Performance and Quality Framework IPU-Y Operational Guidelines Annual Work Plans (CSPs) CSP Performance reports	Implement a model of care for young people with complex mental health (MH) conditions in the Adelaide PHN region with the following features: • whole of person approach and incl. client's family and friends • multidisciplinary • multiagency • captures the missing middle (young people not serviced by headspace or hyepp) Establishment of IPUY sites (North, West, South, Central) Provision of PMHCS for youth with complex mental health conditions incl.: • longer term-care • psychiatry • psychological therapies (incl. specialties – eating disorders focused, complex anxiety, BPD etc.) • low Intensity (functional recovery, peer and group work) • clinical care coordination	PMHCS for young people aged 16-25 with complex MH conditions living in the Adelaide PHN region	Young people with complex MH conditions are supported to improve their MH and social and emotional wellbeing Family members and friends are supported to gain confidence in supporting a young person with complex MH conditions and to develop strategies to support their own wellbeing The workforce servicing young people with complex mental health conditions are supported to provide high quality care and to develop strategies to support their own wellbeing PMHCS for young people with complex mental health conditions seek to integrate with other services (internal and external) to support young people who need to be stepped-up or stepped down	Young people with complex MH conditions experience improved MH (i.e., reduced incidence of acute episodes of MH conditions requiring bedded or tertiary MH care) Young people with complex MH conditions experience improved social and emotional wellbeing, incl. enhanced functional capacity (i.e., participation in work/study) Family members and friends gain skills and confidence to support a young person with complex mental health conditions Family members and friends develop strategies to support their wellbeing The workforce servicing young people with complex MH conditions provides high quality care	Young people in the Adelaide PHN region with complex MH conditions enjoy better mental health and social and emotional wellbeing Young people in the Adelaide PHN region with complex MH conditions are able to access high quality, culturally safe and appropriately trained mental health care workforce

Credentialing exemption request register Wait time tracker	Services are integrated: • internally (specifically with headspace centres) and • externally - integrated network/Steering Group with youth MH services in the region (LHNs, NGOs, CAMHS. SEDS, DASSA, psychiatrists, GPs, AHPs. DoE. Community pharmacy) CSPs engaged in capacity building and ongoing QI: • Adelaide PHN capacity building activities (i.e., Wait list management) • Community of Practice • Implementation Lab Adelaide PHN contract management, performance monitoring, evaluation		PMHCS for young people with complex mental health conditions are supported to improve program quality	The workforce servicing young people with complex MH conditions develops strategies to support their wellbeing Primary MH care services for young people with complex MH conditions are integrated with other services (internal and external) Program quality of primary mental health care services for young people with complex MH conditions is continually improved	

Appendix 2: IPUY Evaluation participants and respondents by stakeholder group

Stakeholder group	Method/s	Number of participants / respondents
Young people	FGD; written submissions	10
Family, partners and friends	FGD; survey	3
IPUY service delivery staff	Survey	21
IPUY leads / managers	FGD	10
LHN representatives and primary health care providers	FGD; written submissions	23
Adelaide PHN youth mental health team	FGD	3
TOTAL		70