November 2021

evaluation snapshot report

# accessibility of the headspace early psychosis program

Symptoms of psychosis usually present in the critical development phase of adolescence or early adulthood (McGorry, 1999). The experience of psychosis can have a big impact on a young person's physical health, social functioning and quality of life. Young people with symptoms of psychosis may experience delusions, hallucinations, poor social interactions, low motivation, and disorganisation of thoughts and behaviour (Malla & McGorry, 2019).

The headspace Early Psychosis program provides specialist, evidence-based early intervention support for young people experiencing or at risk of developing psychosis. Based on the Early Psychosis Prevention and Intervention Centre (EPPIC) model of care, developed by Orygen (Stavely et al., 2013), the headspace Early Psychosis program is delivered by six clusters (14 headspace centres) that operate using a 'hub' and 'spoke' model. Figure 1 shows the location of headspace centres across Australia that deliver the headspace Early Psychosis program.

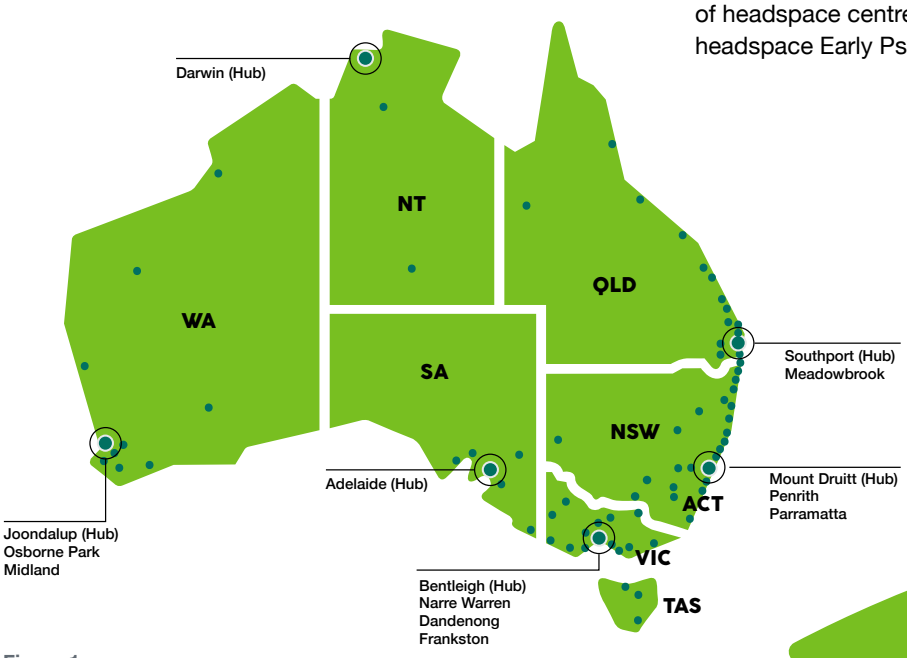


**Figure 1.**
Location of headspace centres delivering the headspace Early Psychosis program

headspace

## about the headspace early psychosis program model

The headspace Early Psychosis program provides an intensive approach to supporting young people with complex needs. Young people receive case management and services under two streams of care:

- first episode psychosis (FEP) – young people experiencing their first episode of psychosis can access the program for between two to five years
- ultra high risk (UHR) – young people at risk of psychosis access the program for between six to 12 months.

Young people work with a specialist case manager in the Continuing Care Team who develops an individual treatment plan and provides support throughout the treatment. Mobile Assessment Treatment Teams also provide assessment, community outreach and support after hours. These specialists undertake assessments and treatment plans for young people and their family. The program aims to provide young people and their family with easy access to a range of service elements including; home-based care, assessment and psychological interventions, functional recovery, and group programs.

## why accessibility is important

The headspace Best Practice Framework (Rickwood et al., 2014) identifies a number of elements considered to indicate best practice for headspace centre services. These include services being accessible, acceptable, appropriate and sustainable. Figure 2 presents the seven elements that make up the principles of accessibility. Distinct from the headspace centres service offering, the headspace Early Psychosis program offers enhanced access through convenience, flexibility and inclusiveness. This is particularly important for young people with complex needs or who have difficultly engaging with services. While the other elements are also important, they will be discussed within the context of these three components.


**Figure 2.**
Components of accessibility (Rickwood et al., 2014)

This evaluation snapshot report provides a high-level overview of the features of the headspace Early Psychosis program that enhance young people's access to the service. Program data has been routinely collected via the headspace Early Psychosis program minimum data set (MDS) since 19 June 2017. The insights presented in this report draw on the MDS data collected up to 30 June 2020 on 6693 episodes of care[1].

[1]Data presented on referral pathways, young person demographics and satisfaction rates include only episodes of care that commenced since the MDS went live (19 June 2017), whereas the occasion of service data takes all episodes of care (including those that commenced prior to the implementation of the MDS).

# what we know

## the headspace Early Psychosis program provides convenient and easy access

### Referral pathways

In order to enhance access for young people, the headspace Early Psychosis program accepts referrals from any source, including formal and informal sources, and service providers aim to complete assessments within 48 hours. A core feature of the headspace Early Psychosis program is that all services provided by the headspace Early Psychosis teams are free for the young person and their family, reducing any financial barriers to accessing services. Young people who do not meet entry criteria for the program are actively assisted to find the most appropriate service according to their needs (Hughes et al., 2014).

For episodes with a referral source recorded (n=4771), the majority of referrals came via healthcare providers (51%), this was followed by a large proportion of more informal referral sources, including family members, friends or self-referrals (24%). headspace staff were also a key referral source (17%). There were some differences across program streams, with young people in the FEP stream more likely to be referred via more formal referral pathways (healthcare providers, including inpatient units) than young people in the UHR stream (see Figure 3). This likely represents the increased complexity of young people experiencing their first episode of psychosis compared to those in the 'at risk' cohort.

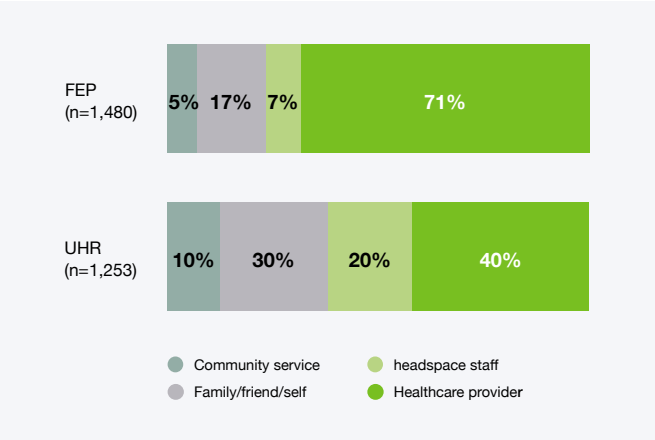


**Figure 3.**
Referral pathways of young people accessing the headspace Early Psychosis program by assessment outcome (UHR or FEP)

All 14 headspace Early Psychosis services are located within headspace centres. Co-location of the headspace Early Psychosis program with the headspace centre provides easy referral and assessment for all young people accessing these centres.

### Easy and convenient access for young people

Satisfaction survey results indicate that the vast majority (85%) of young people found the headspace Early Psychosis centre they were accessing easy to get to (Figure 4). Similarly, almost all (92%) reported they were able to attend appointment times that suited them.

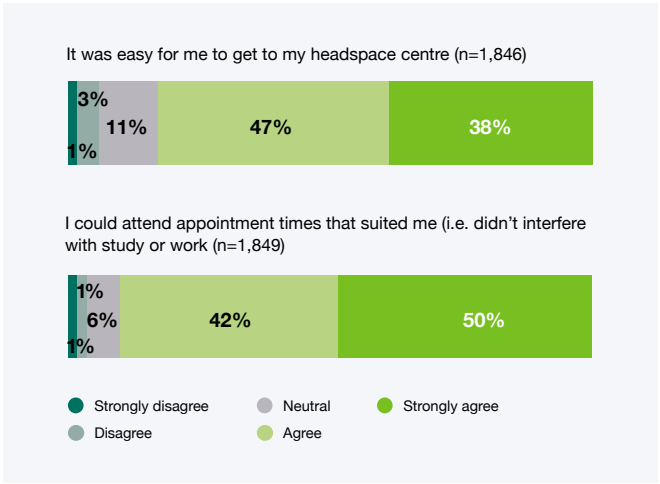


**Figure 4.**
Young person satisfaction responses[2] – convenience

[2]Young people are offered the satisfaction survey at multiple time points during their episode of care and therefore may have completed more than one satisfaction survey. The numbers presented in this graph represent responses, not counts of young people.

# the headspace early psychosis program is flexible

## Home and community-based care

The headspace Early Psychosis program offers a wide range of options for service delivery outside of the headspace centre. **Home-based care and assessment** and **intensive mobile outreach** are key components of the headspace Early Psychosis program that enhance engagement through flexible and youth-friendly delivery modes.

The headspace Early Psychosis multidisciplinary teams work with young people in the community to provide the initial assessment, crisis response, and ongoing case management in a range of settings. These include:

- home-based
- inpatient
- school/workplace
- other health settings
- other community settings (e.g. a café).

This allows flexibility of service delivery, promotes a youth-friendly approach and provides alternative care options for those young people who have difficulty engaging with mental health services.

Between June 2017 and June 2020, over 750,000 services were provided through the headspace Early Psychosis Program. Forty per cent of these services were provided directly to the young person and/or their family, such as psychological treatments or medication monitoring, while 60 per cent were activities to support those 'direct' services – such as liaising with other service providers or undertaking clinical reviews.

Figure 5 presents the various ways that the headspace Early Psychosis program enhances accessibility for a young person through flexible service delivery. This is demonstrated through:

- convenience of service location
- access to a broad multidisciplinary team of service providers
- variety in the service types provided.

**29%**
provided outside a headspace centre

**25%**
provided to young people with their family/friend present or to family/friend only

**37%**
of assessments were home-based or provided in a community setting

**10%**
provided as a group

**7%**
delivered by a youth or family peer worker

**5%**
focused on vocational/ educational support

**Figure 5.**
Proportion of in-person services facilitating enhanced access

## Facilitating high level of engagement with young people and their families

Alongside the flexibility of service locations outlined above, the headspace Early Psychosis program delivers a high level of engagement for young people and families. The program meets the needs of young people accessing services by promoting flexibility in both the frequency of contact between young people and the headspace Early Psychosis service providers, and the level of family involvement in a young person's care, as illustrated by the following:

- young people indicated that they could have contact with headspace Early Psychosis as often as they needed – 92 per cent agreed or strongly agreed
- a similar proportion (91%) of young people agreed or strongly agreed that headspace Early Psychosis involved their family as much or as little as they wanted.

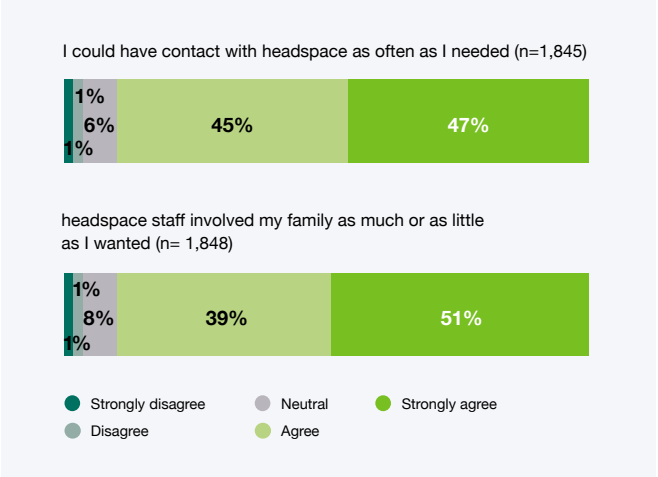


**Figure 6.**
Young person satisfaction responses[2] – flexibility

# the headspace Early Psychosis program is inclusive and non-stigmatising

## Engagement of priority groups

Recognising that certain groups of young people face specific barriers to help-seeking, headspace has identified a number of priority groups who may be disproportionally impacted by mental ill-health or be less likely to seek help, including young males, and young people who are Aboriginal and Torres Strait Islander, young people who identify as LGBTIQA+, refugee or migrant young people, homeless young people, and young people from low socioeconomic backgrounds (Rickwood et al., 2015).

The headspace Early Psychosis program provides an accessible service for young people as illustrated by higher engagement of the following groups relative to the same groups in the Australian population:

- Nine per cent identified as Aboriginal and Torres Strait Islander compared with 4.5 per cent of Australian young people aged 12-25 years who identify as Aboriginal or Torres Strait Islander (ABS, 2016).
- Nineteen per cent identified as LGBTIQA+ compared with national estimates of 4 per cent of males and 6 per cent of females identifying as non-heterosexual (Wilson & Shalley, 2018).

More than half (55%) of the young people accessing the headspace Early Psychosis program were young males, which is consistent with the higher proportion of young men with a psychotic disorder accessing public specialised mental health services in Australia, when compared to young women (Morgan et al., 2011).

## Involvement of family and friends

Family of young people receiving treatment are an integral component of the headspace Early Psychosis Program. Family are included in the young person's care and are provided with support and information from the multidisciplinary teams.

Satisfaction survey results indicate that family and friends of young people receiving the headspace Early Psychosis program services are highly satisfied with their level of involvement in their young person's care (99 per cent agreement).

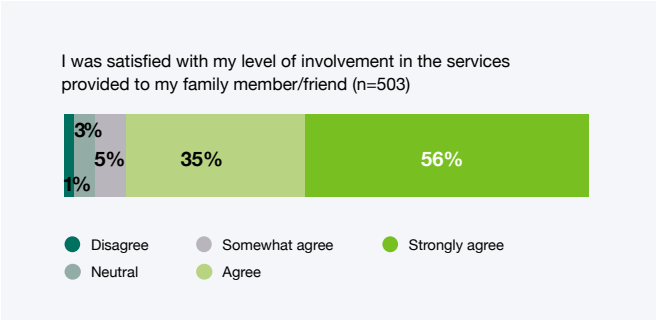


**Figure 7.**
Family and friend satisfaction responses[3] – inclusiveness

## Youth and family peer support

Young people are likely to experience reduced stigma through their identification with a positive peer role model. Connection with peer support staff with lived experience of mental ill-health or other social challenges may help to increase opportunities for social learning. (Halsall et al., 2021). Similarly, there are benefits for families of young people experiencing mental health challenges in talking with another parent or family member who has gone through a similar experience. Family peer support provides an opportunity for shared emotional experiences and an understanding of the nature of a program's service offerings (Stavely et al., 2013).

Youth and family peer support are both core features of the headspace Early Psychosis program and, as presented in Figure 5 (above), 7% of all in-person services were provided by a youth or family peer worker, promoting inclusiveness and reducing stigma for young people and their families.

[3]Family and friends are offered the satisfaction survey at multiple time points during their young person's episode of care and therefore may have completed more than one satisfaction survey. The numbers presented in this graph represent responses, not counts of family and friends.

## Methods used

Data for this snapshot report was collected via the headspace Early Psychosis program minimum data set (MDS) – 19 June 2017 to 30 June 2020 (unpublished headspace data)

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headspace centres and services operate across Australia, in metro, regional and rural areas, supporting young Australians and their families to be mentally healthy and engaged in their communities.

headspace would like to acknowledge Aboriginal and Torres Strait Islander peoples as Australia's First People and Traditional Custodians. We value their cultures, identities, and continuing connection to country, waters, kin and community. We pay our respects to Elders past and present and are committed to making a positive contribution to the wellbeing of Aboriginal and Torres Strait Islander young people, by providing services that are welcoming, safe, culturally appropriate and inclusive.

headspace is committed to embracing diversity and eliminating all forms of discrimination in the provision of health services. headspace welcomes all people irrespective of ethnicity, lifestyle choice, faith, sexual orientation and gender identity.


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