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## SERVICE IMPLEMENTATION AND QUALITY IMPROVEMENT TOOLKIT

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### ELIGIBILITY CRITERIA REVIEW

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## PURPOSE OF THIS DOCUMENT

As part of our quality improvement initiative, the Implementation Lab, Orygen's Service Implementation and Quality Improvement (SIQI) team has supported a number of services to review their eligibility criteria. As the landscape of the health system shifts, different pressures are put on the services within the system. It's helpful to regularly review the eligibility criteria to ensure that it (a) still meets the needs of the local region, and (b) is well-understood by key stakeholders, especially those who are likely to refer to the service.

This document describes the review process we have developed, which PHNs and services should be able to use to review their own criteria. It follows a Plan-Do-Study-Act (PDSA) cycle:

**Plan:** review and amend the criteria, both in terms of which young people are appropriate for the service, as well as how it is communicated to stakeholders;

**Do:** implement the criteria in a pilot phase;

**Study:** review the impact of implementing the criteria; and

**Act:** make further amendments to the criteria, as required.

## WHY USE ELIGIBILITY CRITERIA?

Eligibility criteria is a tool to build shared understanding within a region about who is or isn't appropriate for a particular service. In practice, this helps referrers to decide who to refer, and helps the service decide who to accept. Having clarity around eligibility can reduce the number of inappropriate referrals being received, and ensure that referrers have a consistent experience of referring. It should be noted, of course, that young people don't fit into neat boxes, so there will always be grey areas, and some flexibility will be needed for decisions to be made on a case-by-case basis.

It should also be acknowledged that demand for mental health services across the country significantly outweighs capacity. This creates challenges for all services, as there are more young people needing care than services have the ability to provide. Given this pressure, it's especially helpful for services to have a clear understanding of where they fit in the system, which young people they have a role supporting, and which they don't. Ultimately, there will still be gaps in the service landscape and young people who are missing out on care. Conversations at a sector level within the local area will still be needed to work towards addressing these gaps, as it is not a challenge that will be solved by a single service.

## REVIEWING AND AMENDING THE CRITERIA

The first phase of the PDSA cycle, plan, has two components:

1. Reviewing and agreeing which young people are appropriate for a service; and
2. Reviewing and agreeing how this is communicated (i.e. how are the criteria written).

## REVOLUTION IN MIND

There are a number of key stakeholders who it is helpful to involve:

- Intake staff – i.e. those making decisions on who to accept into the service;
- Direct staff – i.e. those who will be working with the young people most closely, including clinicians, peer workers, vocational staff etc.;
- Management – i.e. those with decision-making authority to make changes to the criteria;
- PHN or commissioning body – their approval is likely required for any changes, and they can also provide an important sector-wide perspective;
- Key referrers – external stakeholders who are likely to refer, and thus need to have a clear understanding of the eligibility criteria; and
- Young people and their families.

Not everyone will need to be involved at all times, but it's helpful to have them on board so you can get their input when appropriate.

## **PART 1: REVIEWING AND AGREEING WHICH YOUNG PEOPLE ARE APPROPRIATE**

This process explores both who the service is currently working with, and whether this should change. If possible, start by looking at service data to get a picture of what is currently happening. This should include data on presenting issues and/or diagnoses, demographic information and referral sources. It is important to acknowledge that sometimes the data we have access to is flawed or incomplete, but don't get too caught up in that. It's purpose here is just to start a conversation, so it doesn't have to be perfect.

After looking at the data, reflect on the following questions:

- Which young people does your service currently work with? What are the common presenting issues? This might reflect the data you've just seen, or it might not. There might be some trends that haven't been captured in the data.
- Which young people does your service currently work with who you think you shouldn't? (i.e. young people who are not appropriate for the types of support that the service and team can offer, or who are better suited to another service).
- Which young people does your service currently NOT work with, who you think you should? (i.e. is there a gap you think you would be able to fill?)

It's helpful to get the whole team to respond individually to these questions first, including intake workers, clinicians and management, as well as the PHN or commissioning body. This can also highlight differences in how the service is understood by key stakeholders and help to develop shared understanding among them.

The responses to these questions can then be used to start conversations about any changes that you wish to make.

### **SIQI TEAM'S REFLECTIONS:**

Usually, we have found that services don't make massive changes to who is eligible for the service. Rather, they make a few tweaks, and then improve how they communicate the eligibility, which is the focus of the next section.

## **PART 2: REVIEWING AND AGREEING HOW THIS IS COMMUNICATED**

Articulating eligibility criteria in a clear and concise way can be a challenging task. It can help to look at how other services have communicated their criteria to get some ideas. We have included some examples in **Appendix A**. Have a look at these, and also at your own current eligibility criteria. For each set of criteria, imagine you were deciding whether to refer someone to this service, and reflect on the following questions:

- What parts of the criteria do you find helpful?
- What parts of the criteria do you find unhelpful or confusing?
- What additional information might you need?

Note: rather than being focused on the content within the examples provided, focus instead on the style, readability, clarity and accessibility of the information to explore the different ways in which eligibility can be communicated.

Once you've agreed internally on which young people are appropriate and how you plan to communicate it, send it to some of your key referrers for comment. Ask them to reflect on the same questions as above, and consider how well the criteria would help them to make referral decisions. This is also an opportunity for them to ask clarifying questions, which will highlight anything that is missing or not being articulated clearly.

Also share the criteria at this point with young people and families to ensure that it is written in a youth-friendly manner. This is especially important if you accept self-referrals, as your criteria will also need to be clearly understood by young people and families. In this instance, you might find it helpful to have two versions of the criteria: one for professionals and one for young people and families that sets it out in more accessible language.

### SIQI TEAM'S REFLECTIONS:

In supporting services through this process, we've identified a few common themes that people find helpful in eligibility criteria:

- Include both inclusion and exclusion criteria;
- Include a description of the service. Having a sense of what types of care you can provide can help referrers decide if it's likely to be helpful for the person they are referring. We have found many services include this in the criteria itself (e.g. "in need of case management"), but separating it into a discrete paragraph helps to keep the criteria clear and concise.
- Remember that not all referrers will be mental health professionals. Try to use criteria that are easily interpreted by GPs, bicultural workers and other community service providers. We've also found it helpful to provide clarifying information or examples if you can't avoid using jargon.

## PILOTING YOUR NEW CRITERIA

Once you're ready to put your newly refined criteria into practice, a pilot phase provides an opportunity to check in on their effectiveness and make any necessary tweaks to ensure they are working well. This encompasses the do, study, and act phases of the PDSA cycle and consists of three parts: collecting referral data, collecting internal and external feedback, and reviewing and making changes.

The pilot period should last for approximately three months, to ensure you receive enough referrals to test the new criteria properly. There should be at least two reviews during this pilot: one at the half-way point (six weeks), and one at the end, both of which should be informed by data.

### PART 1: COLLECTING REFERRAL DATA

Data on the referrals you receive during the pilot period, and the outcomes of these referrals, can draw out any parts of the criteria that are not working well. An example spreadsheet for tracking referrals is included in **Appendix B**. In particular, note the referrals who were *not* accepted, and the reason for this. Any trends in the reason for declining a referral might help to identify any key points that referrers may be interpreting differently to the service staff, and thus where shared understanding is lacking. For example, one service we worked with required young people to have not engaged in significant previous treatment. A number of referrals, however were declined on the basis of this, which

highlighted that the threshold for 'significant previous treatment' was not clearly established and need to be further explained.

## **PART 2: COLLECTING INTERNAL AND EXTERNAL FEEDBACK**

Feedback from those who are using the criteria – both staff within the service, and those referring to the service – is also helpful to understand how well it is working. Example surveys are included in **Appendix C**, one version for internal service staff and one for external stakeholders, such as key referrers. They explore the following topics:

- What proportion of the referrals you are receiving meet the criteria?
- Now that you're using the criteria in practice, is there anything that is confusing or ambiguous, or anything that needs to be changed?
- Has implementing the criteria changed who is being referred to the service?

If there are any specific concerns about the criteria, you can add questions to address these (for example, one service we worked with had concerns about referrals not containing enough information to address some of their key eligibility criteria, so we added a question to the survey to specifically monitor this).

## **PART 3: REVIEW THE DATA AND MAKE CHANGES**

Using these two data sources, identify any areas of the criteria that are not working as well as they should be. Unpack each of these issues further in a review workshop or meeting, and identify changes to the criteria that may resolve them. These changes can then be made, and tested in the second half of the pilot. In the final review, check in again to see if the issues have been resolved.

## **GET IN TOUCH**

We hope that outlining this eligibility criteria review process will aid youth mental health services and PHNs in their service improvement efforts. If you would like further guidance, or have any feedback about how you think the process could be improved, we'd love to hear from you. Email us at [nationalprograms@orygen.org.au](mailto:nationalprograms@orygen.org.au)

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## Appendix A: EXAMPLE CRITERIA

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### EXAMPLE 1:

#### **What does the [Service name] program do?**

[Service] provides care to young people (aged 12-25) with complex mental health needs and functional impairment. The program is based in [Location], and also provides outreach or telehealth services to young people who cannot attend centre-based appointments.

[Service] provides comprehensive cultural-biopsychosocial assessments, therapeutic interventions, and case management support from a multi-disciplinary team. The team includes a part-time psychiatrist, a peer worker, and a team of 3-5 mental health clinicians. [Service] provides individual sessions, family work and group programs, and can also connect a young person to the different types of care they require and advocate for their needs. The program is designed to provide flexible, medium to longer term care (up to 12 months), at no cost to the young person. The caseloads are capped for each clinician, which means that there is a limit to the number of young people each clinician is assigned to, to ensure that young people and families accessing the service are provided with comprehensive care tailored to their needs.

[Service] focuses on young people who are relatively new to mental health services, with the goal of preventing the need for these young people to access tertiary level care.

#### **[Service] eligibility and exclusion criteria**

##### **Eligibility:**

- a. Aged 12 to 25 years.
- b. Residing in [Geographical location] PHN region.
- c. Experiencing, or at risk of experiencing severe or complex mental health needs and functional impairment
- d. Have not received a significant period of treatment for the same presenting issue
- e. Willing and able to engage in the [Service] program
- f. Is medically stable
- g. Associated complexity of presentation that cannot be managed in a typical primary care setting (e.g. GP, private psychologist, school/university counsellor, headspace Centre)

##### **Exclusions:**

- a. Primary presenting issue of psychotic disorders; neurodevelopmental disorders such as ADHD, ASD and intellectual disability; disruptive, impulse control and conduct disorders; eating disorders; and primary diagnosis of alcohol and drug dependence.
- b. At acute risk of harm to themselves or others.
- c. In need of services that would be more appropriately delivered within an acute or hospital setting or by state health specialised community mental health services e.g. perinatal, forensic.
- d. Requires intervention from other specialist services
- e. Eligible for services under NDIS
- f. Is being/has been treated at a similar or greater intensity for the same presenting issue.
- g. Primary reason for referral is for provision of legal reports
- h. Primary reason for referral is for psychiatry services only

[Service] welcomes contact from referrers, families, and young people regarding any questions related to our eligibility and exclusion criteria. If there are queries regarding whether a young person could benefit from the [Service] program, please do not hesitate to contact our intake team on [phone number].

## **EXAMPLE 2**

### **[Service name] Program**

The [Service name] Program provides care to young people with complex mental health needs and functional impairment. The program is based at headspace [locations], and also provides occasional outreach to nearby schools.

[Service] provides therapeutic and case management support from a multi-disciplinary team, including individual sessions, family work and group programs. [Service] can connect a young person to the different types of care they require and advocate for their needs. The program is designed to provide flexible, longer term care, at no cost to the young person.

### **Eligibility criteria**

#### **Inclusion Criteria**

- a. Aged 12 to 25 years
- b. Residing in the [geographical region] and is able to attend the local headspace centre.
- c. Experiencing or at risk of experiencing severe and or complex mental illness, for example (but not limited to) severe anxiety and/or depression, complex trauma, borderline personality disorder.
- d. Functioning is impaired, resulting in disruption to two or more areas of the young person's life (e.g. work, education, interpersonal relationships, self-care).
- e. Require a mix of specialities, multi-agency approaches and/or interventions to meet their care needs.

#### **Exclusion criteria:**

- a. Primary presenting issue of acute psychotic disorder, neurodevelopmental disorders such as ADHD, ASD and intellectual disability, eating disorders, or alcohol and drug dependence.
- b. Young people at acute risk of harm to self or others.
- c. in need of services that would be more appropriately delivered within an acute or hospital setting or by state specialised community mental health services e.g. perinatal, forensic.
- d. Young people not seeking clinical mental health support, but rather broader social and psychosocial support services that are the responsibility of the disability support/non-health sectors.
- e. Eligible for services under NDIS, MBS, or other national initiatives.

#### **Examples of 'experiencing or at risk of severe and/or complex mental illness':**

- a. Currently experiencing enduring symptoms of a mental illness that have been typically present for 6 months or more and are associated with moderate to high levels of distress, experiencing multiple crises and/or major disruptions to functioning in multiple domains of living.
- b. Equivalent of Clinical Staging levels 1b and 2 and/or IAR level 4.

### **How to refer**

Referrals can be sent directly to the headspace centres, where a centralised triage worker will allocate the young person to [Service] or headspace primary services according to their needs.

[Centre details (website, email, phone)]

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## Appendix B: REFERRAL TRACKING SPREADSHEET

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Referral ID	Referral date	Referral source	YP suburb	Age	Presenting MH concerns	Risk assessment	Previous treatment, if any	Referral accepted	If not accepted, why not?
####					Diagnoses, reasons for referral etc.	Has a risk assessment been completed? Were there any flags?	Duration, type, location, was it for the same issue?	Yes / No	

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## Appendix C: SURVEYS

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### SERVICE STAFF

1. To what extent do the referrals you are receiving meet the criteria for [service]?
  - Almost all of them
  - Most of them
  - About half
  - A few of them
  - Almost none of them
2. Comments  
[open text box]
3. Is there anything in the criteria that you find confusing or ambiguous, now that you've put them into practice? Is there anything you would change?  
[open text box]
4. Do you think implementing the new criteria has changed who is being referred to [service]? If so, how?  
[open text box]
5. Is there anything else you'd like to add?  
[open text box]

### EXTERNAL REFERRERS

1. How well do you feel you understand the [service] eligibility criteria?
  - Extremely well
  - Very well
  - Moderately well
  - Not very well
  - Not at all
2. Is there anything in the criteria that you find confusing or ambiguous, or need further clarification on?  
[open text box]
3. Is there anything else you would like to add?