

# SUCCESSES

## Support for young people on waitlist

The recruitment of a hsP specific Youth Access Worker has allowed young people to receive some fast-tracked support, such as preparing for clinical work, care coordination, addressing risk issues and gathering collateral information. This has maintained engagement with the young person until they are allocated to a clinician. In some cases, YP have not needed a hsP clinician as their care needs have been met.

## DBT skills group

The hsP team run two DBT skills groups per year, each for approximately 12 participants. These include young people at all stages of their therapeutic journey, from the waitlist through to transitioning out of the program, and focuses on skills such as mindfulness, emotional regulation, distress tolerance and interpersonal effectiveness.

## Transport

Many young people supported by hsP face significant barriers in access to transport. The hsP team has been able to provide transport directly to young people, or provide taxi vouchers, to enable access to care that otherwise would not have been possible.

# CHALLENGES

## Transitioning to 12-month program

Initially, the hsP program provided unlimited care. While this had some benefits, it blew out waitlists due to extended episodes of care and risked disempowering young people, so a 12-month duration of care was implemented. Young people understood the rationale for this change, but ending treatment caused some anxiety for those who had been in the program for some time.

## Managing waitlists

Demand for the hsP program outweighs the capacity of the small team. While the waitlist support provided by the Youth Access Worker (discussed below) has been a success, waiting times are still longer than ideal for access to therapeutic interventions.

## Access to specialist services

Access to specialist and medical care, such as GPs, paediatricians, psychiatrists and occupational therapists is a significant challenge for young people in the Wagga Wagga region, both due to limited availability and financial barriers. hsP has been able to improve some of this access through an in-house GP and part-time psychiatrist, but this is inconsistent.

## Clinical review processes

Though we routinely engage in three-monthly in-session reviews, engaging with multidisciplinary teams regularly has been challenging. We are without fit-for-purpose MDT clinical review templates/tools, have limited access to psychiatry input, and finding time for all staff to attend has been difficult.

# ARVIS' STORY

My name is Arvis, I'm 18, and have been engaged with headspace for a couple of years.

I was about 13 or 14 when I came in for the first time. The friendliness of the staff and the welcoming environment was incredibly unfamiliar.

Unfortunately for me, my parents soon discovered that headspace supports the LGBTQIA+ community, which led to them withdrawing me and forbidding me from returning.

I had been struggling with depression, anxiety and suicidal ideation since I was 12, most people didn't notice, and the few that did, didn't care. Growing up with seven siblings in a cult, I was just another number, another mouth to feed.

When I was 16, one of my siblings and I got kicked out of home, and the lack of understanding and support was discouraging, making me feel like I was too broken to ever be happy. Many mental health professionals didn't believe me, or told me that I should just leave the past behind and be happy. I went through many services, feeling like I wasn't getting anywhere.

Then I was able to join headspace Plus, an amazing program where you receive counselling for a whole year, rather than the usual 10 sessions. headspace Plus is a life changer; the amount of opportunities and services that come along with it are priceless.

Through headspace Plus I have gotten my ADHD and Autism diagnosis, thanks to my psychiatrist. I have been able to develop coping strategies to deal with life, and my quality of life has greatly improved.

I would greatly recommend headspace Plus to anyone who needs it. The validation and help you receive is some of the best available. The only improvements I could suggest would be to have more clinicians to shorten wait times, but overall headspace Plus is amazing.

# YOUTH ENHANCED SERVICE CASE STUDY

## HEADSPACE PLUS, WAGGA WAGGA

### INTRODUCTION

headspace Plus (hsP) provides a range of enhanced services to young people at risk of poor health outcomes. It aims to increase the efficiency and effectiveness of services for young people with, or at risk of, severe mental illness, and who experience considerable disadvantage when accessing services. The program provides one-on-one or group support to the young person as well as their family or friends and is available for up to 12 months. The program can work with young people in crisis but does not manage those at acute risk.

headspace Plus aims to:

- provide care tailored to each young person's needs and circumstances in a timely manner; and
- help young people develop and maintain skills and support networks to care for themselves independently of headspace Wagga or other service providers in the future.

### GET IN TOUCH

IF YOU'D LIKE MORE INFORMATION ABOUT ORYGEN, PLEASE CALL +61 3 9966 9100 OR SEND AN EMAIL TO [INFO@ORYGEN.ORG.AU](mailto:INFO@ORYGEN.ORG.AU)

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Origen acknowledges the Traditional Owners of the lands we are on and pays respect to their Elders past and present. Origen recognises and respects their cultural heritage, beliefs and relationships to Country, which continue to be important to the First Nations people living today.

REVOLUTION  
IN MIND *orygen*

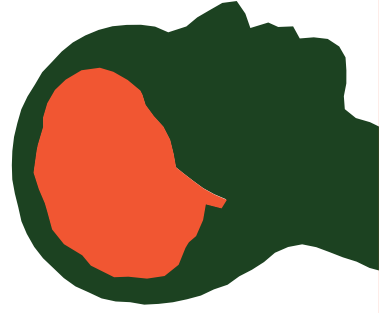
# HEADSPACE PLUS, WAGGA WAGGA

## ELIGIBILITY CRITERIA

- YP aged 12-25
- YP has or is at risk of a mental health diagnosis as per DSM-5-TR or ICD-11
- Symptoms may cause serious impacts or disruptions to social, personal and work/school life
- YP or their family report high levels of distress at current symptoms
- YP comes from an under-served group and would likely benefit from a more intensive and/or flexible course of treatment than can be offered under Medicare-funded sessions

## KEY PRESENTING ISSUES

- Diagnoses such as anxiety, mood disorders, trauma, personality disorders and eating disorders
- Psychosocial issues such as employment, education, transport, financial stressors and legal involvement
- Deliberate self-harm and suicidal ideation or behaviours



EXISTING HEADSPACE CLIENTS STEPPED UP VIA CLINICAL CASE REVIEW MEETING

GPs  
SCHOOLS  
COMMUNITY MENTAL HEALTH  
YOUTH REFUGEE  
SELF & FAMILY

Level 1 assessment with hs Youth Access Worker

Fast-tracked if referral info indicates hsPlus

Triaged at hs intake meeting

Level 1 assessment with hsPlus Youth Access Worker

**YOUNG PERSON MEETS ELIGIBILITY FOR SERVICE**

## ENHANCED ACCESS

- Outreach sessions available at home or in the community
- Telehealth
- Flexibility with session frequency and duration



## HEADSPACE PLUS

headspace Wagga Wagga  
Relationships Australia  
Canberra and Region

## PSYCHOLOGICAL INTERVENTIONS

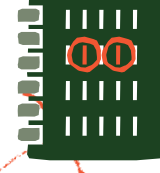
Psychoeducation, Cognitive Behavioural Therapy, Dialectical Behavioural Therapy, Family Based Treatment for eating disorders

## CASE MANAGEMENT

- Care coordination, psychosocial support and brief interventions by dedicated Youth Access Worker
- Available to YP while on waitlist, during care and during transition out of program

## CASELOADS

15-25 YP per FTE, depending on needs and complexity



## DURATION OF CARE

Up to 12-month duration of care; average fortnightly sessions based on individual needs of the YP

## ACCESS TO MEDICAL CARE

- Access to GP and psychiatry, dependent on current availability
- Access to headspace National telepsychiatry



## STAFFING PROFILE

- 0.6 FTE senior mental health clinician
- 0.6 FTE mental health clinician
- 0.8 FTE youth access worker

## PARTNERSHIPS AND INTEGRATION

- MoUs with Murrumbidgee LHD, local NGOs, Wellways, Riverina Medical and Dental Aboriginal Corporation, Charles Sturt University

## PROGRESS MONITORING

- K10
- My Life Tracker
- headspace Plus in-session care review template
- Three-monthly reviews with YP and MDT meeting
- Operate within feedback informed treatment framework



HEADSPACE BETTER ACCESS

OTHER CLINICAL SERVICE,

E.G. PRIVATE PROVIDERS,

NON-CLINICAL SERVICES,

E.G. WELLWAYS

SINGLE SESSION

"TOP-UPS"

AVAILABLE

TO YP WITHIN

SIX MONTHS

OF EXIT

**DISCHARGE**

## GOALS

Collaboratively set, such as:

- Developing skills around emotional regulation and distress tolerance
- Addressing past trauma
- Improving mood
- Decreasing anxiety
- Addressing risk concerns



This service is funded by