COMMUNITY ADOLESCENT OUTREACH SERVICE

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HISTORY

- Initiated by Anne Sullivan more than 20 yrs ago
- Her vision was to create a functional easy to access and seamless service for young people
- This was to address issues in accessing services (eg, books closed, long wait periods, not fitting criteria, or the age old discussion “that’s behavioural not Psychiatric”
- An attitude of “can do” and “why not”

CAOS

- 4 FTE’s Clinicians
- 0.4 Consultants (recently increased from 0.2)
- 0.1 Registrar or 0.2 Advanced Trainee
- Covers 5 CHC’s

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THE TEAM

- Multidisciplinary
- Clinical skills including, Trauma focused Cognitive Behavioural Therapy (CBT), Dialectical Behavioural Therapy (DBT), Tuning into Teens, Family Therapy, Psychotherapy
- Psychiatric role is a consultation model that includes further assessment, diagnosis/treatment direction and medication
- There are no “Doctor only” cases

CONTEXT WITHIN SLHD

Child and Family Teams providing service for children up to 11yrs 8mths.

Rivendell Outpatients providing Assessment and treatment for children and adolescents.

Youthblock (12-25yrs)

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OTHER SERVICES

- Headspace (3)
- Good Shepherd (formerly Rosemount)
- NGO’s
- Private practitioners
- School Counsellors
- GP’s

AIMS

- Avoid duplication of services. Service mapping by Headspace Camperdown in 2011
- Focus towards assessing and managing risk
- Referring to other service providers
- Providing consultation and support to referrers

TARGET THE RELUCTANT SERVICE RECIPIENT

- - KEEP THEM SAFE
- - KEEP THEM OUT OF HOSPITAL
- - KEEP THEM ENGAGED

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IS THIS THE RIGHT DIRECTION?

- Referral rates
- Referrer feedback
- Low repeat episodes of care
- Improved service reputation

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HOW ?

- Tenacity
- Mobility
- Flexibility
- Engaging with involved others; families etc

CLINICAL CONSIDERATIONS

- Referrals are contacted within 3 days and face to face completed within 1 week
- No waiting list
- No inclusion or exclusion criteria except age or geographic location
- Containing the anxiety around the young person
- Engaging with people in crisis

CLINICAL CONSIDERATIONS

- Available to liaise with ED departments and Inpatient units
- A belief that the case is attached to the team and not the individual clinician
- All staff are located in the one large office
- Shared risk and anxiety
- We believe we are part of mainstream mental health and have strong relationships with ACS teams

DISCHARGE CRITERIA

- Maslow’s heirarchy of needs
- Do they have a caring environment to live in
- Do they have a healthy routine
- Are they participating in relationships
- Can they experience “fun”

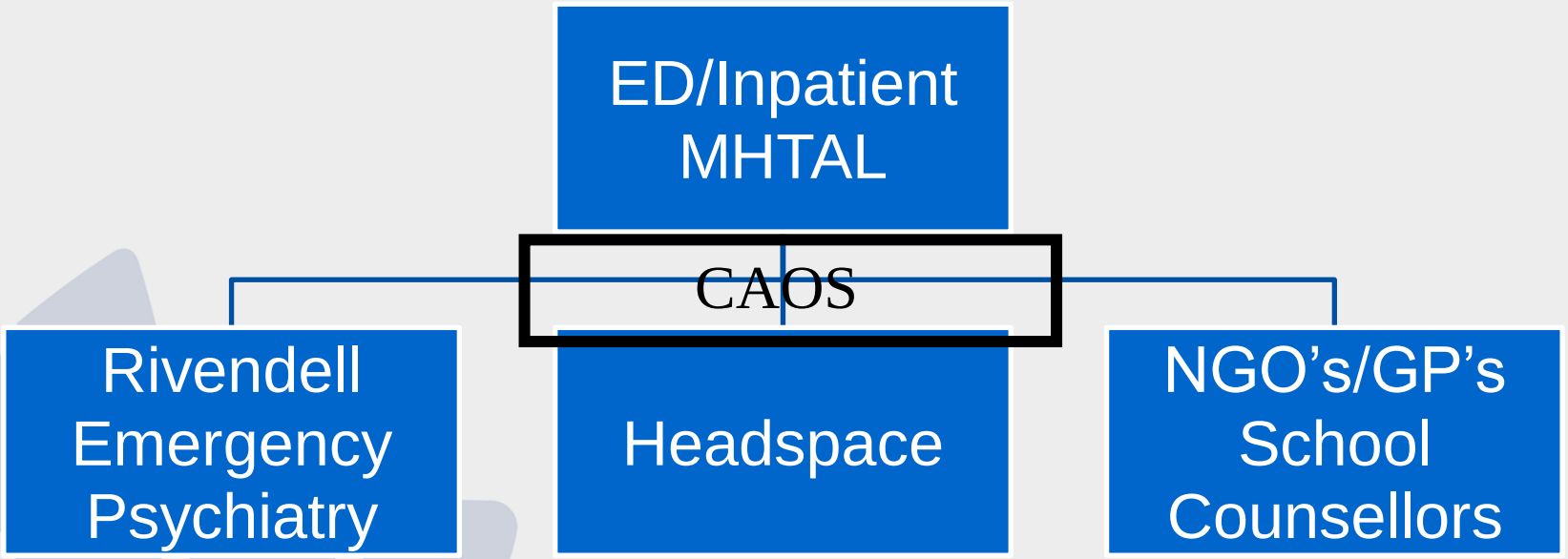
RESULTS

- Currently analysing data re ED presentations (so far 6% of all 12-18yrs presentations are MH). This data is for 2014 and requires further review
- There are 3 ED departments in SLHD. Data so far suggests an average of app 90 relevant presentations per ED per year.

RESULTS (STAFF)

- Low sick leave
- Solid retention of staff
- Increased job satisfaction

ORGANISATIONAL POSITION



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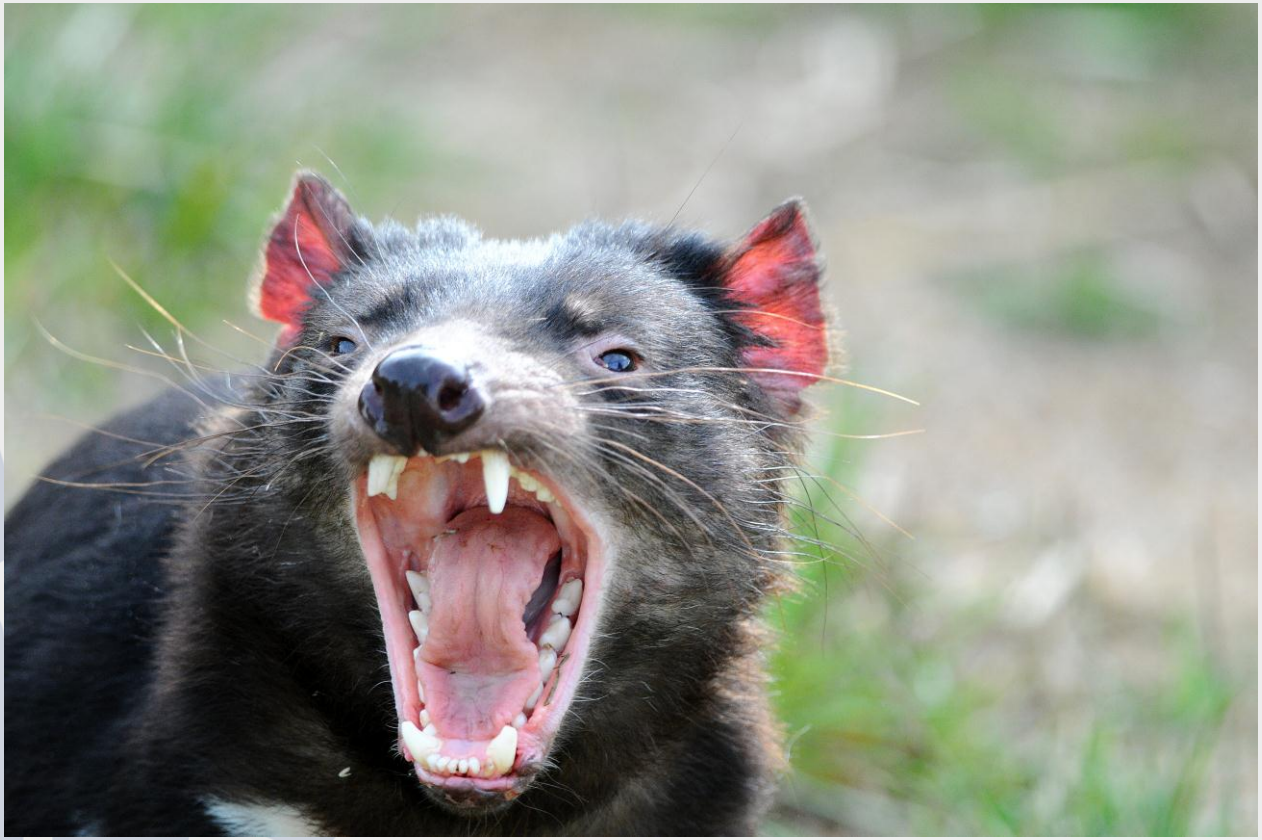
QUESTIONS



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