

## **Headspace makes important headway**

Headspace: The National Youth Mental Health Foundation, has now received federal government funding to expand beyond the original 10 centres to a total of 30 centres nationally, with 11 programs running in NSW. Headstart programs are interesting and unique mixes of public and private providers with varying lead agencies and consortia mixes that are trying to take account of both local community issues and resources. To see how things were working in practice for one project, MHCC visited one of the first Headspace Centres at Campbelltown.

Established to reach the “missing” 12 to 25 year old demographic with the aim of early intervention, particularly in relation to mental health, Headspace Macarthur, Campbelltown and Southern Highlands (MCSH) has only been operating for less than a year, but is making a difference in delivering services to their target group and also confronting challenges – especially in the areas of interagency coordination, evaluation, GP training and on-going funding using the Medicare Benefits Schedule.

Behind a shop in the main street of Campbelltown is a two storey complex of service offices. Upstairs is the office of Headspace MCSH. Inside are reception and a central waiting area with several consulting rooms connected off the waiting area. A number of young people, some in school uniform, and some with older people (possibly parents) wait for their appointment. It looks like many other clinics so what makes Headspace different?

Andrea Lloyd, Project Manager and Practice Manager is quick to point out that the main difference is the welcoming and understanding atmosphere that helps connect with young people 12 to 25. It doesn't take long to find out that this is probably a product of the passion and attitudes of each member of staff and a “one-stop-shop” coordination of accessible services meeting needs, rather than perhaps any décor, room layout or service model. Alisha, a user of Headspace services explains:

“I started having mental health problems when I was 14 and I am now 22. I have been in out of mental health institutions during that time but I have tried to always do things as an outpatient so I could maintain my study and my job. The local health service is only set up for either children or adults. Adolescents are told they can't be helped because they are now too old for children's services and have to take their place in the adult system queue which they don't want to do. Before Headspace I could only get referred to a counsellor who cost me \$80 a session which I couldn't afford to keep paying and it was very hard to get sessions. There was no psychiatrist and no psychologist available. Headspace has been important to me because there are now so many support systems within Headspace, it's all free and a lot easier to access. I have been able to be independent and stay on at uni.”

The rationale for the existence of Headspace programs must be that most other “normal” clinical establishments are not welcoming or understanding of youth with mental health concerns and not meeting their needs. The reality according to Dr Simon Cowap, the Headspace GP, is that most GPs are either not equipped to deal with mental health issues or simply are not able to spend the time required with each person necessary to work out what to do next.

Headspace is addressing this challenge by funding programs for local GPs under a joint agreement with the local Division of General Practice to be more youth friendly by undertaking training in youth mental health and upgrading their clinical décor to attract young people. With this funding, the local Division of General Practice has now appointed 2 people to work with local GPs to promote Headspace. This has increased awareness and referrals to the service however the GP training and refurbishment still remains a challenge.

Established under the lead agency of the Brain and Mind Research Institute (BMRI) of Sydney University (the other consortium partners being Area Health and the local Division of General Practice), the Campbelltown office is staffed by 4 fulltime project workers and a number of other part-time workers such as a GP, psychiatrist, neuro-psychologist, addiction medical specialist, a number of psychologists, an occupational therapist, and an educational consultant and a mental health nurse. Since July 2007 they have seen 170 young people, most with complex needs that take time. Young people are either referred by their own GP or by a range of outside agencies, both government (eg Health, School Counsellors) and community based, to see the Headspace GP before being referred to their other services.

Headspace follows a clinical practice model – the “Clinical Staging Model” developed by Professors Ian Hickey and Pat McGorry as the basis for the services provided and a large part of the funding provided comes from the clinical oriented Medicare Benefits Schedule. Any partnership with both government and community agencies that work outside the clinical model means that it has been important for both Headspace and other agencies to get to know each other, and the important contribution that is needed from each to effectively deal with the long-term needs identified. The approach to youth services found in NGOs can be very different to clinical interventions and balancing this mix in a manner that suits the individual and the milieu of the NGO requires sensitive consideration.

Headspace MCSH has been working since July 2007 on establishing relationships with other agencies and running programs in conjunction with them or offering services to them. On one typical day, Alex Howard, one of the psychologists, had been out that morning working with a program called Babes With Babies, helping young women under 20 with babies and Simon, the GP had been out at a Youth off the Streets program at Macquarie Fields. Both returned to the office to attend to their appointments that afternoon. Clinical staff operate part-time at Campbelltown and have other jobs outside of Headspace. They see clients in individual sessions and in group sessions either at the Headspace office or at the agency they work with. Most of the home visits are done by the OT. Headspace believes this “integrated” approach, with themselves functioning as the clinical hub is working and this is backed up by comments from other agencies.

Sharon Huntington from YWCA’s Jobs Placement Employment Training (JPET) program said that Headspace had made a big difference. She has had a lot of positive client feedback and clients who never attended appointments before were now attending. One of her clients referred to Headspace with depression and a drug dependency issue has now come off drugs and is regularly attending appointments. Peter King from the Area Mental Health Early Psychosis Team said that because of

Headspace, young people who were not acute were now able to access more clinical services.

Headspace MCSH is now seeking to appoint another full-time worker with responsibility to pursue further service “integration”, not only to extend the number of community and other agencies that will refer young people to Headspace for earlier clinical intervention, but also to coordinate the combined delivery of particular services (anger management courses was quoted as an example) with other organisations depending on who is best placed to deliver them.

The services Headspace MCSH offer are also key to its own funding base which is another big challenge for Headspace. The project started in July 2007 to run until July 2009. Headspace MCSH does not charge for any services but relies on the Medicare Benefits Schedule fees under the Commonwealth Better Access Program. Not all their time however can be accounted for in this funding model (travel, overheads for no-shows, report writing, extra time taken for follow up with other agencies etc.) and some of those workers who need to take the extra time get a lower scheduled fee. Although the original aim was to be financially self-sufficient through Medicare rebates, it now seems that when the project ends in July 2009, a revised funding model will still need extra government grants for the service to continue. Perhaps the complexity of mental health issues will require more than the current fee for service funding model can offer.

When asked to come up with a measure of their own success, Headspace staff point to the growing number of referrals and especially to the referrals they get from people they had seen who send their friends along “just to check it out”.

How else do they measure what they are doing? Richard McBride, another of the Psychologists, said that although there are yet no Headspace national standardised measures, Headspace National (the main direction giving body running Headspace agencies) requests the optional use of WHO-ASSIST and demographic data collection. Clinical staff at Headspace MCSH however, use a range of other client and clinician rated assessment and evaluation tools and an electronic tool called MHAGIC is being rolled out but will only be used for prescribing, billing, note taking and demographic data collection at this stage.

Headspace National has appointed the Social Policy Research Centre at the University of New South Wales to conduct an independent evaluation of Headspace but they are not due to report until the completion of the original project in June 2009. Headspace National have also indicated they are setting up a Centre of Excellence in Youth Mental Health for gathering, analysing and disseminating evidence for interventions and service models however it is not ready yet to be a benefit to Headspace Centres in this project start-up phase.

Headspace in many ways is just starting but it is a good start. They have shown that long term and complex needs are now being met that were not before. Young people are attending and recommending the service to their friends and the lives of those attending are being positively impacted. This is a slow and often incremental process but what is a small improvement in capacity for some might be a massive change for others. Importantly, workers are working there because they have a passion for doing

it and people are entering an open, friendly, understanding and accepting environment. Young people are being referred by GPs, School Counsellors, Courts, Social Workers, Health and other services and Headspace refers on to other services after primary intervention for on going care such as counselling and support. Headspace is filling a need and offering “integrated” services in a one stop shop that is working in a way that is not out there in ordinary GP land – with understanding, time, and resources.

Headspace exists because the current public/private medical system is failing young people between the ages of 12 to 25 when it comes to dealing with mental health – especially if the aim is early intervention to reduce the impact and cost of dealing with more complex issues later on. The hope is that each Headspace agency and their partner agencies, in meeting the needs of young people, will always seek to embrace a truly cooperative and continuous learning approach. This can only come with a full understanding by all those delivering mental health services, including those in the community sector, and a good evaluation process.

MHCC intends to follow the progress of the Headspace program as various centres establish themselves around the country and we will provide updates on this important initiative in later editions of View from the Peak.

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