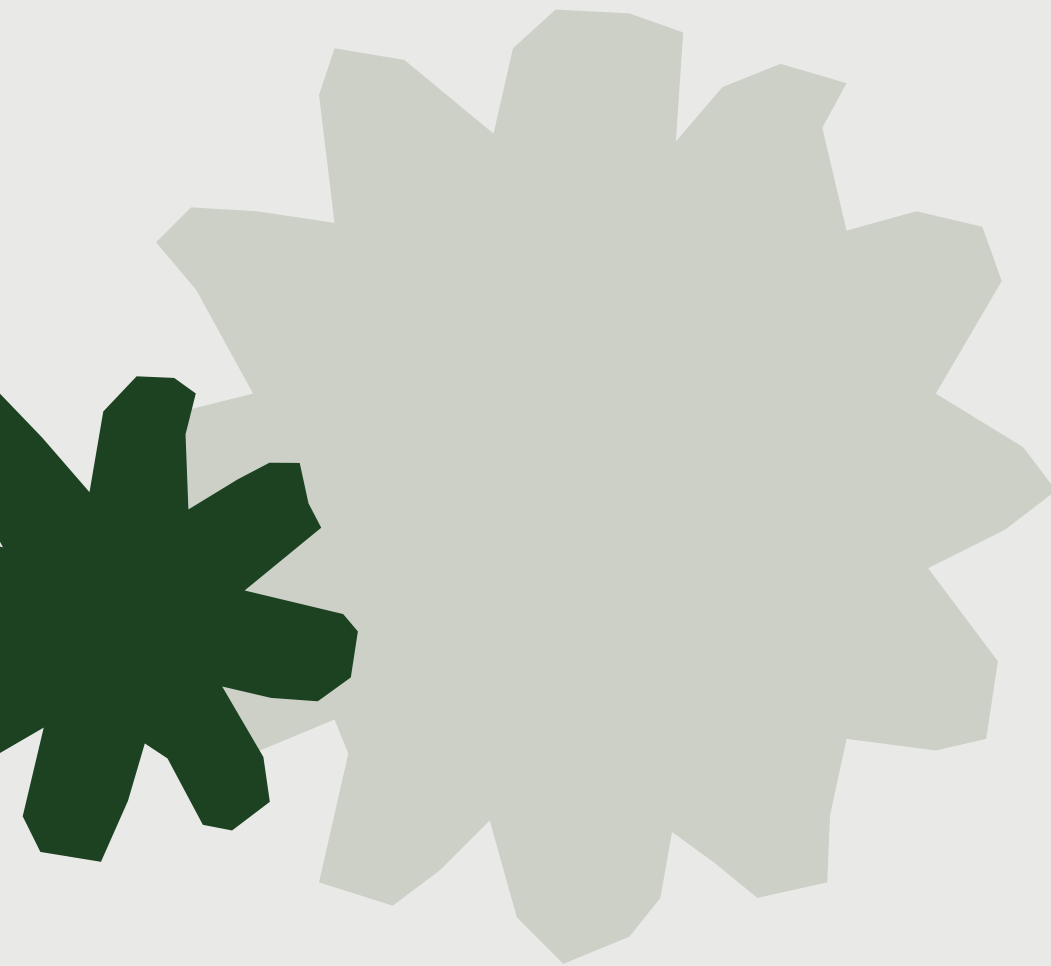




THE YOUTH ENHANCED SUPPORT SERVICE - WESTERN SYDNEY

A CASE STUDY

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ACKNOWLEDGEMENTS



We acknowledge the Traditional Custodians of the lands on which this research was conducted, the Dharug people, as well as the Wurundjeri Woiwurrung people, and recognise their continuing connection to land, water, and community. We pay our respects to Elders past and present and extend that respect to all Aboriginal and Torres Strait Islander peoples involved in this project.

We express our sincere gratitude to Western Sydney Youth Enhanced Support Services for their generous participation in this case study. We greatly appreciate their willingness to welcome the Orygen team to conduct semi-structured interviews with their staff, young people, families, carers and supporters. Additionally, we are thankful for their valuable contribution of quantitative data, which has been essential for further analysis of the service.

We also acknowledge and extend our thanks to the lead agency, Uniting NSW.ACT, commissioned by the Western Sydney Primary Health Network, for their collaboration and participation in this project. Their support and commitment have been crucial to enable this research.

A heartfelt thanks goes to all the young people and families who participated in the semi-structured interviews. Their willingness to share their experiences and perspectives has been invaluable in shaping a better understanding of the service and guiding future improvements.

We would also like to recognise the dedication and contributions of the Orygen staff, both past and present, who have played a role in the execution of this project. Each have made significant contributions to the success of this research, and we are deeply grateful for their efforts.

Lastly, we acknowledge that this case study is not designed for benchmarking purposes. Rather, it aims to provide crucial insights into the Western Sydney YESS program, supporting the continuous improvement of services and strengthening our collective understanding of the needs of young people experiencing severe and/or complex mental ill-health conditions.

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EXECUTIVE SUMMARY

BACKGROUND

Youth Enhanced Services (YES) across Australia support young people experiencing complex mental health challenges. While data is routinely collected from young people accessing YES programs, these outcome measures provide limited insights into the impact of services. There is a need to better understand who engages with YES, what activities are delivered, and their impact on young people, families, and systems.

Project Impact aimed to develop a case study of one YES program in New South Wales, known as the Youth Enhanced Support Service: Western Sydney (YESS WS), by analysing service data and conducting interviews with service providers, young people, and families, carers and supporters (referred to as family hereafter).

METHODOLOGY

This project collected and analysed quantitative (numbers-based) data and qualitative (words-based) data. Quantitative service data collected between 1 July 2023 and 30 June 2024 was extracted from the Uniting NSW.ACT client management system and analysed using descriptive statistics. Fifteen participants took part in interviews: five young people, three family members, and seven service providers. Interview data was thematically analysed to identify key themes.

FINDINGS

YESS WS service data showed:

- 372 young people were provided care at the YESS WS program between 1 July 2023 and 30 June 2024.
- The average duration of care was 269 days.
- Over two thirds of these young people identified as female (n=252, 68%).
- 7% of young people accessing the service identified as Aboriginal (n=26).
- The average age of young people was 18.55 years.
- The most common referral sources were public mental health services (n=175; 57%), other (which encompassed referrals from general practitioners, housing services, the Department of Communities and Justice, private psychologists and headspace services) (n=48; 16%), schools (n=41; 13%), public hospitals (n=26; 8%), and self-referral (n=18; 6%).
- The three most common primary presenting issues were co-occurring anxiety and depression symptoms (n=77; 23%), anxiety symptoms (n=66; 20%), and depression symptoms (n=45; 13%).
- On average, young people reported higher distress at the start of YESS WS episodes of care (n=55) compared to the end (n=33), though these findings must be interpreted with some caution due to limited data.

Key strengths of YESS WS

Interviews with young people, family members, and service providers identified seven themes highlighting program strengths:

- Young person-centred care
- Free comprehensive care
- Extended duration of care
- Accessible neurodevelopment and cognitive assessments
- Support from a peer worker with lived experience of mental ill-health and recovery
- Dialectical Behavioural Therapy and Radically Open-Dialectical Behaviour Therapy
- Working with the family system

YESS WS impacts for young people

Young people spoke of many positive impacts from their participation with YESS WS. Analysis of interviews identified six key themes related to impacts for young people:

- Relational improvements
- Deeper understanding of self
- Empowerment
- Improved mental health wellbeing and functioning
- Impact on life trajectory
- Reparative experiences with healthcare services



YESS WS impacts for families

Family members reported that the YESS program led to positive change for the whole family unit. Improvements included:

- Better relationships with other family members, with more understanding and less stress, aggression, and conflict.
- Relief in seeing improvements in their loved one's mental health, physical health, risk behaviour, and daily functioning.
- Substantial improvements in family member's mental health and wellbeing.

YESS WS impacts on the healthcare system

Providers highlighted the essential role of YESS WS in reducing a significant gap in a healthcare system under pressure. Key impacts included:

- YESS WS was one of the only places where young people in the region could access intensive support because of a lack of capacity in other programs – particularly state-funded mental health
- YESS WS provided vital support for the community, reducing pressure on other services and ensuring young people and families could access appropriate, evidence-based services when required.

Key challenges for the program and opportunities for improvement

Young people, families, PHN staff, and YESS WS staff named several challenges and opportunities for improvement. Key themes identified were:

- Overwhelming demand and limited service capacity
- Need for systemic support to sustain staff and service quality
- Difficulty integrating peer support within a medical model
- Suggestions from young people, such as flexible eligibility, adaptable episodes of care, and increased funding for peer roles
- Expanding the capacity and reach of youth enhanced services

This case study describes high quality care provided by the YESS WS program to support the needs of young people with complex mental health needs in the Western Sydney region. The combination of qualitative and quantitative data expands upon current routine data collection used for monitoring and improvement of YES programs and helps to provide a more detailed understanding of the impacts to young people, family members, staff teams and the health system more broadly. This information can be used to inform future service design and delivery.





BACKGROUND

WHAT ARE YOUTH ENHANCED SERVICES?

Since 2016, Primary Health Networks (PHNs) have been funded to develop regional service models for young people presenting 'with or at risk of developing severe and/or complex mental health issues', known as Youth Enhanced Services (YES). In the original commissioning guidance for YES programs (then known as Youth Severe), examples of severe mental health issues included psychosis, major depression, severe anxiety, eating disorders, and personality disorders. Severity could also relate to the level of risk that a person presents with because of their mental ill-health, in combination with any number of external factors or circumstances such as homelessness, family violence and/or poor social supports. YES programs provide care to young people who often 'fall through the cracks' in the system between traditional primary and tertiary care providers. This cohort of young people can vary for different areas and different services, depending on service gaps in the area, socio-economic issues, and the level of funding provided.

To aid the design and implementation of YES programs across the country, Orygen developed a [Youth Enhanced Services Model](#)(1) in 2021 based on the knowledge of developing youth mental health services, and the knowledge of PHNs and YES providers nation-wide. The YES model consists of five core service components which are underpinned by seven principles. These components and principles provide a flexible framework for the delivery of YES programs that address local needs while adhering to best practices in youth mental health care.

YES programs have now been established in all states and territories of Australia. PHNs fund YES programs from the PHN Primary Mental Health Care Flexible Funding Pool and have discretion about how they allocate funding to YES. Most recent data – from 2025 – showed there were 67 YES programs across Australia.(2)



THE EVIDENCE FOR YOUTH ENHANCED SERVICES

As YES programs have become more established, there has been opportunity to better understand their service offerings and the young people they support. The report ['Shining a spotlight on youth enhanced services and the young people they support'](#)(3) indicated that YES services provided care to young people experiencing a range of co-occurring mental health conditions, challenging psychosocial circumstances, significant childhood adversity, physical health needs and risk-related concerns. The study also identified the diverse support provided by YES programs to young people, and their families. Orygen has also developed a series of videos and infographics which document YES models and include accounts from young people about their experience of accessing YES programs, available [here](#). However, to date there has been limited opportunity to explore who is engaging with YES programs, what activities are being delivered, and what impacts they are having.

INTRODUCING PROJECT IMPACT

Project Impact aims to develop a detailed picture of YES programs and the impacts they have on young people and families as well as the local health system. Using data routinely collected by YES programs and through interviews with young people, families, YES program staff, and PHN staff, Project Impact develops a case study of an individual YES program that answers the following questions:

- What is the YES program's model of care?
- What activities have been delivered by the YES program, to whom, and with what outcomes?
- What have been the experiences of young people and families who have received support from the YES program?
- What have been the impacts of the YES program, on young people, families, and the local healthcare system?
- What have been the successes of the YES program, and where are the opportunities for improvement?

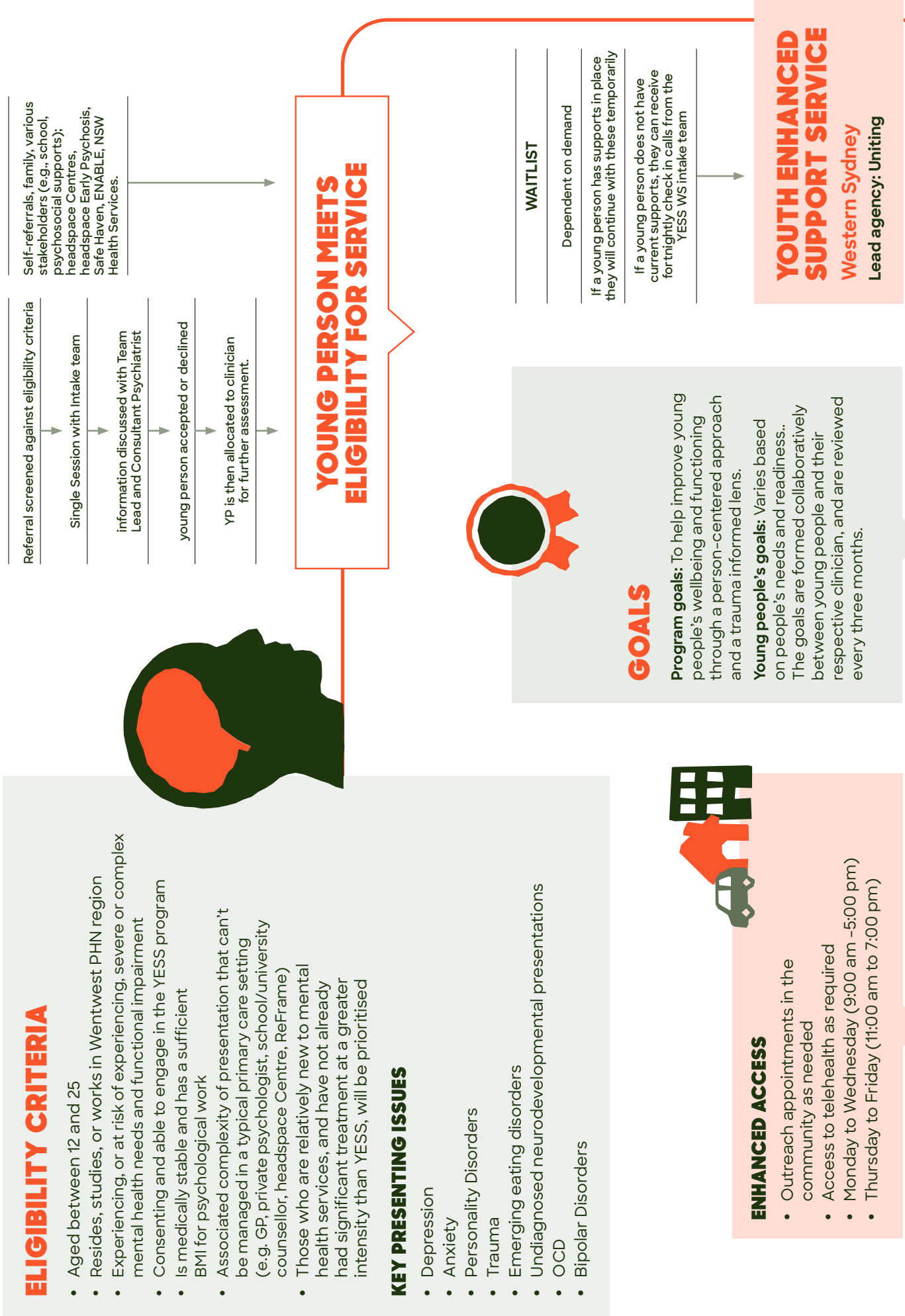
INTRODUCING THE YOUTH ENHANCED SUPPORT SERVICE: WESTERN SYDNEY

The subject of this case study is a YES program in New South Wales, known as the Youth Enhanced Support Service: Western Sydney (YESS WS), which is delivered by Uniting NSW.ACT and commissioned by WentWest (Western Sydney PHN). The program provides free support to young people aged 12-25 years, residing, studying or working in Western Sydney, who experience, or are at risk of experiencing, severe or complex mental health issues alongside functional impairment. At the time of writing, the multidisciplinary team comprised a team leader, peer worker, a part time GP, a part time psychiatrist, an administration staff member, and a part time relationships counsellor (through a partnership model with another organisation).

YESS WS aims to support young people's wellbeing by adopting a person-centred, trauma-informed approach. The service provides comprehensive and tailored support through care coordination, therapy, peer support, psychiatry, medical support with a GP, and skill-based therapeutic groups, as well as access to psychological testing to diagnose neurodevelopmental disorders, intellectual disabilities and learning disorders. The YESS WS model of care is illustrated in the infographic below (Figure 1).



Figure 1. The YESS WS model of care



THERAPEUTIC SUPPORTS:

- Case management provided by allocated clinician who also provides therapeutic support with weekly to fortnightly sessions
- Psychological interventions
- Psychometric assessments
- Group therapeutic programs for Dialectical Behavioural Therapy (DBT) and Radically Open - Dialectical Behavioural Therapy (RO-DBT)
- Peer work
- Medical care
- Parent/carer specific support

CASELOADS

15-25 young people
across 0.9 FTE

DURATION OF CARE

Up to 12 months of care



STAFFING PROFILE

Team Leader - Clinical Psychologist - 1 FTE	1 GP - 0.2 FTE
3 clinicians - Registered Psychologists - 3 FTE	Consultant Psychiatrist - 0.4 FTE
1 Peer Worker - 1 FTE	Intake clinician - 1 FTE
	Admin - 1 FTE
	Relationship Counsellor - 0.2 - 0.4 FTE

PARTNERSHIPS AND INTEGRATION

- Weekly meeting with other services in Western Sydney to discuss referral pathways.
- Currently have links to other services such as Youth Hub (Homelessness services); Commonwealth Psychosocial Supports (CPS); AOD Services etc...

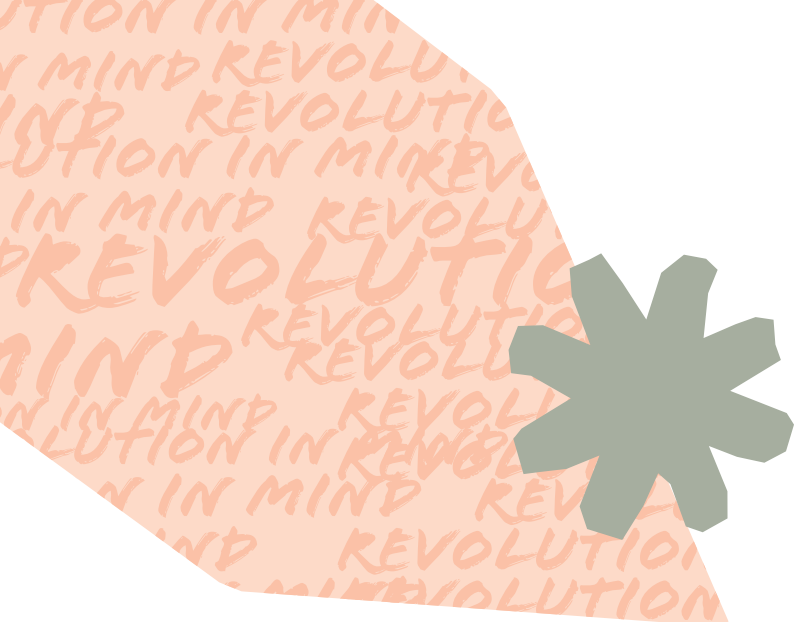
PROGRESS MONITORING

- K10+
- Personal Wellbeing Index (PWI-A/PWI-SC)
- Completed at the beginning, and every 3 months until the end of their episode of care.



PRIVATE THERAPIST USING
MENTAL HEALTH CARE PLAN
PRIVATE PSYCHIATRY SUPPORT
NDIS
OTHER SPECIALIST SERVICES
SUCH AS VICTIMS OF CRIME

DISCHARGE



METHODOLOGY

This project utilised a mixed-methods study design, synthesising both quantitative (numbers-based) data and qualitative (words-based) data.

QUANTITATIVE DATA COLLECTION AND ANALYSIS

Aggregated service data collected between 1 July 2023 and 30 June 2024 was extracted from the Uniting NSW.ACT client management system, including:

- **Service activity data:** occasions of service, type of service, duration of care, residential postal code of referred young people, referral source
- **Demographic data:** age, gender, Aboriginal and Torres Strait Islander status, proportion born outside Australia, LGBTQIA+ status
- **Mental health-related data:** Primary and secondary presenting issues, level of distress (measured by the Kessler Psychological Distress Scale [K10])

Service activity data, demographic data, and presenting issues were collected once – at referral or the start of care – and analysed using descriptive statistics.

K10 data was collected every three months through an episode of care, however, only data from the start and the end of an episode of care was analysed using descriptive statistics. Descriptions were guided by standard interpretations of K10 scores: Low (score 10–15), Moderate (score 16–21), High (22–29), Very high (30–50).

QUALITATIVE DATA COLLECTION AND ANALYSIS

Qualitative data was collected via semi-structured interviews. Participants included:

- Young people – eligible if they were aged between 12–25 years and had received at least three months of care at YESS WS within the past 12 months.
- Family members – eligible if they were over 18 years of age and were the parent, guardian, or primary support person of an eligible young person.
- Providers – eligible staff from YESS and WentWest, Western Sydney Primary Health Network (WS PHN); and Uniting NSW. ACT (lead agency) management.

Fifteen participants took part in interviews: five young people, three family members, and seven providers (six YESS WS staff members and one WS PHN staff member). Data was thematically analysed using Braun and Clarke's approach⁽⁵⁾. Several methods were utilised to ensure rigour, such as member checking⁽⁶⁾ inter-rater reliability processes⁽⁷⁾ and peer debriefing.⁽⁸⁾

Ethical approval for this study was granted by the University of Melbourne Human Research and Ethics Committee (2024-30166-57193-3).

FINDINGS

WHAT ACTIVITIES WERE DELIVERED BY YESS WS, TO WHOM, AND WITH WHAT OUTCOMES?

Characteristics of young people accessing YESS WS

A total of 372 young people were provided care at the YESS WS program between 1 July 2023 and 30 June 2024. Over two thirds of these young people identified as female (n=252, 68%) and 7% identified as Aboriginal (n=26). The average age of young people who were seen in the YESS WS program was 18.55 years. See Table 1 for a summary of demographic information.

Table 1. Demographics of young people who accessed YESS WS between 1/07/23 – 30/06/24.

CHARACTERISTIC	NUMBER (%)
Total number of young people provide care	372
Age	
13-15 years	73 (20%)
16-18 years	133 (36%)
19-21 years	88 (24%)
22-25 years	72 (19%)
26-28 years	5 (1%)
Gender	
Female	252 (68%)
Male	90 (24%)
Other	30 (8%)
Aboriginal and/or Torres Strait Islander (TSI) status	
Aboriginal	26 (7%)
TSI	<5 (<1.3%)
Both Aboriginal and TSI	<5 (<1.3%)
Neither Aboriginal/TSI	336 (90%)
Not specified	8 (2%)
Employment status	
Employed	101 (26%)
Unemployed	11 (3%)
Not in the labour force*	278 (71%)
Not specified	<5
Accommodation status	
Sleeping rough or in non-conventional accommodation	5 (1%)
Short-term or emergency accommodation	7 (2%)
Established home	378 (97%)

*The employment status category 'not in the labour force' has been classified as persons who are students, engaged in household and/or caring duties, old age, or other reasons such as infirmity or disablement.(10)

Geographic coverage

The residential postcodes of young people accessing YESS WS covered a large geographic area. Figure 2 indicates where most young people presenting to the service were living at the time of referral. The 10 most common residential postcodes at the time of referral are summarised in Table 2.

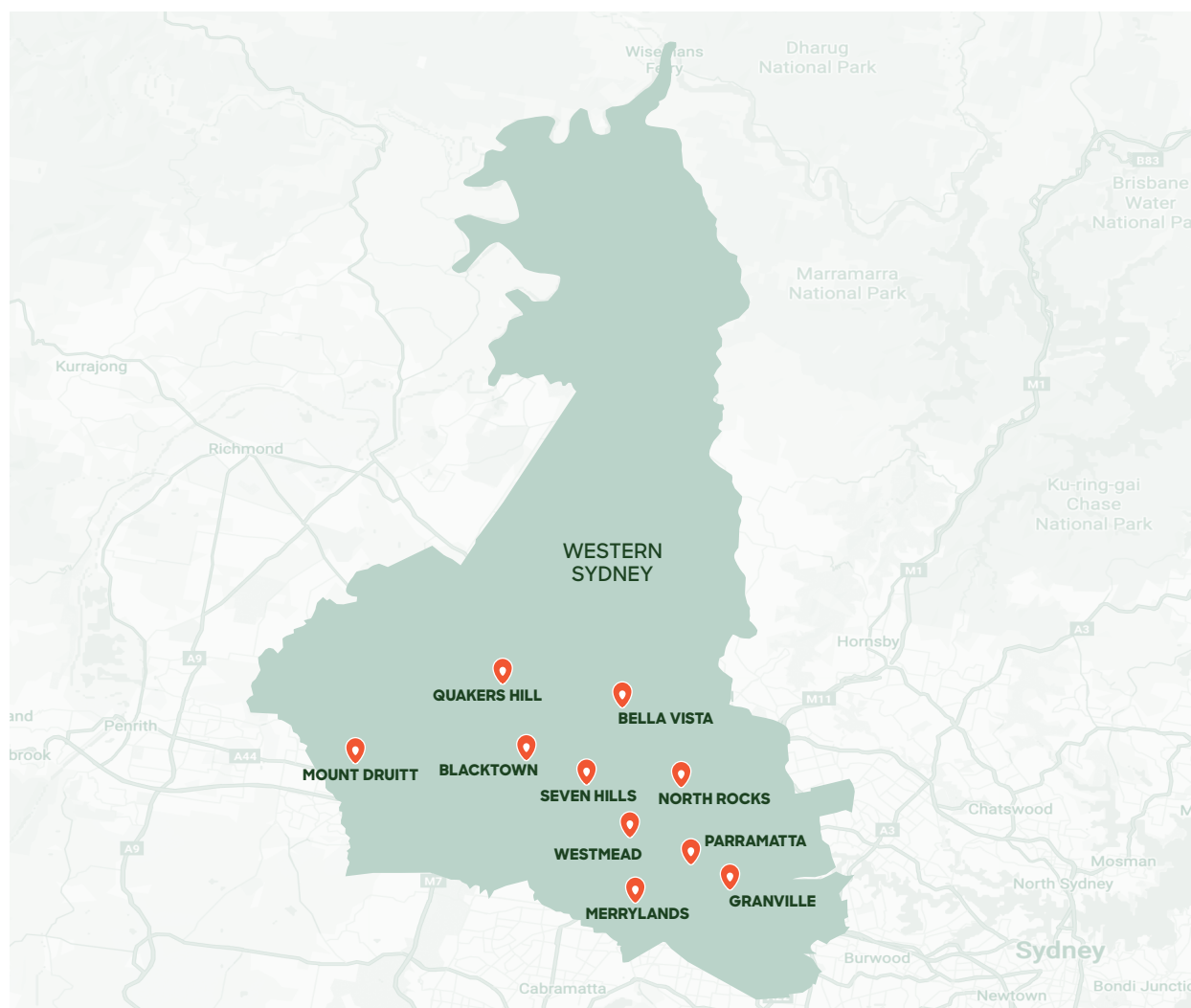


Figure 2. Map [adapted] of top ten residential postcodes Western Sydney PHN region.(8)

Table 2: The ten most common residential postcodes of young people accessing YESS WS

RANK	POSTCODE	SUBURB	NUMBER (%)
1	2770	Mount Druitt	29 (15%)
2	2148	Blacktown	27 (14%)
3	2145	Westmead	25 (13%)
4	2147	Seven Hills	21 (11%)
5	2153	Bella Vista	16 (8%)
6	2142	Granville	16 (8%)
7	2151	North Rocks	15 (8%)
8	2763	Quakers Hill	15 (8%)
9	2160	Merrylands	15 (8%)
10	2150	Parramatta	15 (8%)

Referral sources

The most common referral sources for young people to the YESS WS program were public mental health services (n=175; 57%), other (which could encompass referrals from general practitioners, housing services, the Department of Communities and Justice, private psychologists and headspace services) (n=48; 16%), schools (n=41; 13%), public hospitals (n=26; 8%), and self-referral (n=18; 6%) (see Figure 3).

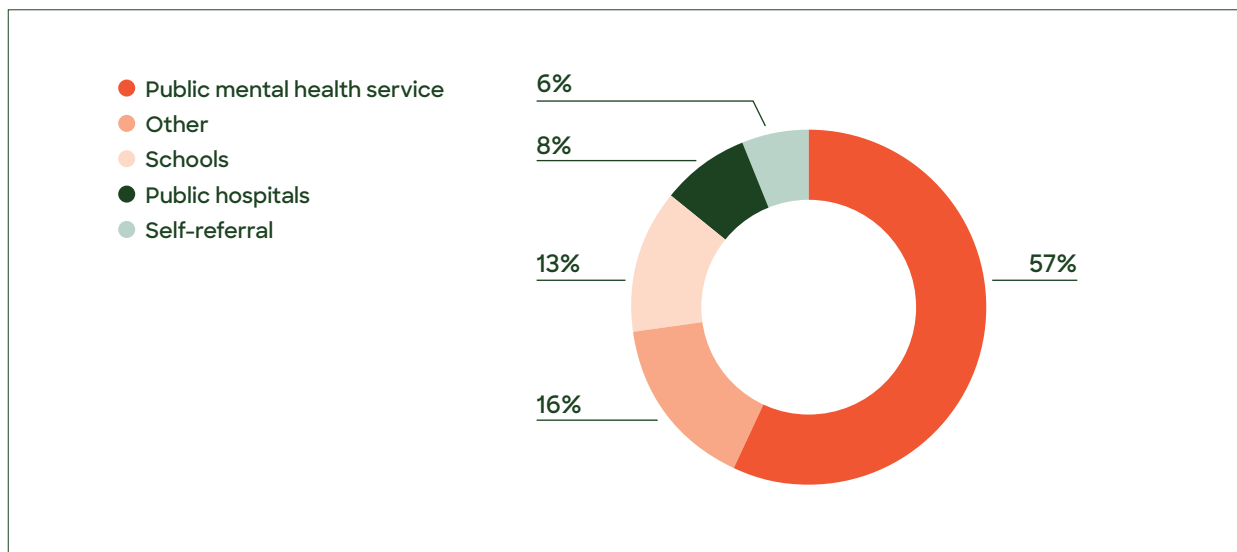


Figure 3. The most common referral sources to YESS WS



Presenting issues

YESS WS staff record the primary (and, where relevant, secondary) presenting issues when a young person is referred to the program. While this information gives some insight into common presentations, it has important limitations. Diagnoses often develop over time through ongoing assessment, therefore early data may not be accurate or complete. In addition, only one or two presenting issues can be recorded, which may not capture the full complexity of a young person's symptoms/experience – especially for cases like autism spectrum disorder (as there is no option to record this in current reporting methods) or for multiple co-occurring issues.

The three most common primary presenting issues amongst young people were co-occurring anxiety and depression symptoms (n=77; 23%), anxiety symptoms (n=66; 20%), and depression symptoms (n=45; 13%). Figure 4 summarises the most frequent primary presenting issues during the data collection period.

Regarding secondary presenting issues, three quarters of cases (n=286, 78%) had none, however a small number of young people had anxiety symptoms (n=15, 4%) and ADHD (n=15, 4%) symptoms as secondary presenting issues.

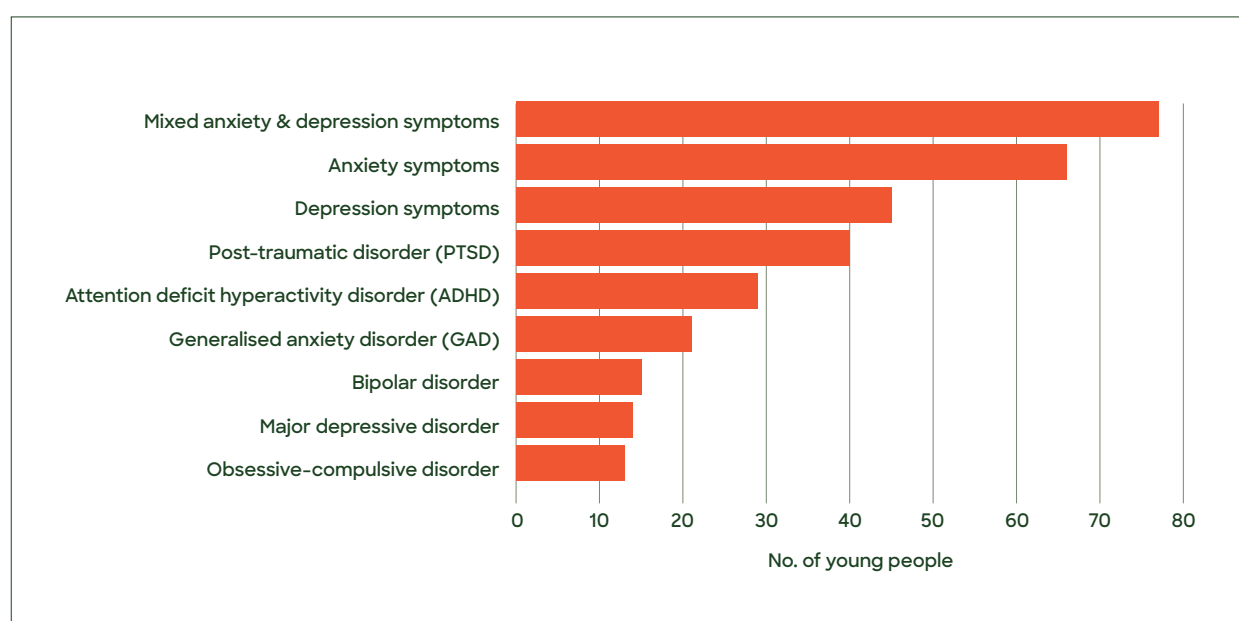


Figure 4. The most frequent presenting issues

Duration of care

The average duration of care for young people accessing the YESS WS program between 1 July 2023 and 30 June 2024 was 269 days, with the minimum duration of care recorded as 30 days, and the maximum recorded as 984 days.

Service Activity

Service activity included a mix of support provided to young people and families through in-person appointments, phone and telehealth services, as well as care-coordination with other healthcare providers and support services related to the young person’s care. A small proportion of the data (1%) related to participants who did not attend their scheduled appointments.

Changes in levels of distress

At the beginning of YESS WS episodes of care, the average K10 score was in the “very high” distress range (avg=32.9, based on data from 55 young people). By the end of YESS WS episodes of care, the average score was in the “moderate” distress range (ave=21.1, based on data from 32 young people). This could indicate that young people’s distress levels improved during their time with the service – however, it’s not possible to make firm conclusions, as the data is limited and statistical testing has not been done. The mean K10 scores at episode start and episode end are illustrated in figure 5.

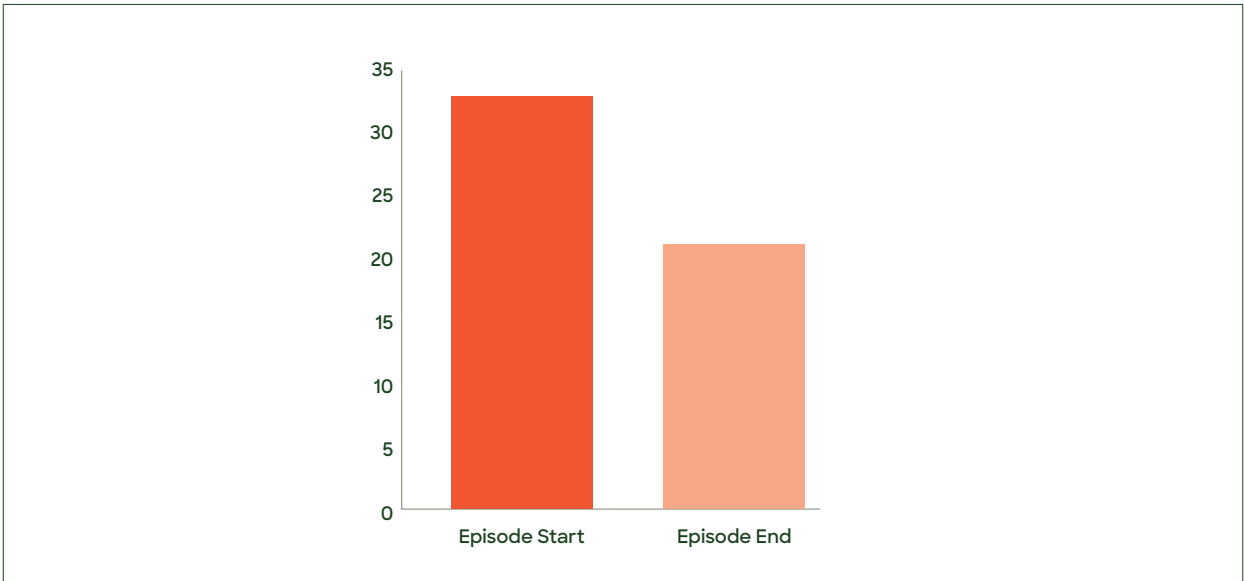


Figure 5. Mean K10 Scores at Episode Start (n= 55) and Episode End (n=32)



INSIGHTS FROM YOUNG PEOPLE, FAMILY AND SERVICE PROVIDERS

While quantitative data point to the diversity of young people accessing YESS WS and the potential benefits of the service, qualitative interviews provided insights into what young people, family, and service providers value most and how the program is thought to achieve positive impacts.

Key strengths of YESS WS

The YESS WS program was widely recognised by participants as a vital support for young people and families. Analysis of interviews identified seven themes highlighting program strengths:

- Young person-centred care
- Free comprehensive care
- Extended duration of care
- Accessible neurodevelopment and cognitive assessments
- Support from a peer worker with lived experience of mental ill-health and recovery
- Dialectical Behavioural Therapy and Radically Open-Dialectical Behaviour Therapy
- Working with the family system

Young person-centred care

Young people and family members reflected on the value of rapport and the empathetic, personalised care provided by YESS staff. For young people, their relationship with staff and feeling heard, safe, and treated as an individual – not just a person with mental health difficulties – were seen as key. Both young people and service providers reflected on the significance of feeling able to share experiences of past trauma and engage in deep therapeutic work. Young people also described how the flexibility of the program meant their individual needs were met – including flexibility in how often they could attend in any given week and being able to attend some appointments after-hours to fit around work. The combination of therapeutic support and care coordination ensured a holistic approach to supporting the young person and their family. Family members and young people also spoke about the life-changing value of advocacy.

“ [The staff member] listened from the very beginning. And she supported [my young person] from the very beginning.”

FAMILY MEMBER

“ I never really felt “talked down to” in the sessions and it was just a space for me to really talk about what I wanted to.”

YOUNG PERSON

“ (My psychologist) just makes the sessions more fun because he is funny [laughs]. He just makes the sessions more fun, and therefore I can be more comfortable. With the (group) facilitators...They’re very chill, all really relaxed, and that helps make everyone else relaxed. Yeah, that’s probably what it does. Also, being professional at the same time with a chill vibe.”

YOUNG PERSON

“ Through my sessions with the psychologist I was able to link up with victim services, get a recognition payment which was life changing for me, that kind of money, especially at the time. I know it really impacted the way that I saw myself and feeling like moving forward.”

YOUNG PERSON

Young person-centred care (continued)

“ The YESS team in Western Sydney is proof that it works, right? If every organisation was to screen their clinicians the way that YES Western Sydney has, I think you would see an overnight difference. Because all of the practical suggestions that I am making really come down to the team. You could implement them in every team right now, and I don't think that you would see a major difference if you didn't have people that cared, if you didn't have people with the expertise necessary.”

FAMILY MEMBER

“ I've been in and out of community mental health services since I was about 11 years old and my time at YESS has been the first time in my life, I have been able to actually verbally discuss any amount of the trauma that I experienced in my childhood.”

YOUNG PERSON

“ ...this is something that I'm quite proud of, is that we've become a service that they're happy to recommend to their friends, their partners. Young people have told me that we'll listen to them, that we're fun, we're not boring. That's really high praise for a young person to be recommending it to their peers.”

PROVIDER



Free comprehensive care

For all participants, a unique strength of YESS WS was the wide range of free support options available – including psychotherapies, care coordination, access to psychiatry and GP services, peer worker support, neurodevelopmental assessment, family support, and group programs. Young people highlighted the way in which these different elements of the YESS WS program worked in combination to support their recovery. For example, one-on-one sessions with clinicians or peer workers provided a space to explore and unpack difficult emotions, whereas group programs were opportunities to hear diverse perspectives, practice newly learned skills, and feel less alone. Integration was not simply about offering multiple supports, but about how each element reinforced the others and was delivered through a seamless, team-based approach.

“ I feel like YESS Western Sydney, in particular, is probably unique in that sense because we do offer a variety of services to young people that they can’t get anywhere else. If they were to try and get it anywhere else, they are spending significant amounts of money.”

PROVIDER

“ I also see a psychiatrist with YESS. That’s been really helpful too, because I’ve never seen a psych before. The fact that it’s free is really, really helpful.”

YOUNG PERSON

“ They (work with psychologist and DBT groups) definitely complement each other quite a bit. Because obviously, they’ve (the psychologist) also learned about DBT and RO-DBT and stuff, which means that they can put the stuff in their sessions, and they do that, and I do notice it.”

YOUNG PERSON

“ Having a combination of a peer worker and my primary kind of carer with the services and psychologist accessible has been extremely helpful because it has just allowed there to be a sense of consistency when one goes on leave or something.”

YOUNG PERSON

“ The group is really good, because everyone shares their experience. It’s really nice to just be able to share that space with people and share your stories and learn life skills.”

YOUNG PERSON

“ I would also say in terms of the best parts of the program just again the availability. I went through a particularly difficult patch a few months into being with YESS and I was going there three days a week and messaging them every day but because there were two of them (clinician and peer worker) and also the team as a whole I had got to know most members of the team because they would all run the DBT program for example, they would all facilitate. It’s like anyone could message and help out and it was just... they were really seamless and are really seamless. It’s sort of, never making me feel like I was slipping through the cracks.”

YOUNG PERSON

Extended duration of care

The extended duration of care (of up to 12 months) offered by YESS WS was highlighted by many participants as being integral to recovery, enabling time for thorough assessment to guide support and in-depth therapeutic work. It was recognised that this was not always possible for other mental health services, and in some cases, the program could specifically extend an episode of care because there were no other services available. In particular, providers reflected that a longer duration of care allowed more time to build rapport and trust with young people, many of whom had experienced trauma or previous negative experiences of help-seeking.

“ It’s the 12-month time period that seems to really give clinicians a chance to really turn things around for the young person.”

PROVIDER

“ ...the common disorders like anxiety, depression, obsessive compulsive disorder, post-traumatic stress disorder. They can really be fully treated within 12 months, as opposed to, if you were outside in the community trying to access services, then you’d be on a mental health care plan and you can only get about 10 sessions. So, it’s more of a comprehensive therapy that they’re receiving.”

PROVIDER

“ ...that lack of safety in other people, and trust is a big barrier that by having that year, we’ve been able to take our time. We’re not under that same pressure of 10 sessions, instead, the first three months is just building rapport, getting them comfortable with the idea that maybe they deserve help ... and we still have time left to do more therapeutic work.”

PROVIDER

“ ...12 months is how long we’re supposed to run, but most our young people need a lot longer than that, depending on the situation. Often there’s an inability to refer them elsewhere, they’re needing more intensive support, other services reject them...”

PROVIDER

“ Realistically the first year of YESS was basically just me being a hot mess and if that had been a fixed timeframe I don’t think anything would have really changed.”

YOUNG PERSON



Accessible neurodevelopmental and cognitive assessments

Young people, family members and service providers all spoke of the important role of the service in supporting young people with suspected or undiagnosed neurodevelopmental disorders, such as autism spectrum disorder (ASD) and attention deficit hyperactivity disorder (ADHD), or learning disorders, such as dyslexia and dyscalculia. The YESS WS team can conduct neurodevelopment assessments – including the Autism Diagnostic Interview-Revised (ADI-R), Autism Clinical Interview for Adults (ACIA), and Autism Diagnostic Observation Schedule (ADOS) and cognitive assessments – and a psychiatrist is available to prescribe medication to manage ADHD. Service capacity-building in this area was a response to the high proportion of young people referred to YESS WS with traits of neurodevelopmental or learning disorders.

Young people and family members reflected on assessments previously being inaccessible due to high costs and the lack of available providers. For young people, the ability to complete an assessment in a familiar, supportive environment reduced anxiety and helped them engage more openly in the process. For YESS WS staff, having clarity on a young person's diagnosis allowed them to adapt and personalise interventions, provide relevant psychoeducation to young people and families, and prescribe appropriate medication. Similarly, young people reported benefits from having clarity around their diagnosis, feeling that it offered more targeted and purposeful intervention and care planning. It also supported effective advocacy to education services and access to targeted support such as the National Insurance Disability Scheme (NDIS).

“...most of our young people are neurodivergent in some way. That's usually why they've ended up with us. They've used up all the other services and the other services haven't been able to pinpoint what it is that's going on, and it turns out they're just neurodivergent.”

PROVIDER

“Autism comes up a lot. That seems to be this common factor for missing middle, where people don't know what's going on but the treatments aren't working. Then you rip off the mask like a Scooby-Doo villain and, surprise, it's your developmental disorder that's gone undiagnosed for all this time.”

PROVIDER

“Recently they tested her for ASD. What's really frustrating is having a child who is obviously a little bit 'neurospicy' – I think is the word we like to use at the moment – from the age of two and being in some type of therapy from the age of three. Trying to get answers, being referred to a lot of different places. There was always that common thought from medical professionals saying she could have ASD. When it comes down to it, the cost of these tests pretty much started about \$4,000. As it's worked out, she does have ASD. To then get that next lot of support is something that no one else has done.”

FAMILY MEMBER

“I had a test not long ago for ASD which was helpful because growing up I've had a lot of diagnoses thrown at me that weren't true. But being able to have another test, with the program that I was currently talking to, it helped a lot because I was comfortable with the people that did the test with me. So, I wasn't all shy about it.”

YOUNG PERSON

“We can write letters, reports, all those things. Advocate for provisions. We're at the same time making the other services' roles easier. Because a lot of the time they require a letter from a psychologist or a psychiatrist identifying what the diagnosis is with provisions for HSC (Higher School Certificate), university provisions. We're able to provide that and liaise with the school directly and also assist with development of support plans within the school environment.”

PROVIDER

Support from a peer worker with lived experience of mental ill-health and recovery

Peer support was identified as a particularly valued and distinctive element of the YESS WS program and a key factor influencing service engagement. Young people described the importance of the peer work relationship in feeling understood and less alone. Both young people and the peer worker highlighted the value of peer support during periods of acute distress. For some young people, peer support provided the relief of having someone else to talk to besides family. Peer support was sometimes seen by young people as a model for how healthy relationships function. The peer worker was seen by young people as providing a sense of understanding and emotional safety that complemented the therapeutic relationship with clinicians. Family members also highlighted the complementary nature of therapy and peer work. YESS WS staff recounted the value of peer workers offering an alternative perspective to the clinicians. While this was sometimes challenging, it was also seen as an important way of maintaining focus on the needs of young people. One member of the team noted the importance of the 'bridge' that peer workers create between clinicians and young people.

“ I would say that young people who access peer work are much more engaged with the service, are much more able to manage therapeutic ruptures with their clinicians and any conflict that arises with clinicians, they're much more able to advocate for themselves, especially in terms of medication and diagnosis.”

PROVIDER

“ I'm able to have someone, like I said before, other than my mum to talk to... it's good to have another perspective on things that I'm going through and then be able to talk about my feelings and stuff like that.”

YOUNG PERSON

“ Definitely peer work, peer work, peer work, peer work... having, kind of, almost like a good cop bad cop routine... someone I'm doing the hard work with and someone who just was accepting and being that sort of pseudo-friend when I didn't have friends was really, really powerful.”

YOUNG PERSON

“ She was really great at kind of giving that support for (my family member) that she didn't have in sessions. Those whinges about friendships or 'so and so did this to me' ... All that stuff that [my family member] still needed to be heard... That was really helpful.”

FAMILY MEMBER

“ Peer workers are a bridge between the multidisciplinary team and the young person. When the young person is disengaging and going away from the team, the peer worker's the one who bridges that gap. If the clinical team is moving away from the interests of the young people, it's the peer worker who calls us out and who sort of brings us back in line and refocuses us onto prioritising the young person's needs. They're really important.”

PROVIDER



Dialectical Behavioural Therapy and Radically Open-Dialectical Behaviour Therapy

Dialectical Behavioural Therapy (DBT) is a psychological therapy that incorporates individual sessions with a therapist, alongside structured therapeutic skills-based groups with a therapist and peers.⁽⁹⁾ The focus of DBT is to develop skills in emotional regulation. Radically Open - Dialectical Behavioural Therapy (RO-DBT) has a similar structure of individual and group therapy sessions, however has been developed to support people experiencing difficulties with excessive self-control or over-control.⁽¹⁰⁾

Dialectical Behavioural Therapy (DBT) and Radically Open Dialectical Behavioural Therapy (RO-DBT) were highlighted by young people, families, and YESS WS staff as being particularly helpful. All members of the YESS WS team were trained to deliver DBT and RO-DBT in individual and group sessions. Young people aged 17 and older were eligible to access the DBT and RO-DBT at YESS WS through a weekly two-hour skills-based group. The group provided an opportunity for young people to learn emotional regulation skills in a peer environment, as complimentary to ongoing support with a clinician or peer worker. The RO-DBT group was described by young people as a space of genuine connection and belonging. The opportunity to share with others with similar experiences supported self-assurance and helped young people to engage with the content so that it could be applied to other areas of their lives. The structured yet compassionate group format helped build trust, reduce shame, and foster a sense of community. Through these shared experiences and mutual support, young people spoke about developing new coping skills and meaningful relationships that extended beyond the group itself. The value of the DBT and RO-DBT groups was also observed by family members, including the practical support it provided for them as carers. Staff viewed RO-DBT as an innovative intervention that was not widely available to young people in Australia and relevant to many young people accessing the service – as reflected in the demand for the program.

“ So, with (my psychologist) we talk about everything and then with RO-DBT I learn lots of skills I can apply to what I’ve spoken about. It’s just really nice to have that chance to just – I don’t know, to have a step back from your usual response to things. Because when you’re traumatised, it’s engrained in you to react a certain way. Or you see everything – at least for me, I saw everything as an attack or assumed how people would respond. So, it would just be nice to be able to take a step back and realise actually I do have control over how I react and it’s important to take accountability for how I react. So, it’s been really life-changing, actually.”

YOUNG PERSON

“ Definitely DBT I love, because DBT, not only does it push me to catch public transport by myself and socialise with other people, I also learn very valuable skills there. They give us these cards that like if I’m feeling overwhelmed or whatever and I don’t really know what to do and I don’t remember the skills that we learnt on the spot, I can just refer back to them. I feel like I’ve just learnt a lot of skills that have allowed me to calm myself down before getting to that boiling point and breaking and causing mayhem and so I’m just able to calm myself down. I feel like the skills that I’ve learnt from there is really good.”

YOUNG PERSON

Dialectical Behavioural Therapy and Radically Open-Dialectical Behaviour Therapy (continued)

“ They give her – they’ve given her these cards to use. So in the moment, sometimes you feel that way and you can’t access what to do, and so she’s got these little cards that she uses as well. We took them, and I thought – when we went away, because it was like three weeks away and I thought, I might just take those cards. She didn’t use them once, she didn’t need them, but they were good for me. I felt secure knowing that they’re there.”

FAMILY MEMBER

“ Honestly, the DBT was the vital thing. She loved the DBT. She really enjoys going. She loves seeing the group members that are there. She loves the counsellors that are there. She loves everything about it. She loves the skills she’s learning in a fun way. That’s been the most vital thing. I didn’t realise that would be the best thing, but that was so fantastic for her.”

FAMILY MEMBER

“ I think most of the other programs in Sydney for RO-DBT would be quite expensive. Usually it’s also in more affluent suburbs and I think they also wouldn’t be probably youth focused RO-DBT programs either, they’d probably be more so for adults. I think our young people who do that [RO-DBT] are getting a unique opportunity.”

PROVIDER

“ We’re also running a RO-DBT group twice a week, so we’ve had I guess – again like the demand for the group was so much that we had to create two groups for it.”

PROVIDER



Working with the family system

YESS WS staff spoke about the importance of the family system for young people and emphasised that the service delivers family-inclusive care, engaging family members from the start to support the recovery of their young person wherever possible. For example, staff spoke about families being invited to participate in consults to support the assessment of their young person. Staff, family, and young people spoke about the value of the service providing support directly to families. Staff also spoke about the significant impact on intergenerational trauma and the importance of families being supported with their own experiences of trauma. Key supports included psychoeducation to help families understand the needs of the young person, how they could support and communicate with the young person, and how to manage their own distress. YESS WS team members reflected that the program could best support families when there was a family therapist on the team. Employed through a partnership organisation, a family therapist was seen as key for providing specialist support to families, as well as capacity-building YESS WS team members through consultation. One staff member reflected that family therapy was not always available – at the time of interviews, the family therapist position was vacant, but there were plans to recruit.

“The young people who are in schools, we’d be working a lot more with their families. We would be inviting the families into the consult with the young person, at least for the initial one. It helps with our assessment to be able to work with families. There is probably higher rates of things like family trauma in the young people that would see us, so we do work with the families, and we offer some separate support to parents.”

PROVIDER

“I was able to see a counsellor as well, and that has helped me a lot with understanding how her brain works, and how she’s responding to different situations ... and also to help me with my past trauma as well.”

FAMILY MEMBER

“Before, when I was facing problems, [my family member] would always try to give me advice. It’s like, thank you for helping, but sometimes I just need someone to listen to me. Then I think she learnt that at therapy, so she was like – so she would just listen to my problems and be like, yeah, okay, that sucks, instead of trying to give me advice on how to fix it, because I don’t always want to fix it all the time. I just want someone to listen to how I feel. Through YESS, she learnt that she needed to do that. That was really good.”

YOUNG PERSON

“... we help them with their own personal traumas or challenges they’ve been experiencing, and how that might impact their relationship with the young person as well.”

PROVIDER

“We had a really, really fantastic counsellor. She could work with the parents separately and help them build a better understanding of their own experiences and how that might influence their parenting style. Their own reactions to the transition for a young person, from teenager to young adult, and how that might change the role of the parent there. I think that’s been really helpful but it’s just not something that we’ve, especially recently, been able to offer consistently.”

PROVIDER

Impacts for young people

Young people spoke of many positive impacts from their participation with YESS WS. Analysis of interviews identified six key themes:

- Relational improvements
- Deeper understanding of self
- Empowerment
- Improved mental health wellbeing and functioning
- Impact on life trajectory
- Reparative experiences with healthcare services

Relational improvements

Young people described notable improvements in their interpersonal relationships due to their participation in the YESS WS program. Several young people spoke about improvements in social confidence and being able to establish meaningful friendships within a group setting for the first time. Young people reported having the opportunity to consider what healthy relationships could look like. In addition to peer relationships, young people identified positive changes in their family dynamics. These shifts were often attributed to a strengthened awareness of their own behaviours and repeating patterns in their relationships with others. Family members echoed that after engaging with YESS WS, the young people they were supporting had increased social confidence, were more open to connect socially, had made friends for the first time, and felt less socially isolated. Family members also reported having improved relationships with other family members, reporting shared understanding, less conflict and aggression, and a relationship centred less on risk and emotion management, and more on genuine connection.

“ I’ve been able to make some people that I would consider friends which again is like a life first for me, like I’ve just never done that.”

YOUNG PERSON

“ I feel like I’m a lot better at socialising with people, because like I said before, I’m more confident in myself.”

YOUNG PERSON

“ It’s helped me understand not only my self-worth in terms of friendships and whether or not they’re actually reciprocal, but then also acknowledging the relationships where they are reciprocal and putting more effort into them as well.”

YOUNG PERSON

“ I have been able to notice how my interactions have been affecting family and friends...”

YOUNG PERSON

“ I used to describe it as walking on glass. You’re just waiting for the next thing. She could just go off like that. It can be over nothing, so you always felt on edge. There was always tension. Now there’s none of that anger... It’s just a beautiful relationship now.”

FAMILY MEMBER



Deeper understanding of self

Young people reported gaining a deeper understanding of themselves through their engagement with YESS WS, related to diagnostic clarity, structured therapy, perceived acceptance from staff and peers, and increased awareness of emotional and behavioural patterns. Young people suggested that the YESS WS program played a central role in fostering self-discovery, enhancing emotional insight, building self-worth and in some circumstances, creating a new sense of self. Young people described being better able to use strategies for emotional regulation and cognitive reflection, with one young person talking about the transformative impact of self-enquiry practices introduced through RO-DBT. The positive impact of YESS WS was echoed by family members, who described how the combination of an accurate diagnosis, psychoeducation and support from the service led them to understanding their young person in a more compassionate way.

“ I found new parts of my personality that had been shrouded under, sort of, a mental illness cloud for a long time.”

YOUNG PERSON

“ I think the diagnosis was, yeah, was actually very helpful with being self-aware.”

YOUNG PERSON

“ With RO-DBT we do self-enquiry. There’s this thing called an edge. It’s the idea that something that puts you over your edge or makes you upset and you take a step back and you do self-enquiry and you acknowledge, okay, what does this discomfort say about me or what I can change or how I can interact. That’s really changed my life. I never really was able to actually recognise those edges and recognise when I felt that way in the past.”

YOUNG PERSON

“ For a long time, we’re kind of ‘she can help this, she’s just naughty. She doesn’t do what she’s told to do. She’ll go behind our backs. She is risky’. These are things that I think from a parent point of view, you think your child is doing on purpose because everyone has told you that. Then to find out that she actually can’t control some of this.”

FAMILY MEMBER



Empowerment

Young people described how the YESS WS program fostered a strong sense of empowerment throughout their care journey. YESS WS staff also identified the importance of empowering young people through an understanding of their rights and expectations in the service. A central theme was the program's recognition of young people's competence, which helped build confidence and reinforced their ability to take control of their own recovery. Young people also highlighted how YESS WS paid attention to their strengths and positive qualities, which in turn helped them develop more positive ways of thinking about themselves. Several young people described a new willingness to try things, make mistakes, and keep going. Young people often emphasised meaningful shifts in their confidence to engage in day-to-day tasks, such as cooking, attend appointments independently, or taking public transport. They also highlighted the program's consistent focus on hope, which fostered optimism and motivation for the future. Importantly, young people felt respected, with their voices genuinely heard and valued in decision-making processes. These elements contributed to young people describing an experience of care that recognised, supported, and uplifted them as active participants in their own care. Young people spoke about the level of appreciation and trust they had for the YESS WS program, even recommending it to other service providers, family members and friends. Young people wanted others to experience the benefits they had through the program and became advocates for the program in their community.

“ YESS WS is so strength-based and I think that's the good, kind of unique the sort of beautiful trade of all of youth services. Committed to be very like lifting you up.”

YOUNG PERSON

“ Whenever I had good things happen they would continue to check in just as much and be like 'I want to hear about it, like, you know, tell me about the good stuff, like we should make a session to talk about all the good things' and it was really like different to the approaches that I had had before and that was really positive.”

YOUNG PERSON

“ I put myself out there more. I push myself to do things that I don't want to do, like catch public transport by myself or leave the house to hang out with my friends, all that.”

YOUNG PERSON

“ There was just an assumption that I knew how to care for myself in a way that I think was quite empowering for me.”

YOUNG PERSON

“ Every time I talk about the YESS program with my GP – I saw her on Monday last week and she was, like, 'how's it going?' I was, like, 'you need to tell everyone about it. You need to tell everyone' [laughs]. So, it's been amazing, seriously.”

YOUNG PERSON

“ That to me is the most satisfying thing to see, is when a young person just is able to embrace themselves fully and leave with this sense of empowerment, they're ready to take on the world. They don't know what that looks like, but they're going to do it, and I absolutely love that.”

PROVIDER

Improved mental health wellbeing and functioning

Young people described how the YESS WS program led to significant improvements in their mental health, general wellbeing, and everyday functioning, with several participants reflecting that their life had improved in ways they once thought impossible. One young person described how they had previously struggled to leave the house due to agoraphobia, but through the support of YESS WS they were able to regularly attend face-to-face appointments, work part time in the local community, and had started to develop new friendships. Another young person described a long-standing pattern of hospital admissions that had dominated their teenage years and disrupted their life goals. With the support of YESS WS, it had been two years without any admissions, and they had since completed their university degree, secured stable housing, and formed meaningful friendships. Family members also spoke about the impact of YESS WS for their young person's mental health and functioning, for instance showering, eating, attending school or work, leaving the house, and independently navigating the world.

“ Well, definitely helping me with my agoraphobia and getting out of the house. Making friends. Also, having the peer worker to talk (to). So, that was roughly my answer for that. I just found it really good to have someone to chat to and have a place to go to, knowing it's safe. So, that's been really cool.”

YOUNG PERSON

“ I've had like momentary slip-ups with like self-harm and some substance use issues but just on such a minute scale compared to what it was if I were to go back a few more years.”

YOUNG PERSON

“ Now, when she feels as if she can be reactive, she can take herself away and calm herself down, which she has never, ever been able to do. So that's the hugest thing that she's been able to do.”

FAMILY MEMBER



Impact on life trajectory

Young people reflected on how the YESS WS program not only reduced distress but altered the trajectory of their lives. They described improvements in mental health, relationships, and daily functioning, alongside a deeper shift in self-efficacy and self-worth. These life changes were not only internal but practical, with participants sharing they had re-engaged with study, avoided hospitalisation, built friendships, found housing, and gained skills to manage daily life independently. For some, these milestones marked a reversal of years of feeling “stuck”, or as though their lives were on hold. Young people and families reflected on how YESS WS helped young people cultivate a more positive outlook on life, through supportive relationships, new skills, and a focus on strengths and values. YESS WS staff also recognised the unique role the program could play in building skills at a critical developmental period, setting young people up for life.

“ It would be a shorter list of ways that I haven’t changed. Honestly, it’s kind of night and day. I really can’t stress enough how much YESS has changed my trajectory.”

YOUNG PERSON

“ Yeah. It’s changed. It’s really changed my life, seriously.”

YOUNG PERSON

“ When I was first referred to YESS I was still plugging away at my undergraduate degree that was meant to have taken me three years and I think I was on my sixth or seventh year because I was just constantly – I was in hospital every single year. YESS broke that streak.”

YOUNG PERSON

“ I feel more light, I guess you can say. Like, I’m flying, I guess. Like I’m not being weighed down. I’m not stuck to the floor.”

YOUNG PERSON



“ So you can see the trajectory of their life is being improved, in a sense, because, as you know, it’s a sensitive period for adolescents and young adults where they’ve got a lot of tasks to set them up for life. They have to finish their education and get into a career. So we’re seeing that those outcomes are improving as well.”

PROVIDER

Reparative experiences with healthcare services

Young people and family members consistently described how their experience with YESS WS was more positive than previous episodes of care. These distinctions were not limited to therapeutic modalities but reflected broader program elements, such as duration, flexibility, comprehensiveness, staff continuity, clear parameters and expectations from the service, and a felt sense of safety and stability. Positive experiences of help-seeking were highlighted by both young people and YESS WS staff as important and something to carry into the future.

“ There was never a sense that I’ve had in other organisations or in other services where I almost felt like I had to prove that I was like unwell enough to be heard. It didn’t feel like if I stopped engaging in certain behaviours and I stopped being really unwell they might disappear suddenly and I wouldn’t be like eligible and that was always an anxiety I had.”

YOUNG PERSON

“ YESS was the first one that really seems to care and have the resources at hand to be able to assist rather than just saying that they would. When we needed them, when I needed them as a carer, and when my partner needed them as a disabled person, they were there and they actually were able to help, which was absolutely a first for us.”

FAMILY MEMBER

“ I feel like I’m able to get a lot more out of the program than my previous program.”

YOUNG PERSON

“ In terms of other impacts, I’d like to think that we, at least, give them a positive experience with help-seeking as well. As much as possible, we try to be approachable, we try to offer different avenues to provide feedback and for young people to practice and get comfortable with advocating for themselves. Things like giving feedback about their experience, even changing clinicians. Whenever that comes up, we try and open it up to make sure that they feel safe to, well, really exercise their rights. Hopefully that kind of carries them forward into, after us as well, to the future.”

PROVIDER

“ One of my friends actually suggested the YESS program. I was a bit not sure about it, because of my experience with other programs. But when I joined and I met (my psychologist), it was just so comfortable. Then, because of that, I feel like I’m less afraid to try out new programs.”

YOUNG PERSON



Impacts for families

Family members reported that not only did the YESS program provide benefit to their loved ones, but that it led to positive change for the whole family unit. Family members reported improved relationships with other family members, with more understanding, compassion, warmth, and less stress, aggression, and conflict. Family members also described relief in seeing improvements in their loved one's mental health, physical health, risk behaviour, and daily functioning, causing substantial improvements to their own mental health and wellbeing as a result.

“ Even though her brother had nothing to do with something that had set her off, she would thump him. She would be aggressive physically and verbally to him, and he had nothing to do with anything that had happened. Their relationship is amazing now. They're bonding now. They talk and they laugh and they chat about things, and that didn't happen before. They would just stay away right away from each other because he didn't want anything to do with her. So that relationship has changed dramatically.”

FAMILY MEMBER

“ I was coming home from like a 12 hour shift and then doing four hours of housework every day. Every day. Seven days a week, because he just – he couldn't...I would work for, in total including housework, anywhere between 16–20 hours a day. I'd get hardly any sleep, and on top of that I'd be worried sick about him because I love him, because he's my partner. So seeing him start to be able to do some of these things himself has reduced a lot of stress on me...”

FAMILY MEMBER

“ It caused stress and anxiety for the whole family, just her impact on all of us. It's really hard to describe, but you take on that anxiety yourself. So I was feeling so anxious about how is she going to survive life? How is she going to cope with life? Now I feel really confident that she's going to be fine because she's learning the skills she needs to be fine.”

FAMILY MEMBER



Impacts on the healthcare system

Providers highlighted the essential role of YESS WS in reducing a significant gap in a healthcare system under pressure. YESS WS and PHN staff recognised that a lack of capacity in other programs – particularly state funded mental health services – meant that the that YESS was one of the only places where young people in the region could access intensive support. The stresses in the healthcare system and lack of available appropriate services for young people were also reflected in remarks made by a family member, who expressed concern about having to seek support for their young person upon discharge from YESS WS. The service was seen by providers as a vital support for the community, which not only reduced the pressure on other services such as crisis and emergency departments, but ensured that young people and families accessed appropriate, evidence-based services when they needed it.

“ They’re (YESS WS) struggling in terms of demand. The fact that they’re there and still able to keep going and support a lot of young people... if they weren’t there, we’d be in big trouble.”

PROVIDER

“ [The state funded mental health services] are currently severely understaffed as well, which means that we tend to get quite a lot of the referrals that they should be getting as well. So I think in the wider perspective, I think we are a much-needed service but we are a very, very small team at the moment.”

PROVIDER

“ I think it’s reduced a bit of that burden significantly. Particularly at the moment with [the state mental health service]. We’re aware that they’ve had a high demand for that service as well. However, they don’t have the capacity to manage that, with that influx. Because the YESS program provides a very similar service where we can do very intensive support, we can work with more complexity and severity of presenting issues.”

PROVIDER

“ I like to think that we’re contributing to those services hopefully being a bit less overloaded in terms of demand.”

PROVIDER

“ If we were farmed back out into the community, we wouldn’t have anywhere to go. I’m petrified. Absolutely petrified of where to go next. Of what to do. We’re just not at a level to be able to move on where people would actually be able to take us.”

FAMILY MEMBER

Key challenges for the program and opportunities for improvement

Young people, families, PHN staff, and YESS WS staff named several challenges and opportunities for improvement. Key themes identified were:

- Overwhelming demand and limited service capacity
- Need for systemic support to sustain staff and service quality
- Difficulty integrating peer support within a medical model
- Suggestions from young people, such as flexible eligibility, adaptable episodes of care, and increased funding for peer roles
- Expanding the capacity and reach of youth enhanced services

Overwhelming demand with limited service capacity

Providers spoke about the significant demand for the service, often related to a broad remit. In some cases service flexibility – for instance, in eligibility criteria and duration of care – added to perceived pressure. Staff reported that they often extended care, for instance working with a young person beyond the nominal 12-month duration of care, out of “moral duty” because they felt there was no available alternative. YESS WS providers reflected on the benefits of this flexibility for young people already involved with the program, but the limits it created for meeting the demand of new referrals. The YESS WS team acknowledged that demand for the program could not be met by their current staffing levels, resulting in some young people potentially missing out on the program entirely or in part. This was particularly the case for psychiatry and peer support, where there was only one staff member in each of those positions. YESS WS staff highlighted the importance of integrating with the local healthcare system wherever possible to manage demand.

“ I think we sometimes get seen as the service to just go to if they’re [young people] not fitting in anywhere else. I think we’ve been able to fill that need quite a bit. Well, as much as we can, given that we are quite a small team, because if we’re getting the referrals at this level we could have so many more clinicians on the team to help meet the community’s need.”

PROVIDER

“ It’s almost, at times, felt that when there has been pressure overall, across the system, that we seem to get scapegoated in a way. Because, yeah, ‘missing middle’ is very broad, and it turns out having such a broad definition and broad demographic isn’t great when you’ve only got four clinicians, one peer worker, to try and work with that.”

PROVIDER

“ Like what services can they link in with afterwards that are longer-term services that can kind of offer them that continuity of support? And it’s not just once a month, because that’s all they can afford through a Mental Health Care Plan. So we end up having to hold onto them for longer because we then have to try and find them the appropriate supports. We don’t want to just discharge them and then not have them appropriately linked in because I don’t think that’s ethical or moral either.”

PROVIDER

Overwhelming demand with limited service capacity (continued)

“ We have one day of psychiatry for hundreds of clients, and how are psychiatrists meant to see all of the young people? By the time they finished seeing all of them, it is time to start from the top. But then what happens to young people who need to see a psychiatrist regularly, if there's issues of medication? Suddenly there's no time. We got – what? – one peer worker who can see 18, 20 clients at most. To spread amongst four clinicians.”

PROVIDER

“ So I think, like in terms of the partnerships we have with other services, they're quite strong. We are able to keep open communication with all of the other services in the area we have. Like I attend a fortnightly meeting where services within Western Sydney all meet up to kind of discuss, I guess, the demand of – the ongoing demand, but also like if there are any referrals coming across as well. So it kind of provides us with that space. But yeah, I think in terms of the impact, I think yeah, it's a very needed service, so I feel like a lot of services do tend to rely on us to provide that ongoing care, or that longer-term support for young people that may come into their services.”

PROVIDER



Need for systemic support to sustain staff and service quality

YESS WS staff described a range of stressors in their roles, including demand-related pressures, the complexity of providing therapeutic support, and achieving their own professional learning and growth needs. Staff spoke positively about being part of a service that was always trying to improve, but reported that often this was an “add-on” to the direct work they were providing young people and families, and another pressure for them to manage. YESS WS staff highlighted the value of senior clinical support and reflective practice, which were seen as crucial for supporting quality and sustainability. The team reflected on the complex nature of the work, requiring a range of technical and relational skills. Many of the YESS WS staff participants had worked in the program for a few years, but had been early career when they started, with some staff speaking about the salary levels being inadequate to attract experienced staff. Some staff members reflected they would have benefited from further training, supervision, and reflective practice early on to meet the complexity faced in the role. YESS WS staff described the team as high functioning but also shared concerns about staff retention without adequate funding. Several staff spoke about the stability and connection of the team, a supportive team culture, and the development of unique and specialist therapeutic approaches – which could be lost with staff turnover. Staff reported feeling part of a service where people genuinely cared, and that this was invigorating. They also reflected on the value of celebrating the successes of the program, but that this could inadvertently obscure high workloads, challenges in the complexity of the work, and the dedication needed from staff to keep the service high performing.

“ They (colleagues) worked relentlessly, particularly after hours, developing all these templates and guides and things like that.”

PROVIDER

“ I think at some points when I was early in my career and early in this role... It's like, of course I knew that I didn't have to know everything because I was new. But it also felt like I had to know everything. I think there could be ways to support people a bit more differently. I think also even just training on how to navigate therapeutic relationships with young people. How to take their feedback on board and just how to – those kinds of skills. Because I think that's the kind of stuff that was really hard for me earlier on.”

PROVIDER

“ Not in a micro-managy, scary, performance view way, but just having a space ... where I don't know, I think, maybe it's normalised a bit more how much they might struggle with the role and check in about how they're going with things.”

PROVIDER

“ In terms of retaining staff, I can see that happening in the next year or two, where they might start to look for other opportunities, which I wouldn't blame them for. But then it means that the quality of the service might reduce because we don't have the level of expertise anymore.”

PROVIDER

“ In terms of peer work in this role, ridiculously challenging. Would not recommend it to anyone who has not done a peer work role before.”

PROVIDER

Difficulty integrating peer support with a medical model

While peer support was identified as a key strength of the service, there were challenges highlighted with having different paradigms – lived experience and medical model – working in tandem. For example, advocating for using less medical language to talk about young people, while sometimes needing to adopt clinical language to communicate with clinical staff.

“ If I speak their language, they’ll listen to me.”

PROVIDER

“ Likewise, when there are issues with young people not being heard or young people being medicalised, I will step in. I will reframe sometimes the way that young people are being talked about in sessions or being talked about in meetings. There’s always a bit of discourse about why I might be correcting a clinician... I think there’s a lot I do behind the scenes.”

PROVIDER

Suggested improvement ideas from young people and family members

Young people and family members had several recommendations for how the program could be improved. Many were associated with the availability of further resourcing. These included:

- having two facilitators in DBT and RO-DBT groups, as had previously been the case;
- an online platform for young people who have participated in YESS WS so that they are able to connect, share resources and experiences with other young people who have finished the program;
- no fixed eligibility criteria or timeframes so that all young people who need a service can access it;
- more funding for peer work roles;
- re-iteration of young people’s rights within the program (for example, rights around being able to change clinicians) – one young person reflected that this information might have been shared, but it’s helpful to hear it a number of times at different points in their care journey;
- an opportunity to get a ‘taster’ or introduction class to DBT prior to committing to the session/program as a whole – it was acknowledged that young people might have previous negative experiences of DBT, but once they had tried the YESS WS DBT group, they could make an informed choice about committing to the program;
- a change in office environment and location to feel more therapeutic and youth-friendly.



Expanding the capacity and reach of youth enhanced services

A common theme identified across participant groups was that YESS WS needed additional funding to increase its capacity, enabling it to support more young people. It was thought that more funding would allow the program to hire more staff, thereby making the program more accessible to young people and help to make the workload more manageable for individual staff. Increased salaries to aid the retention of existing staff, and to incentivise the recruitment of experienced practitioners, was also suggested. Staff and family members also suggested that the program would benefit from a larger, more youth friendly, accessible and therapeutic site. Some family members spoke about the benefit of scaling up and for other mental health services to adopt elements of YESS WS, such as employing youth peer workers and providing better access to both ASD assessments and RO-DBT. There was enthusiasm about additional funding for the program that was announced at the time interviews were being conducted.

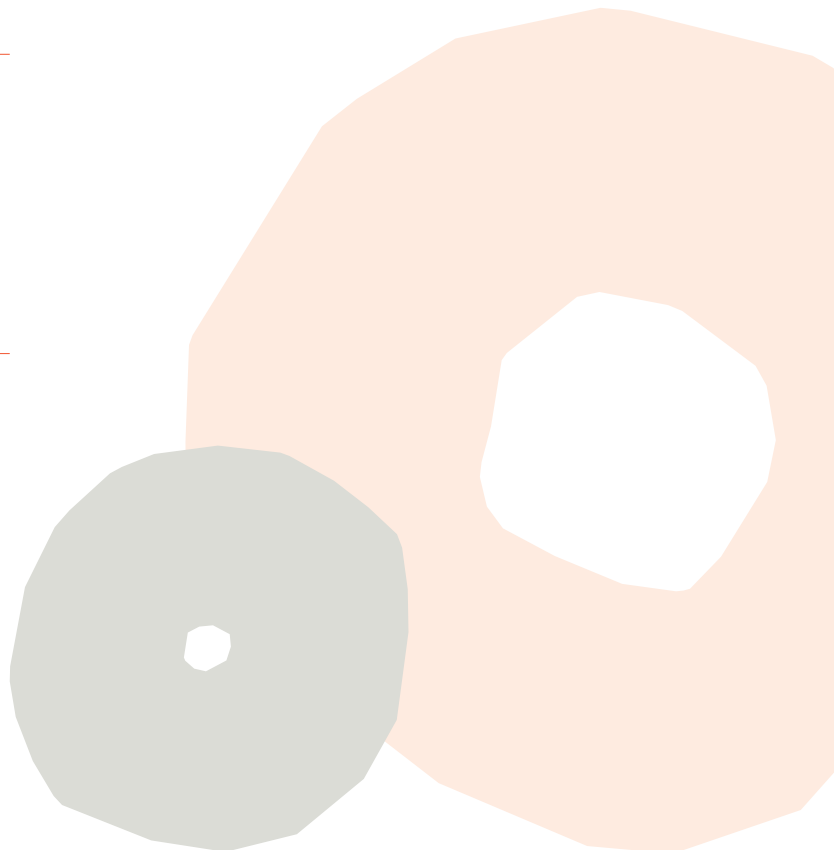


“Despite all of their amazing work, it’s very obvious when you walk into their office that they do not have enough funding to be doing what they’re doing. They don’t have enough staff, because they don’t have the budget for more staff.”

FAMILY MEMBER

“Yeah, it’s great, it’s really timely as well for us with the way we’re expanding the program, it fits in nicely with that and it’s a good time for the program.”

PROVIDER







SUMMARY OF KEY FINDINGS

This case study sought to explore the model, delivery, outcomes, and perceived impact of the YESS WS program on young people, their families, commissioners, staff working in the service, and the local mental health system. Through a combination of service data and stakeholder reflections from interviews, the findings illustrate the value of the YESS WS program in addressing the complex and multifaceted needs of young people experiencing significant mental health challenges, as well as the perceived challenges.

Interview findings consistently reflected that YESS WS fills a vital service gap in the Western Sydney region, delivering tailored, youth centred, flexible, trauma-informed care to young people who may otherwise be unable to access appropriate support and care. Quantitative data (extracted from the Uniting NSW.ACT electronic medical record) such as demographics, activity data, and K10 outcome data, suggested a reduction in psychological distress among a subsection of young people who engaged with the program. Qualitative data (from semi-structured interviews) also supports the reduction in psychological distress through the rich insights into how YESS WS makes a meaningful impact on young people, their families, and the broader Western Sydney mental health system. The interviews were able to highlight impacts not otherwise captured by routine data sets, in relation to improved mental wellbeing, functioning, relationships, connection to identity, empowerment, self-understanding and help-seeking for the future. The interviews

also highlighted important positive impacts for the young people's families as well as the broader healthcare system.

Program challenges were also explored, notably managing the overwhelming demand with the resources provided to the program, the staff support needs required to meet the complexity of the work, the challenges of integrating a peer work and medical model approach within the same program, and overwhelming support to expand the program. Many of these challenges correspond with anecdotal feedback heard by Orygen from other youth mental health programs related to constraints in funding and resourcing.

This case study has found that the YESS WS program offers a vital, high-quality model of care that fills a significant gap between primary and tertiary mental health services. Feedback from young people, families, YESS WS staff, and PHN staff strongly indicates that YESS WS is a trusted, valued, and effective service. The program's strengths lie in its tailored, person-centred approach; integration of diverse interventions including therapy, care co-ordination, DBT and RO-DBT groups, psychiatry, and peer work; and the creation of safe, consistent, and engaging therapeutic relationships. Through this work, YESS WS has supported meaningful recovery in young people's lives.



STRENGTHS AND LIMITATIONS OF THE CASE STUDY

A strength of the case study relates to the range of participants included in the interviews. Of particular importance was representing the experiences of young people, their family members, carers and supporters to highlight the impacts of the program on their wellbeing and recovery. Hearing young people's experiences in conjunction with YESS WS staff members and the broader PHN perspectives provides a detailed narrative from key stakeholders in the system. It is possible that interview findings are biased – where people who had a positive experience of the service may have been more inclined to be interviewed. Moreover, ethical considerations required that only young people who were not in acute distress and who demonstrated a sufficient level of stability were invited to take part. While this was essential to conduct the research in a safe and responsible manner, it may have excluded young people experiencing more complex or challenging circumstances. The perspectives of people who took part in interviews are therefore not representative of all young people and families

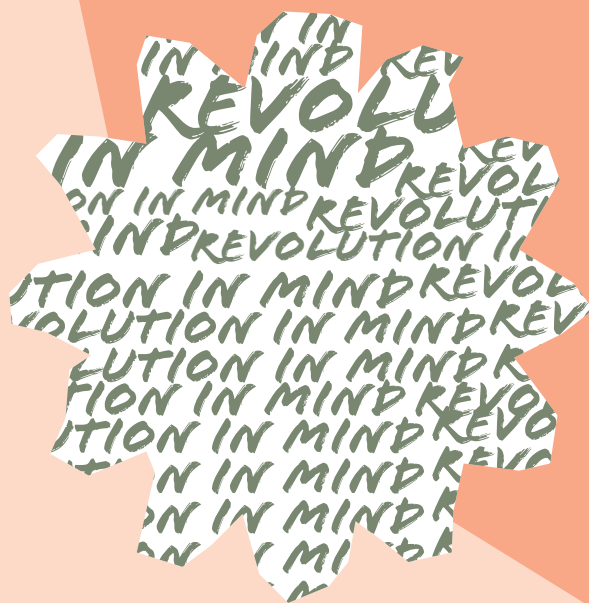
who have engaged with YESS WS.

While there were observed decreases in K10 scores from start to end of service engagement, there was no statistical testing performed to assess the significance or strength of this reduction. There was also a larger sample (number) at the start of engagement than the end, without available information about reasons for disengagement. This kind of testing and information is necessary to exclude the possibility that the observed difference in scores is due to chance or another reason, rather than the YES program itself. The quantitative data presented in this case study also highlights challenges with routinely collected service data, where relatively limited data is collected overall, and completion rates are low. This is a challenge for mental health services globally and highlights the importance of ongoing efforts from government and research institutions to improve data availability and quality.

References

1. Orygen (2021). Youth Enhanced Service model - Core components and underpinning principles.
2. Orygen (2025). Youth Enhanced Services PHN survey report. Unpublished.
3. Orygen (2025). Shining a light on Youth Enhanced Services and the young people they support. Findings from an analysis of cases presented in the Orygen Connect secondary consult program.
4. Braun V, and Clarke V (2006). Using thematic analysis in psychology. *Qualitative Research in Psychology*.
5. Kullman SM, Chudyk AM (2025). Participatory Member Checking: A Novel Approach for Engaging Participants in Co-Creating Qualitative Findings. *International Journal of Qualitative Methods*.
6. Cole R (2024). Inter-Rater Reliability Methods in Qualitative Case Study Research. *Sociological Methods & Research*.
7. McMahon SA, Winch PJ (2018). Systematic debriefing after qualitative encounters: an essential analysis step in applied qualitative research. *BMJ Global Health*.
8. Department of Health and Aged Care (2018) Western Sydney (NSW) PHN map - topographic [adapted].
9. Boustani M, Mazzone E, Hodgins J, Rith-Najarian L (2024)). Dialectical Behavior Therapy Programming for Adolescents: A Systematic Review and Meta-Analysis of Clinical and Implementation Outcomes. *Journal of Clinical Child and Adolescent Psychology*
10. Hatoum AH, Burton AL (2024). Applications and efficacy of radically open dialectical behavior therapy (RO DBT): A systematic review of the literature. *Journal of Clinical Psychology*.





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