

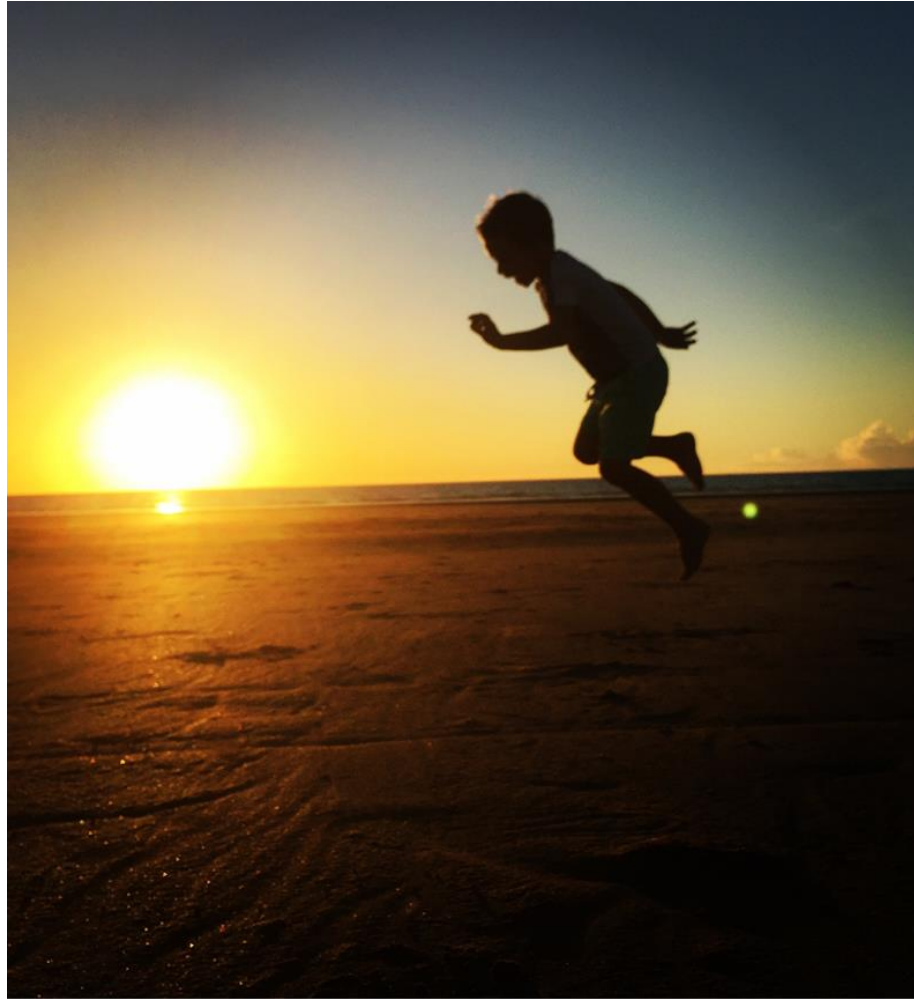
YOUTH EARLY PSYCHOSIS: Implementing a World First in a Regional Setting

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Acknowledgement of country



Existing Mental Health Services in Darwin



Is our remoteness really a weakness?



Our Youth



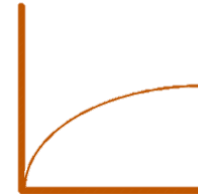
Mental illness represents the largest burden of disease for young people¹



Young people are less likely to seek services than adults⁵

50%

50% of mental illnesses emerge before the age of 14 years²



Mental health issues can significantly affect developmental trajectory⁶

75%

75% of mental illnesses emerge before the age of 24 years^{3,4}



Maladaptive health behaviours developed in adolescence are likely to continue into adulthood⁵

Did you know...



The rate of serious mental illness continues to increase, particularly in remote communities¹

3:1

Death by suicide for Aboriginal & Torres Strait Islanders is almost 3 times higher than non-indigenous in the NT²

52%

of people admitted into inpatient psychiatric facilities in the NT were Aboriginal²



Prevalence of First Episode Psychosis is very high in Aboriginal YP (331 per 100,000 person-years)³



NT has the highest rate of death by suicide for young people; **13.6 deaths per 100,000** compared to 2.2 deaths per 100,000 nationally²



NT has one of the lowest per capita spends on Mental Health; however this is increasing³



Priority Groups



Shared Decision Making

Young Staff

FREE

Functional Recovery

Drop-In Zone

Easy Access

Highly Visible

Wi-Fi

After Hours

Confidential

Location

One-Stop Shop



Youth-Led

Food

No Retelling the Story

Non-Clinical

Timely

SAFE

Respectful

Family & Friends

International



JIGSAW
Young people's
health in mind

Ireland



Association Nationale
Maisons Des Adolescents

France

Youth One Stop Shops

New Zealand

·FOUNDRY·

Canada



Australia

headspace centres

Northern Territory

Alice Springs
Darwin
Katherine¹

Western Australia

Albany
Armadale
Broome
Bunbury
Geraldton
Kalgoorlie
Mandurah¹
Pilbara Region¹
Rockingham

Perth
Fremantle
Joondalup
Midland
Osborne Park

South Australia

Berri
Mount Gambier
Murray Bridge
Port Augusta
Whyalla¹

Adelaide
Adelaide
Edinburgh North
Onkaparinga
Port Adelaide

Queensland

Bundaberg
Caboolture
Cairns
Capalaba
Gladstone
Hervey Bay
Ipswich
Mackay
Maroochydore

Meadowbrook
Mount Isa
Redcliffe
Rockhampton
Southport
Toowoomba
Townsville
Warwick
Gympie¹

Brisbane
Inala
Nundah
Taringa
Woolloongabba

New South Wales

Bathurst
Bega¹
Broken Hill
Coffs Harbour
Dubbo
Gosford
Goulburn
Grafton¹
Griffith
Lake Haven
Lismore
Maitland
New England¹
Newcastle
Nowra
Orange
Port Macquarie
Queanbeyan
Tamworth
Tweed Heads
Wagga Wagga
Wollongong

Sydney
Ashfield
Bankstown
Bondi Junction
Brookvale
Campbelltown
Camperdown
Castle Hill
Chatswood
Hurstville
Liverpool
Miranda
Mount Druitt
Parramatta
Penrith

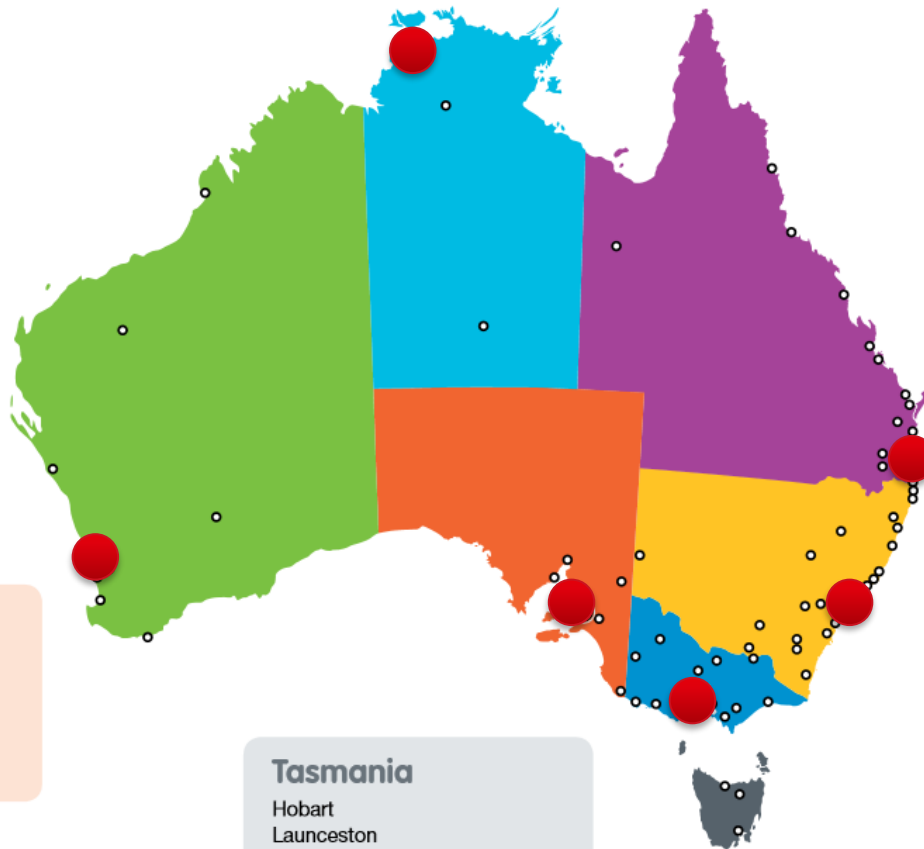
ACT

Canberra

Victoria

Albury Wodonga
Bairnsdale
Ballarat
Bass Coast & South Gippsland¹
Bendigo
Frankston
Geelong
Horsham
Melton¹
Mildura
Morwell
Portland¹
Shepparton
Swan Hill
Warrnambool

Melbourne
Bentleigh²
Collingwood
Craigieburn
Dandenong
Elsternwick
Glenroy
Greensborough
Hawthorn
Knox
Narre Warren
Sunshine
Werribee



Tasmania

Hobart
Launceston
Devonport

Notes:
¹Opening 2017-2019
²hYEPP site for headspace Elsternwick
 headspace Devonport is a centre outpost from headspace Launceston
 headspace Lake Haven is a centre outpost from headspace Gosford
 headspace Elsternwick/Bentleigh are funded as one centre across two sites
 Accurate as of September 2017

The history



Prof Patrick McGorry

EPPIC Model

AP

At the heart of an early psychosis centre: the core components of the 2014 Early Psychosis Prevention and Intervention Centre model for Australian communities

Australasian Psychiatry
1-7
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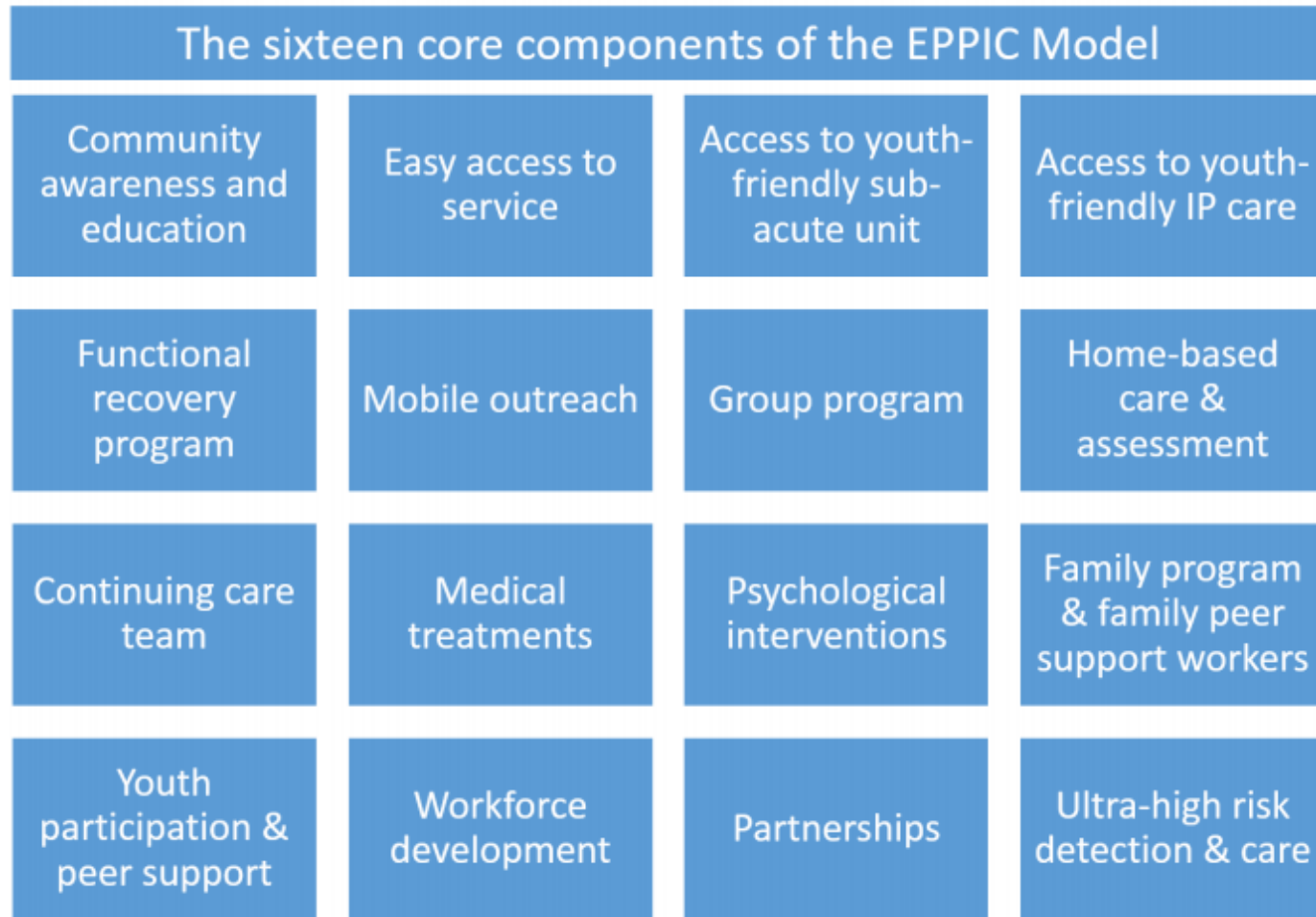
Abstract

Objective: To describe the core components of the Early Psychosis Prevention and Intervention Centre service model as the template agreed with the Australian Federal Government for national upscaling. The Early Psychosis Prevention and Intervention Centre model of early intervention has two main goals: to reduce the period of time between the onset of psychosis and the commencement of treatment and to bring about symptomatic recovery and restore the normal developmental trajectory as early as possible.

Conclusions: The Early Psychosis Prevention and Intervention Centre comprises three elements of service provision for young people experiencing a first episode of psychosis: (i) early detection; (ii) acute care during and immediately following a crisis; (iii) recovery-focused continuing care, featuring multimodal interventions to enable the young person to maintain or regain their social, academic and/or career trajectory during the critical first 2-5 years following the onset of a psychotic illness. It does this via a combination of 16 core components, which provide a flexible, comprehensive, integrated service that is able to respond quickly, appropriately and consistently to the individual needs of the young person and their family. Innovative service reforms, such as Early Psychosis Prevention and Intervention Centre, that recognise the value of early intervention are crucial to reducing the impact of serious mental illness on young people and their families and, ultimately, on our society.

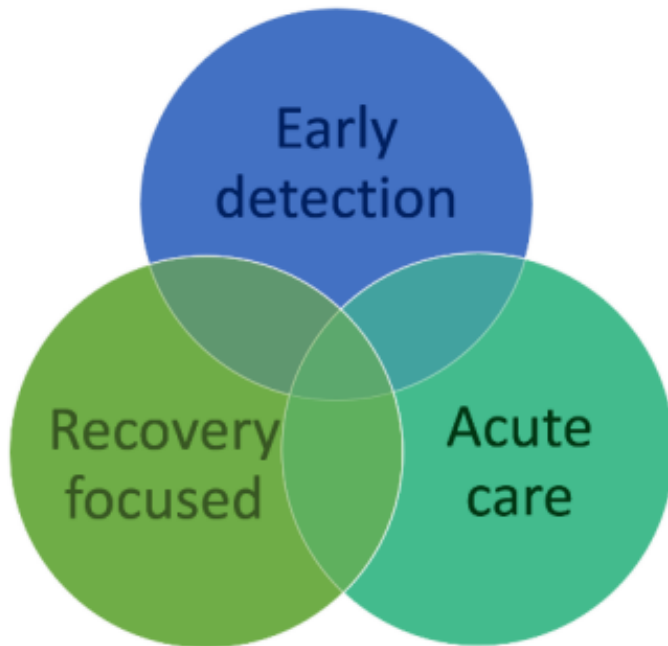
Keywords: psychosis, early intervention, service delivery, youth mental health

EPPIC Model – core components



EPPIC Model – core functions

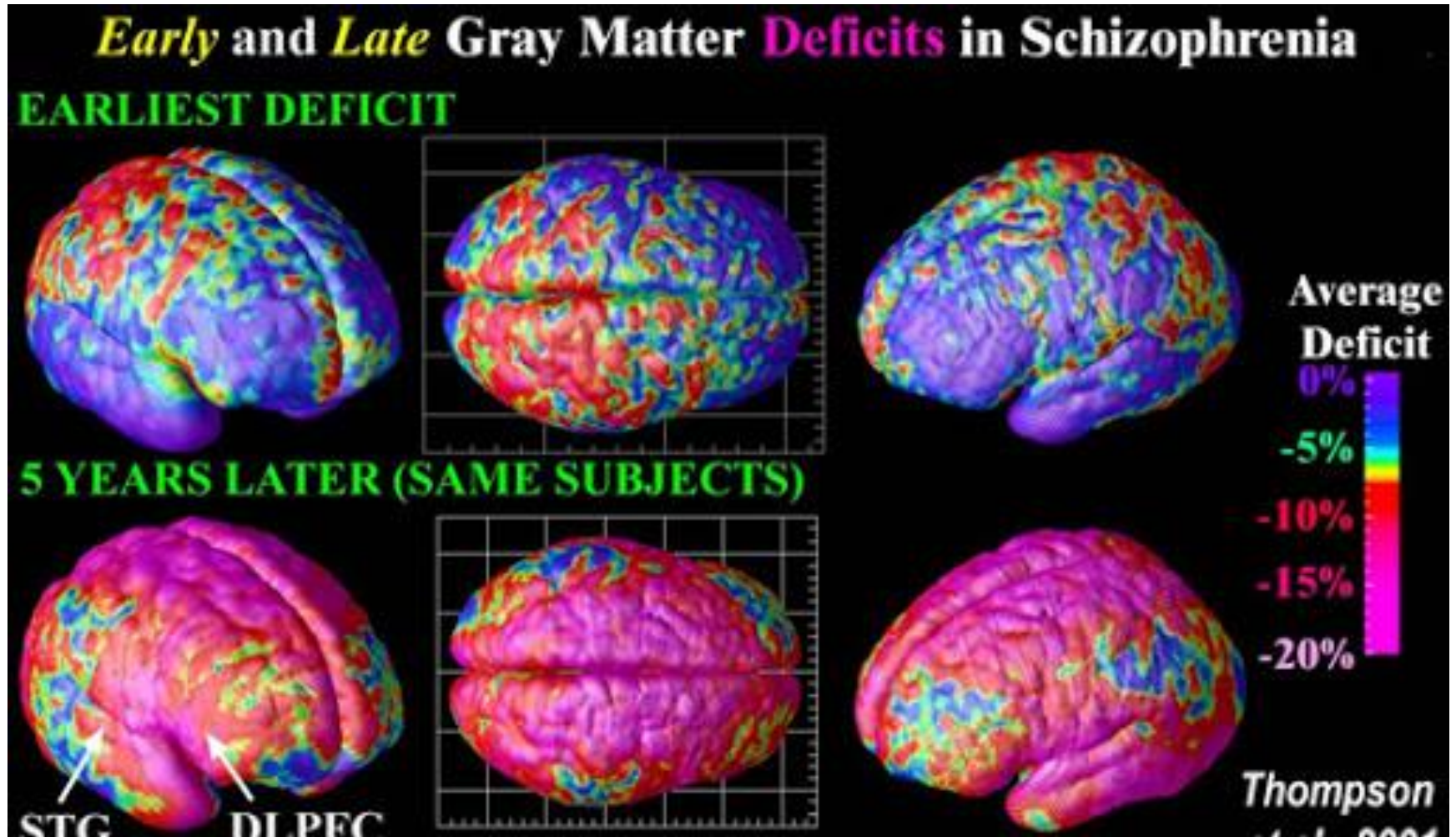
Three core functions



Objective

Enable young person to maintain / regain social, academic and career trajectory during critical period of first 2 – 5 years following onset of psychotic illness

Why intervene early?

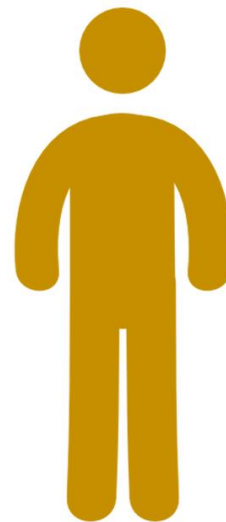


Youth Early Psychosis

1
YOUNG PEOPLE
Aged 12-25 years

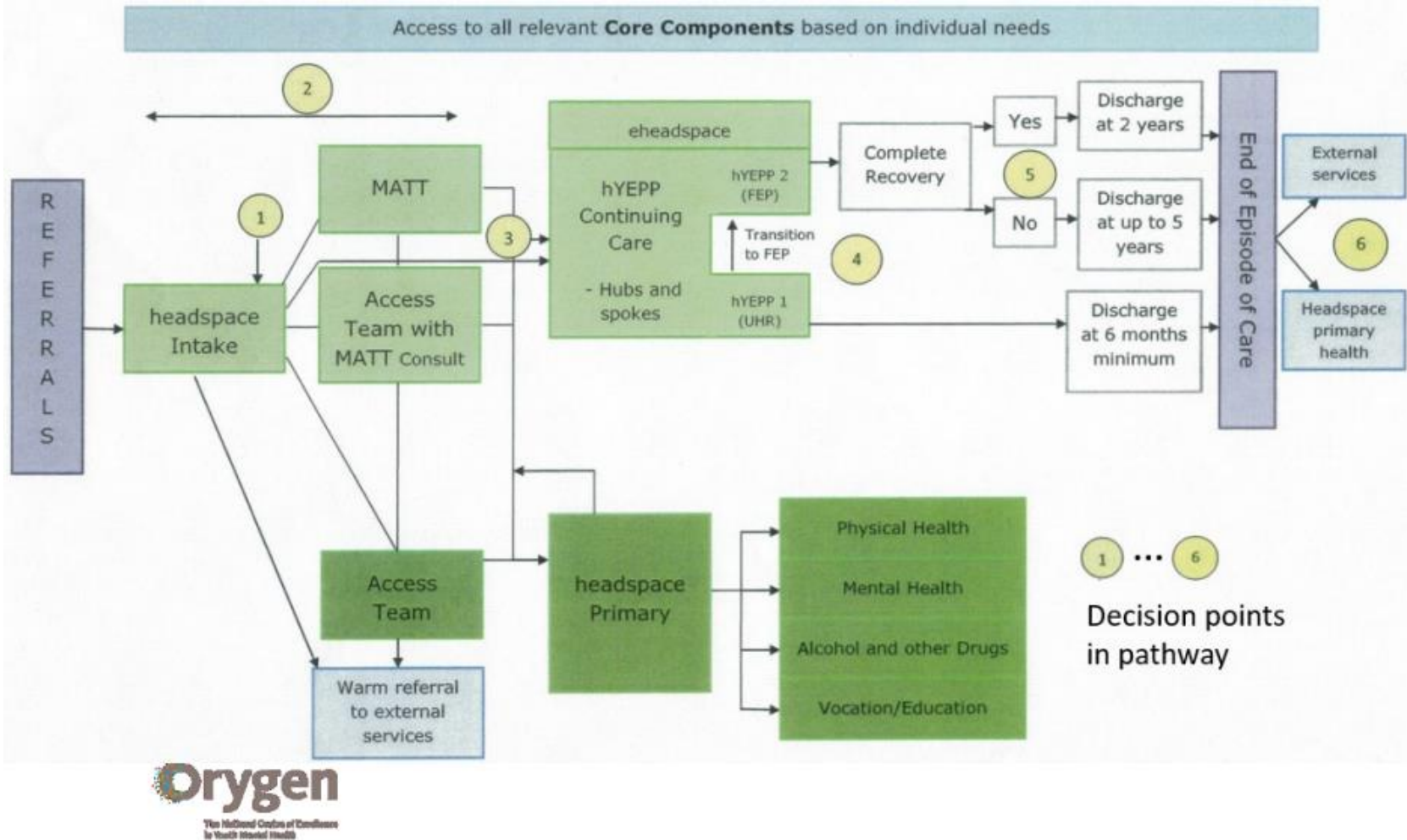
2
EARLY INTERVENTION
Improving recovery and
development

HIGH RISK
Developing psychotic
symptoms



**CURRENTLY
EXPERIENCING**
Psychotic symptoms

Service Development headspace clinical pathway





Youth Led

Recovery
Driven

Family &
Friends

School &
Work

Holistic
Approach to
Health

Culture,
Gender &
Sexuality



JOSH*

- 22-year-old Aboriginal man from a small Community (Out skirts of rural Darwin, Northern Territory)
- Recent presentation to public mental health system with suicidal ideation and aggression
- No prior admission to the hospital for mental health concerns

**Permission obtained from the elders of the community for the reproductions of the images.*

First Contact



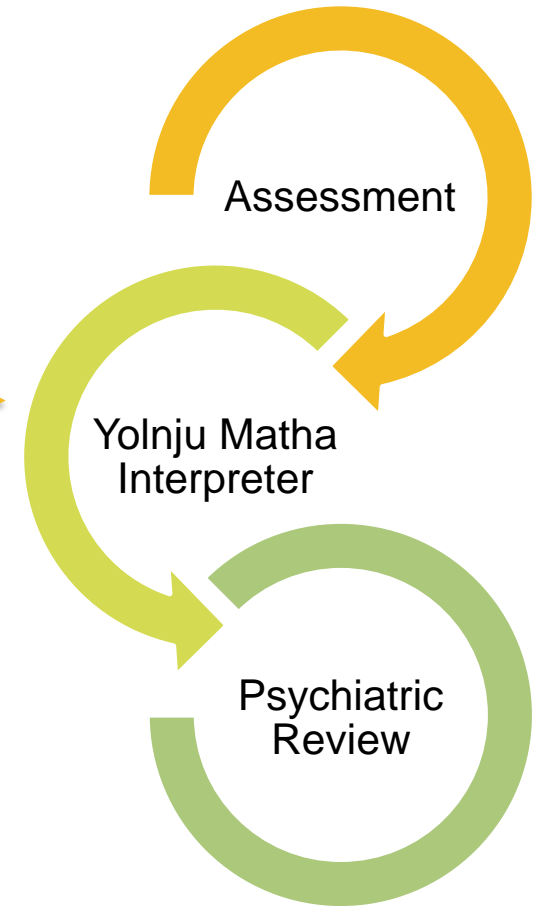
Josh



Mum



Aunty

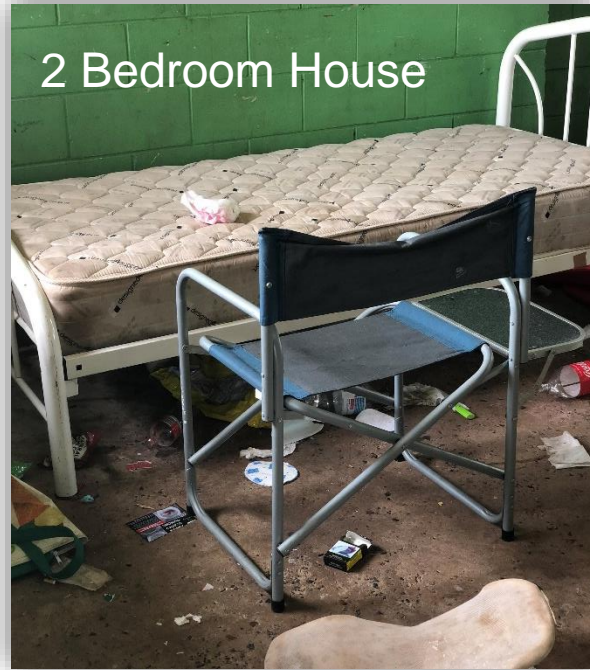




Josh



Mum



2 Bedroom House



Aunty



2 Dogs



5 Cousins



Cat

When we first met

- Minimal communication
- Irritable and at risk of further deterioration
- Impulsive (safety concerns)
- Difficulty sleeping
- Substance misuse and withdrawal
- At risk of losing housing



Symptoms

Psychiatric

Distressing auditory
hallucinations

Persecutory delusions

Disorganised behaviour

Sleep disturbances

Occasional cannabis & alcohol
use

Other

Seeing faces of deceased
relatives

‘Black Magic’

Being excluded from men’s
business




Stop the
voices



Mum &
Aunty
involved
in care

What did Josh want?



Not to
come into
the hub



Safe
place to
sleep

Home Based Care



- Ongoing care was completed in the home
 - Medical Reviews
 - Intensive Case Management
 - Peer & Family Support
- Preferred by Josh & family
- Limited resources to commute
- Educate and empower Josh, his family and friends

Management

Assessment	Continuing Care	Additional
<p>Therapeutic alliance patiently formed with Josh & family</p> <p>Person centred & family focussed care</p> <p>Age & culturally appropriate; visits with Aboriginal Family Mentor</p>	<p>Medication commenced; regular reviews at home</p> <p>Physical check with Danila Dilba</p> <p>Recovery focussed intensive case management</p>	<p>Family & Friends Support Coordinator with Family Mentor</p> <p>Peer Support Coordinator</p> <p>FRP Group - Fishing</p>

GP – Danila Dilba

Family & Friends Support Coordinator

Mobile Assessment and Care

Yolnju Matha Interpreter



Josh



Mum



Aunty

Peer Support Coordinator

Aboriginal Family Mentor

Recovery Focussed Intervention

Psychiatric Reviews

Functional Recovery

Intensive Case Management (housing)

Outcomes

- Distressing symptoms completely abated
- Reduction in use of alcohol and other drugs
- Home based care improved engagement
- Josh and his mother were assisted in securing separate accommodation
- Prevented admission to hospital
- Intervention at the early stage will lead to better long-term outcomes





References



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Team @ headspace Darwin





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