



***Youth Primary Mental Health Services – Brief Intervention:
Review of Service Configuration and Related Issues***

14 June 2016

Version 6 (Redacted for OIA 990)

Executive Summary

The Ministry of Health (MoH) provides funding to support Youth Primary Mental Health (YPMH) services in each District Health Board. The funding is intended to enable DHBs to contract with Primary Health Organisations (PHOs) and Non-Governmental Organisations (NGOs (together, the Providers) to increase access to mental health and/or alcohol or other drug (AOD) responses in primary health care settings for young persons aged 12-19 years with mild to moderate mental health issues. The DHB, in conjunction with the Providers, is required to ensure that young persons aged 12-19 years presenting either through PHO services or through services outside of PHOs are able to receive the primary mental health and/or AOD service regardless of PHO enrolment and with no copayments by the service user. YPMH Services are to be based on the Ministry of Health Stepped Care Model. Stepped Care is a system of delivering and monitoring treatments so the treatment that is most effective, yet least resource intensive, is delivered to service users first.

Utilising specific Crown Funding Agreement YPMH funding, Southern DHB has contracted WellSouth Primary Health Network to deliver a free Primary Mental Health Brief Intervention service to people with issues related to mental wellbeing. This includes Brief Intervention Services (BIS) for young people age 12-19 with mild to moderate mental health and/or AOD issues and is delivered in Invercargill (partial coverage), Central Otago and the Clutha District. Through other funding streams, SDHB contracts with several other NGO providers to deliver services for young people with mild to moderate mental health and /or AOD issues.

- Mirror Counselling provide child and youth mental health and AOD services in Dunedin which include mental health and AOD BIS.
- Mirror Counselling also provides a Exemplar Co-existing Problems (CEP) enhanced service. The service is provided in Greater Dunedin, South Otago and the Waitaki.
- Family Mental Health Services (FMHS) is a standalone WellSouth service for people of all ages with complex or moderate to severe mental health issues. Located in Mosgiel, the service includes provision of youth mental health and AOD BIS services. Approximately half of General Practices in Dunedin/Mosgiel are able to refer to the FMHS service due to historical service patterns.
- Adventure Development provides AOD BIS, including CEP, across the Southern District through a mobile service, excepting Dunedin.

Southern DHB has undertaken a review of the configuration of youth primary mental health brief intervention services (YPMHBIS) for youth aged 12 to 19 years with mild to moderate mental health and/or addiction issues. The review demonstrated that service coverage is not equitable across the district. Access to MH BIS is particularly problematic for youth in rural areas of the Southern District. Survey respondents identified a number of barriers to access and gaps in YPMH BIS in the Southern District. Most respondents indicated that there are no barriers to accessing AOD services across the District. In addition, service delivery is fragmented in Dunedin and only partially available in Invercargill. The need was identified for positive, collaborative activity aimed at prevention and harm reduction on a greater scale within the Southern District. Through the Review, Youth Primary Mental Health BIS Providers were also asked to quantify the delivery of BIS in the Southern District for the time period 1 July 2014 - 30 June 2015.

Southern District Health Board will incorporate findings of this review into a business case to fund and deliver district wide primary mental health brief intervention services for all youth (aged 12-19 years) regardless of PHO enrolment and in line with the MoH national services specification for this funding, to ensure that:

- Southern DHB (SDHB) contracts a consistent Youth Primary Mental Health Service for Young People age 12-19 Years with mild to moderate mental health and alcohol and addiction issues, with equitable access across the Southern district.

- Contracted services will meet the unique needs of young people aged 12 to 19 years and promote the use of psychosocial assessment tools such as HEEADSSS as identified in the evidence based best practice guideline Identification of Common Mental Disorders and Management of Depression in Primary Care (2009).
- Young people aged 12-19 years presenting through services outside of PHOs are able to receive the primary mental health and AOD service regardless of PHO enrolment.

TABLE OF CONTENTS

Executive Summary	2
Table of Contents.....	4
Glossary of Abbreviations	5
List of Tables	6
1. Rationale for Review of Youth Primary Mental Health Brief Intervention Service Configuration and Related Issues in the southern District.....	7
2. Background.....	7
2.1 About the Southern District Health Board	8
2.2 Southern District Demographics	8
3.0 The Prime Minister's Youth Mental Health Project	9
3.1 Ministry of Health Funding for Youth Primary Mental Health Brief Intervention Services ...	9
3.2 Ministry of Health Service Specifications for Youth Primary Mental Health Services	10
3.3 Ministry of Health Stepped Care Model	10
4.0 Configuration of Primary and Community Mental Health and Addiction Services for Young People in the Southern District	12
5.0 Southern District YPMH Brief Intervention Services Funded by SDHB	15
5.1 WellSouth Primary Health Network.....	15
5.2 Family Mental Health Services (FHMS).....	15
5.3 Adventure Development Limited.....	16
5.4 Mirror Counselling	17
6.0 Review of Youth Primary Mental Health Brief Intervention Service Configuration and Related Issues In the Southern District	17
6.1 Review Methodology	17
6.2 Delivery of Youth Primary MH and AOD BIS in the Southern District	18
6.3 Summary of Gaps in Youth Brief Intervention Service Provision	19
6.4 Summary of Barriers to Access to Youth BIS	22
6.5 Other Issues	23
7.0 Development of a Business Case	23
APPENDIX A: Analysis of SDHB Youth Primary Mental Health Service Funding for Children and Young People age 12-19 years with Mild/moderate Mental Health and AOD Issues, FY 2012/13 - 201516	24
APPENDIX B: Southern District Primary and Community Mental Health and AOD Services..	25
APPENDIX C: NGO Providers of Youth BIS in the Southern District.....	29
APPENDIX D: Survey Responses - Barriers to Access and Gaps in YPMH BIS.....	32

Glossary of Abbreviations

ADC	Adventure Development Counselling Programme
ADL	Adventure Development Limited
AOD	Alcohol and other drug
BIS	Brief Intervention Service
CAFS	Child, Adolescent and Family Service
CAFMS	Children Adolescent and Family Mental Health Services
CEP	Co-existing Problems
CFA	Crown Funding Agreement
CYF	Child Youth and Family
EPS	Emergency Psychiatric Service
FMHS	Family Mental Health Service
FTE	Full Time Equivalent
GP	General Practitioner
HEADSSS	Assessment Tool (Home, Education/Employment, Eating, Activities, Drugs, Sexuality, Suicide and Depression, Safety)
MH	Mental Health
MoH	Ministry of Health
MSD	Ministry of Social Development
MYD	Ministry of Youth Development
NGO	Non Governmental Organisation
PHN	Public Health Nursing
PHO	Primary Health Organisation
SDHB	Southern District Health Board
SST	Social Sector Trials
TA	Territorial Authority
YADS	Youth Alcohol and Other Drug Service
YSS	Youth Specialty Services (DHB)
YOSS	Youth One Stop Shop
YPMH	Youth Primary Mental Health

List of Tables

Table 1: Population of children age 12-19 years, by TA, Southern District (2013 Census for the Usually Resident Population).....	8
Table 2: Southern DHB Youth Primary Mental Health Funding Allocation 2015/16.....	9
Table 3: Ministry of Health Stepped Model of Care.....	11
Table 4: Estimated number of Children and Young People in the Southern District requiring mental health interventions at Step 2 and 3, by Territorial Authority	11
Table 5: Southern District Board Funded Primary and Community Mental Health and Addiction BIS Services for Children and Young People age 12-19 years with mild to moderate mental health and AOD issues.....	13
Table 6: Youth BIS provided by WellSouth Primary Health Network.....	15
Table 7: YADs service coverage and FTE 2014/15 and 2015/16.....	16
Table 8: DHB funded Mental Health and AOD Services for Young People in the Southern District, FY 2014/15	18
Table 9: Identified gaps in BIS Provision in the Southern District.....	19
Table 10: Barriers to access for BIS in the Southern District	20

1.0 Rationale for Review of Youth Primary Mental Health Brief Intervention Service Configuration and Related Issues in the Southern District

Southern DHB is aware there are a number of gaps in current service provision/access for youth to brief intervention services across our district and is committed to undertaking a review of the current configuration and issues related to service delivery for primary mental health brief intervention services for youth aged 12 to 19 years with mild to moderate mental health and alcohol and drugs issues.

The goals and objectives of this review are to:

- Phase 1: review current funding and service models, confirm current service utilisation and identify service gaps. Findings will be documented and incorporated into a business case to fund and deliver district wide primary mental health brief intervention services for all youth with mild to moderate mental health and alcohol and drug issues (aged 12-19 years) regardless of PHO enrolment and in line with the MoH national services specification for this funding.
- Phase 2: Develop and implement a Business Case for the provision of Youth Primary Mental Health Services – Brief Intervention. Phase 2 includes implementation of a procurement process to deliver on the approved business case.

In Southern DHB, this service relates to the following initiatives:

- Hapai Te Tumanako: Raise Hope - Southern DHB Mental Health and Addiction Strategic Plan
- Ministry of Health Youth Mental Health Project
- Rising to the Challenge: The Mental Health and Addiction Service Development Plan 2012-2017

2.0 Background

2.1 About the Southern District Health Board

Southern District Health Board (Southern DHB) is responsible for the planning, funding and delivery of health and disability services to the largest region in New Zealand, spanning a land area of over 62,356 square kilometres. Southern DHB serves a resident population of 313,050¹. The catchment area encompasses eight Territorial Authorities - Waitaki District, Dunedin City, Clutha District, Gore District, Central Otago District, Queenstown-Lakes District, Southland District, and Invercargill City.

Through its Provider Arm, Southern DHB is a major provider of health and disability services, including community and hospital-based specialist services. The DHB also purchases a wide range of health services from healthcare providers and organisations, including a number of NGO providers and five community owned/operated rural hospitals for a mix of inpatient, outpatient and community services. The Treaty of Waitangi is recognised as an important founding document for New Zealand. As an agent of the Crown, the DHB is committed to fulfilling its role as a Treaty partner. Central to the Treaty relationship and implementation of Treaty principles is a shared understanding that health is a 'taonga' (treasure).

WellSouth Primary Health Network is the single Primary Health Organisation (PHO) in the Southern District. WellSouth aims to develop and provide support mechanisms and programmes for primary care that include delivery of services for young people including sexual health, immunisation, diet/obesity, mental health and addiction (including alcohol and drug) services and smoking cessation.

¹ 2015/16 Ministry of Health estimate based on Census 2013 data

2.2 Southern District Demographics

Approximately 60 percent of the population live in the two main cities of Dunedin and Invercargill; the other 40 percent live in rural areas that are widely dispersed across the district. The average deprivation level is low, with only 13 percent of the Southern DHB population living in quintile 5 (most deprived), much less than the national average of 20 percent. In contrast 24 percent live in quintile 1 areas (least deprived), above the national average of 20 percent. There has been significant population growth in Central Otago and Queenstown over the past seven years.

The resident population is mainly European, with Māori comprising 9.1 percent of the population in the Southern District, and Pacific 1.5 percent. Invercargill has the highest percentage of Māori and Pacific at 18 percent of the population and Queenstown the lowest at only 6 percent.

Table 1 reflects population data for the Southern District for children and young people from age 12 to 19 years by Territorial Authority, for the Census Usually Resident Population, as well as WellSouth enrolment data. WellSouth enrolment numbers are significantly lower than Census population numbers in Dunedin (10,901 compared to 17,632); this is believed to be related to the population of University students who are not enrolled with Primary Care in Dunedin but use Student Health as their source for primary health care. This contributes to a general undercount in the overall WellSouth enrolled population, as compared to the Census population. In addition, WellSouth reports higher numbers of young people in Invercargill City and lower numbers in Southland District compared to Census data; these may be related to Census boundaries. This project will use Census statistics as the basis for population sizes those aged 12-19 years in the District.

Table 1: Population of children age 12-19 years, by TA, Southern District (2013 Census for the Usually Resident Population)

Location	2013 Census Population for the Usually Resident Population age 12-19 years, by TA		WellSouth Enrolled Population by TA, as at October 2015	
	Number	Percent	Number	Percent
Waitaki District	2,059	6.0	2,021	7.2%
Dunedin City District	17,632	51.1	10,901	38.7%
Clutha District	1,814	5.3	1,720	6.1%
Gore District	1,328	3.9	1,683	6.0%
Central Otago District	1,418	4.1	1,630	5.8%
Queenstown-Lakes District	2,667	7.7	2,373	8.4%
Southland District	3,068	8.9	1,790	6.4%
Invercargill City District	4,491	13.0	6,062	21.5%
Total	34,477	100	28,180	100.1%

NB: To extrapolate the number of 12-14 year olds, 3/5ths (60%) of the number of children in the Census age band for 10-14 years olds were allocated to the 12-14 year old category. This is not precise but was deemed an acceptable method of estimating this population because of the relatively small numbers.

3.0 The Prime Minister's Youth Mental Health Project

The Prime Minister's Youth Mental Health Project was launched in 2012 and aims to help prevent the development of mental health issues and improve young peoples' access to youth mental health services. The project responds to a report from the Prime Minister's Chief Science Advisor, *Improving the Transition: Reducing Social and Psychological Morbidity During Adolescence*. This report raised concerns about mental health issues in the period when young people move from childhood to adulthood including depression and other mental health disorders, cannabis use and harmful use of alcohol, and youth suicide. The project is made up of 26 national initiatives phased to deliver improvements for young people by July 2016.

Ministry of Health documents reflect that young people are often unable or reluctant to access primary care and mental health services. Local services are often geared towards treating adults or people with more acute needs. Young people may require a unique mix of social, developmental and health services, and their family GP may not have sufficient expertise to provide the full range of care needed. Young people can also feel uncomfortable discussing their issues with their usual family GP. To improve youth access to appropriate primary care services, young people need a range of sustainable youth-friendly health and social services, including General Practice that is responsive to youth and youth specific services as appropriate for the locality.

3.1 Ministry of Health Funding for Youth PMHBIS

The Ministry of Health (MoH) allocates specific funding to support Youth Primary Mental Health (YPMH) services in each District Health Board (DHB). The funding is intended to enable DHBs to contract with Primary Health Organisations (PHOs) and Non-Governmental Organisations (NGOs) (together, the Providers) to increase access to mental health and alcohol or other drug responses in primary health care settings for young people aged 12-19 years with mild to moderate mental health and Alcohol and other Drug (AOD) issues. It is mandatory for DHBs to use this funding to purchase Youth Primary Mental Health services.

All YPMH funding is included in the funding envelope that makes up the Mental Health Ringfence for each DHB. There are two separate funding streams for Primary Mental Health Brief Intervention Services (PMHBIS). In March 2012, the Ministry of Health advised that DHBs would retain savings from a substantial decrease in the community pharmaceutical drugs budget for 2012/13 and out years, to be allocated towards Youth Primary Mental Health, including expanding funding and the target population for dedicated primary mental health funding to include young people age 12-19 years inclusive. The 2012/13 Allocation of Southern funding for Providing Support for YPMH Services included \$333,173 (from the national \$4.84m savings from pharmaceutical drugs budget allocated by PBFF share). Additional unallocated funding for YPMH totalled \$179,894 for 2012/13. Appendix A demonstrates YPMH funding Southern DHB received from 2012/13 to 2015/16.

Funding for the 2015/16 Financial Year is outlined below in Table 2, representing an increase of \$173,864 for Youth Primary Mental Health from Financial Year 2014/15.

Table 2: Southern DHB Youth Primary Mental Health Funding Allocation 2015/16

Southern DHB Youth Primary Mental Health Funding Allocation	2015/16
Funding available for youth primary mental health from community pharmaceutical drugs budget savings (PBFF share of \$3.1 million)	\$210,226
MoH funding (PHOMH002) (new funding)	\$128,848
MoH funding (PHOMH002) (base funding)	\$237,408
Total funding	\$576,482

As part of the 26 national initiatives related to the Prime Minister's Youth Mental Health Project, the Ministry of Health is undertaking a national process in 2015/16 for formal evaluation of Youth Primary Mental Health funding of initiatives via Prime Minister funding. The outcome of this evaluation may include recommendations for service improvement and require implementation of these recommendations to ensure services continue to meet the needs of youth. For example, the Ministry may consider changes in YPMH funding or a change in the service model/service configuration to ensure that they are purchasing the type of service that is most appropriate.

3.2 Ministry of Health Service Specifications for Youth Primary Mental Health Services

Through national service specifications, the Ministry of Health document the requirement for DHBs to develop primary mental health and AOD services for youth which ensure comprehensive coverage for all youth within the DHB region, regardless of PHO enrolment. Through the purchase of YPMH Brief Intervention services, DHBs are required to ensure:

- Provision of a consistent Youth Primary Mental Health Service for Young People age 12-19 Years with mild to moderate mental health and alcohol and addiction issues, with equitable access.
- Providers adapt the Services to meet the unique needs of the young people aged 12 to 19 years and promote the use of psychosocial assessment tools such as HEEADSSS as identified in the evidence based best practice guideline Identification of Common Mental Disorders and Management of Depression in Primary Care (2009).
- Young people aged 12-19 years presenting through services outside of PHOs are able to receive the primary mental health and Service regardless of PHO enrolment.
- YPMH BIS are delivered in conjunction with service specifications as itemised in Crown Funding Agreement (CFA) Schedule D6: Youth Primary Mental Health Services.

The Ministry of Health has made two revisions to related service specifications for 2015/16:

- Services will be provided by suitably qualified health professionals, defined as a health practitioner who is sufficiently qualified, registered through an appropriate regulatory body and experienced to work with youth to assess and treat mental health and/or related issues of mild to moderate severity. This has removed the requirement for services to be delivered by GPs.
- The service specifications include a greater focus on achievement of the following outcomes:
 - early identification of mental health and/or addiction issues
 - better access to timely and appropriate treatment and follow up
 - equitable access for Maori, Pacific and low decile youth populations.

3.3 Ministry of Health Stepped Care Model

As reflected in the service specifications, Youth Primary Mental Health Services are to be based on the Ministry of Health Stepped Care Model for service provision. The Stepped Care Model is an integrated approach to health care delivery that involves intervening in the least intrusive way, from self-care right across the primary, DHB and NGO service continuum, in order to get the best possible outcomes, enabling entry and exit at any point based on need. The Stepped Care Model estimates the proportion of 12- 19 year olds requiring interventions and the level of intensity required (refer Table 2).

Table 3: Ministry of Health Stepped Model of Care

STEP	Percentage of population of 12-19 year olds*	Intervention
STEP 1	79.3% will have no disorder or sub-threshold symptoms, distress or adjustment problems.	This population will only require advice, support, psycho-education, self-care, advice and monitoring and social marketing/media.
STEP 2	6.6% of this population will have a mild disorder.	Brief treatment in the primary care environment, including Brief Interventions, E-therapy, Extended GP or practice nurse consults, and monitoring, Green Rx, self help books and education.
STEP 3	9.4% of this population will have moderate disorders.	Low intensity treatment in the primary care environment, including individual Packages of Care, Brief Interventions, Pharmaceutical Interventions, E-therapy and group therapy.
STEP 4 and 5	4.7 % will have severe disorders requiring high intensity treatment (STEP 4) or require longer term or acute treatment for chronic and/or complex disorders (STEP 5).	Range of psychological therapies and pharmaceutical interventions in community and inpatient settings.

*From Ministry of Health Primary Mental Health Agreement for Southern DHB, #339459/01. The percentage of population relates to all age groups and is taken from 12 month prevalence in the New Zealand Mental Health Survey (2006) as there were currently no prevalence figures for the 12-19 year population. These percentages were provided for information only.

Estimates of the number of young people requiring interventions at STEP 2 and 3 are illustrated by SDHB Territorial Authority in Table 3. As expected, the greatest number of young people estimated to require interventions resides in Dunedin, followed by those residing in Invercargill City, Southland District and Queenstown Lakes. However, there are some young people living across the district who will require interventions for mild to moderate mental health and/or AOD issues. The range of interventions that could support these young people, including brief interventions, are outlined in table 2 above.

Table 4: Estimated number of Children and Young People in the Southern District requiring mental health interventions at Step 2 and 3, by Territorial Authority

Territorial Authority	Population of 12-19 years in Southern District	Number of those requiring Step 2 and Step 3 Interventions
Waitaki District	2,059	329
Dunedin City District (enrolled population)	10,901	1,744
Clutha District	1,814	290
Gore District	1,328	212
Central Otago District	1,418	227
Queenstown-Lakes District	2,667	427
Southland District	3,068	491
Invercargill City District	4,491	719
Total	27,746	4439

4.0 Configuration of Primary and Community Mental Health and Addiction Services for Young People in the Southern District

Primary and community mental health and addiction services provided in the Southern District are described in Appendix B. Within this mix of services, Southern DHB funds several Providers to services which include Brief Intervention Services for young people with mild to moderate mental health and addiction issues. Table 5 summarises information on Southern District Board Funded Primary and Community Mental Health and Addiction BIS Services for Children and Young People age 12-19 years with mild to moderate mental health and AOD issues. Further detail on Brief Intervention Services delivered by these providers is included in Section 5.

Table 5 illustrates that a number of providers deliver BIS for young people with mild to moderate mental health and/or addiction issues. Service coverage is not equitable across the district, with access to MH BIS particularly problematic in rural areas of the District. Services include:

- Mirror Counselling - Greater Dunedin, including Mosgiel
- Mirror Counselling Exemplar Programme - Greater Dunedin (including Mosgiel), South Otago and Oamaru
- Family Mental Health Services - Greater Dunedin, including Mosgiel. Approximately half of General Practices in these locations are able to refer to this service (historical service coverage).
- WellSouth – Invercargill (partial coverage), South Otago and Central Otago.
- WellSouth also delivers MH and AOD BIS for young people age 18-19 years, across the District via the adult Brief Intervention Service.
- Adventure Development provides AOD BIS, including services for young people with CEP across the District through a mobile service, excepting Dunedin.

A number of other Providers who are not funded by Southern DHB also deliver MH and AOD BIS for young people. These services are described in Appendix B and include:

- Universities and Polytechnic Institutions deliver some primary mental health services for those with mild to moderate mental illness for their enrolled student populations. Mirror Counselling Services offer district wide family focused services for children aged 3 to 17 years involved with Child Youth and Family who have been identified through the Gateway Assessment Programme (MSD funding).
- Through WellSouth funding, Number 10 Youth One Stop Shop provides general health and social services for young people age 10 to 24 years in Invercargill.
- The Ministry of Education provide staffing for secondary schools to employ School Counsellors who deliver counselling services for enrolled student populations.

In addition, other DHB funded services provide general health and social services for children and young people which may include referral to mental health services.

- The Ministry of Education contract the Dunedin Secondary partnership to deliver Alternative Education services. This work includes a Health Check component (HEADSSS) and referral to mental health services as appropriate.
- Otago Youth Wellness Trust deliver a wraparound programme for young people with high and complex needs (age 11-18 years) who cannot engage with mainstream services and who often present with high and complex needs and/or addiction issues. The focus of this wraparound service is to actively connect and support each person with an individualised package of services that best meets their needs.
- Nga Kete Matauranga Pounamu Trust Services provide an alcohol and other drug counselling to young people aged 14-18 years. The service is based in Invercargill with a Southland focus.

- Public Health Nurses (PHNs) hold weekly clinics for senior students in secondary schools throughout the district, during school terms. The school clinics are general in nature but there is a particular focus on sexual health, self harm and primary mental health issues. PHNs also deliver Community Enhanced Youth Clinics in some rural areas of Otago; these include a focus on sexual health and include HEADSSS assessment. PHNs also deliver a School Based Health Service in decile 1-3 secondary schools (including Alternate Education) in the District.

Table 5: Southern District Board Funded Primary and Community Mental Health Addiction Services which include BIS- for Children and Young People age 12-19 years with mild to moderate mental health and/or AOD issues

Service/provider	Service description	Focus	Central Otago	Clutha District	Dunedin City	Gore District	Invercargill City	Queenstown Lakes District	Southland District	Waitaki District	Target population
WellSouth Primary Health Network	BIS for adults with mild to moderate mental health and/or addiction issues	Mental health and/or addiction issues	✓	✓	✓	✓	✓	✓	✓	✓	Adults from age 18
Family Mental Health Service	Standalone service for people of all ages with complex or moderate to severe mental health issues	Mental health and/or addiction issues			✓* Mosgiel and greater Dunedin						All ages, including youth and children
Mirror Counselling Service	Child and Youth mental Health and AOD service	Mental health and/or addiction issues			✓ Greater Dunedin (includes Mosgiel)						Young people age 19 years and under, including children
Mirror Counselling Service	Exemplar CEP enhanced Service (highly mobile)	Mental health and/or addiction issues		✓	✓ Greater Dunedin (includes Mosgiel)					✓	Young people age 12-22

*Approximately half of General Practices in these locations are able to refer to this service (historical)

Table 5 (cont): Southern District Board Funded Primary and Community Mental Health and/or Addiction Services which include BIS for Children and Young People age 12-19 years with mild to moderate mental health and AOD issues

Service/provider	Service description	Focus	Coverage by TA	Central Otago	Clutha District	Dunedin City	Gore District	Invercargill City	Queenstown lakes District	Southland District	Waitaki District	Target population
WellSouth Primary Health Network	Youth BIS for clients with mild to moderate mental health and AOD issues	Mental health issues	Central Otago	✓ Young people aged 12-19 years	✓ Young people aged 12-19 years			✓ Young people aged 13-18 years				Young people
Adventure Development Limited	Mobile Youth Service (YADS) services for young people with moderate to severe alcohol and other drug dependence including those with coexisting mental illness/high and complex needs.	Addiction issues/CEP	District wide excluding Dunedin	✓	✓		✓	✓	✓	✓	✓	Young people age 12-20 years

5. Southern District YPMH Brief Intervention Services Funded by SDHB

5.1 WellSouth Primary Health Network

Southern DHB funds WellSouth Primary Health Network to deliver free Brief Intervention Services for young people age 12-19 with mild to moderate mental health issues and/or alcohol and drug issues. WellSouth PMHBIS provide early intervention for young people with mild to moderate mental health issues in up to 4-6 negotiated sessions on a case by case basis. This may be increased to 8 as required over a 12 month period and also in rural areas where there are fewer options for follow up. Services are delivered through the MoH Stepped Care Model. Brief interventions may occur in general practice or may occur through referral to the PMHBIS team.

Table 6 –illustrates age criteria and geographical location of BIS services provided by WellSouth for young people in the Southern District. In relation to youth, WellSouth provides BIS to clients age 12-19 years in South Otago and Central Otago; there is partial coverage for clients age 13-17 years in Invercargill. WellSouth does not provide a youth BIS in rural Southland or Dunedin and its surrounding areas. In Dunedin, services for young people provided through WellSouth are limited to those provided by Family Mental Health Services for selected general practices (refer below).

Table 6: Youth BIS provided by WellSouth Primary Health Network

Area	Age criteria	FTE
South Otago	Age 12-19	0.2 FTE
Southland (Invercargill service only)	Age 13-17	0.8 FTE
Central Otago	Age 12-19	1 FTE
Total		2.0 FTE

As part of contractual requirements, WellSouth Primary Health Network is required to report service information on a quarterly basis. WellSouth has reported that 388 children and young people received BIS through their services in financial year 2014/15. The majority of children seen by WellSouth were of European ethnicity. Few children seen through the BIS service were of Maori (n=18), Pacific Island (n=6) or Asian ethnicity (n=5). There were few referrals to specialist services, including one referral to a psychologist/psychotherapist in this time period and 5 referrals to Specialist CAMHS or Adult Mental Health Service. The service also includes delivery of individual Packages of Care and extended GP consultations as required, but monitoring reports that there is poor/limited utilisation.

The PHO also provides adult mental health services but has not quantified the proportion of BIS delivered relevant to 18-19 years olds.

5.2 Family Mental Health Services (FMHS)

Family Mental Health Services (FMHS) are funded through a contract between Southern DHB and WellSouth for Clinical Community Mental Health Services. FMHS provides a standalone service for people with complex or moderate to severe mental health issues enrolled in specific Mosgiel or Dunedin practices (total enrolment of 49,329 people, estimated as slightly less than half of the population enrolled in Dunedin and Mosgiel general practices). The Primary Mental Health Service delivered by FMHS is available to people who are currently enrolled with the following General Practices.

- Mosgiel – Mosgiel Health Centre, Gordon Road Medical Centre, Outram Medical Centre
- Dunedin – Mornington Health Centre, Broadway Medical Centre, Green Island Family Health Care, Green Island Medical Centre

FMHS delivers BIS to small numbers of children and young people as part of a suite of mental health services. BIS services delivered through FMHS are not funded through a discrete funding allocation or contract line. As Family Mental Health Services does not hold a contract for BIS services, the organisation is not required to report client information in relation to BIS. FMHS has indicated that the service received 153 referrals for 12-19 year olds from 1 July 2013 to 30 June 2015. Of these, 27 young people came for fewer than 6 sessions and would meet the definition for BIS.

5.3 Adventure Development Limited

Southern DHB funds two services through Adventure Development Limited (ADL).

- The Youth Alcohol and Other Drug Service (YADS) provides a BIS for people under the age of 25 years who are experiencing mild to moderate substance abuse difficulties.
- The Adventure Development Counselling Programme (ADC) is a longer term programme for moderate to severe mental health and co-existing problems.

YADS is a mobile, brief intervention service and provides screening and comprehensive assessments, brief interventions (1 to 3 sessions) individual and group, comprehensive interventions (up to 8 sessions) individual and group and support and care co-ordination, including referral to other services. As ADL provide a mobile service, clients are seen in their own community where possible.

The YADS service is provided across all of Southland, Queenstown Lakes, Central Otago and rural Otago, i.e. all of the Southern District except Dunedin City (refer Table 7). The geographical spread of service reflects the presence of Mirror services funded to provide similar services in Dunedin.

Adventure Development suggest that the current geographical allocation of FTE across the district i.e. 2.8 FTE covering Southland and Queenstown Lakes and 1.1 FTE covering Rural and Central Otago reasonably reflects need, based on historical and current demand. To comply with DHB savings initiatives, ADL has recently reduced FTE resource across the district with a reduction of 0.3 FTE i.e. from a total of 4.2 FTE to 3.9 FTE. ADL has initially apportioned the reduced FTE geographically in line with the historic distribution with the view to shifting resources to areas of need as staffing changes allow.

Table 7: YADs service coverage and FTE 2014/15 and 2015/16

Area	Age criteria	FTE 2014/15	FTE 2015/16
Southland and Queenstown Lakes	Children and young people age 12-25 years	3.0 FTE	2.8 FTE
Rural and Central Otago	Children and young people age 12-24 years	1.2 FTE	1.1 FTE
Total		4.2 FTE	3.9 FTE

ADL has reported that for the period 1 July 2014 to 30 June 2015, a total of 145 young people age 12-19 years accessed BIS for alcohol and drug issues, with a total of 705 contacts delivered to these young people over this time period (4.7 contacts on average).

5.4 Mirror Counselling Services (Aroha Ki Te Tamariki Charitable Trust)

Utilising SDHB funding Mirror Counselling Service offers children and young people, aged 3-19 years, with emotional, behavioural, mental health problems a range of counselling services tailored specifically for the child and young person's needs. Half of all referrals to Mirror Counselling are self or family-referred and the service is accessed as part of a package of services. This service is available to children and adolescents in the Greater Dunedin area (including Mosgiel). Mirror reported a total of 53 young people were provided 149 sessions during the 2014/15 financial year (refer Table 8). Over this time period, Mirror reported that the service employed 0.5 FTE BIS staff and 0.5 FTE Intake Worker. Mirror has noted that Intake Workers had approximately 651 contacts for this period and Mirror considers that many of these were BIS, although Mirror cannot estimate the proportion that were BIS. Many of these contacts were with parents and the Brief Intervention was with them rather than the young person. It was noted that BIS with parents is an important component of counselling for children/young people and can change the outcome for that child/young person.

In 2013, the Ministry of Health selected Southern DHB as the site for one of two national Exemplars of youth AOD/CEP services. Mirror HQ is the Ministry of Health designated provider of the Exemplar service in the southern district. The Ministry of Health sets the terms and conditions of the contract, including funding and service delivery. The Mirror HQ Youth Addiction Service Whakaata Tohu Tohu (Youth Exemplar initiative) for children and young people aged 12-22 years provides support for young people with moderate to severe AOD issues and co-existing mental health problems (CEP). Service components include screening (HEEADSSS and SACS) and assessment, evidence based interventions, whānau interventions and support, children of Parents with Mental Illness and/or Addiction and managed withdrawal in the home of community. All members of the Exemplar Service team provide Brief Intervention Services. Clients and families may self refer to this service.

An Urban Service was established for the exemplar service in March 2014, with an office based in the centre of the CBD in Dunedin. A mobile service is also provided and outreach occurs across the Greater Dunedin area, including Mosgiel. The Waitaki District East and North Otago service was established in October 2014. The office is based in Oamaru and provides a mobile service. South Otago was established in April 2015. The office is based in Milton and provides a mobile service. Through the Exemplar Service, 36 young people were provided with a total of 100 BIS sessions over the time period 1 July 2014-30 June 2015.

6.0 Review of Youth Primary Mental Health Brief Intervention Service Configuration and Related Issues in the Southern District

6.1 Review Methodology

YPMHBIS providers were asked to quantify the delivery of Brief Intervention Services (BIS) in the Southern District for the time period 1 July 2014-30 June 2015. The DHB acknowledged that a number of services do not have a specific focus on BIS or focus on youth in the specified age range. In this case, the DHB asked Providers to estimate the proportion of FTE allocated to BIS and also to estimate the number of clients and the number of contacts delivered for brief intervention, where possible. YPMH providers and key stakeholders were asked to identify barriers to access for BIS and gaps in service provision for both mental health and addiction issues for young people aged 12-19 years in the Southern District. Survey responses were analysed to identify common themes, with separate analyses for questions in relation to gaps and barriers.

Surveys were distributed to key stakeholders, including Government funders, providers of Youth Mental Health Services (including DHB and NGOs), Social Sector Trial Managers, Universities and Polytechnics, Maori Providers and DHB Directorates for Mental Health and Addiction Services and Population Health Services. Survey respondents included Social Sector Trial Managers, Youth One Stop Shop, University of Otago, Nga Kete Matauranga, Family Mental Health Services, Mirror Counselling and Adventure Development Limited. Multiple responses were received from Southern DHB Mental Health Services staff and Public Health Nursing Services. WellSouth Primary Health Network facilitated a response from several staff members working in BIS. The Ministry of Education responded to the survey but other Government funders did not reply.

6.2 Delivery of Youth Primary MH and AOD BIS in the Southern District

Table 8 summarises Provider responses to survey questions in relation to the quantity of youth MH and AOD BIS delivered in the Southern District for the time period 1 July 2014-30 June 2015 (refer also to Appendix C). Based on the information reported by the Providers

- Funding was allocated specifically for MH and AOD BIS services provided by WellSouth Primary Health Network, at 2.0 FTE per annum
- Funding was allocated specifically for AOD BIS services (including CEP) provided by Adventure Development Limited, at 4.2 FTE per annum.
- For the twelve months ending 31 June 2015, the number of clients accessing BIS totalled 636, with 145 accessing AOD BIS only.

Table 8: DHB funded Mental Health and AOD Services for Young People in the Southern District, FY 2014/15

Mental Health and AOD Service Providers	Service	Contracted Volumes	Funding	Number of clients	Client contacts	FTE allocated to BIS	Location of service delivery
Mirror Counselling	Children and Youth Mental Health Counselling Programme	3 p.a.		53	149*	0.5 FTE Intake Worker 0.5 BIS	Metropolitan Dunedin
	Mirror Exemplar Service (CEP)	1 FTE pa		10	22	NIL	Waitaki District, South Otago, Metropolitan Dunedin
		5.5 FTE pa		26	78	All team members provide BIS as part of the spectrum of service delivery.	
Family Mental Health Services (WellSouth)	Infant, child, adolescent and youth community mental health services	0.85 FTE pa		14 (27 over past two years)	NS	NS	Mosgiel (service to approximately half of Dunedin GP practices)
WellSouth Primary Health Network	Youth MH Initiatives and Innovations	NS		388	NS	2.0 FTE	Invercargill (partial coverage) South Otago, Central Otago

AOD Service Providers (including CEP)	Service	Contracted Volumes	Funding	Number of clients	Client contacts	FTE allocated to BIS	Location of service delivery
Adventure Development	Youth Alcohol and Other Drug Service (YADS)	4.2 FTE		145	705	4.2 FTE	District wide, mobile service, excluding Dunedin

NS=Not specified

*Intake workers had approximately 651 contacts for this period and Mirror believes that many of these were BIS but cannot estimate the proportion that were BIS.

6.3 Summary of Gaps in Brief Intervention Service Provision

Respondents highlighted the limited access for mental health brief intervention for rural youth in most areas of the District, including North Otago, Rural Otago, Queenstown Lakes and Rural Southland (including Te Anau Gore). This was believed to be especially important because of the lack of other support services for rural families that are usually present in cities, e.g. parenting courses or support and the lack of services available after hours. Because BIS is not available, GPs refer directly to DHB services such as CAFS, the moment that risk is mentioned, e.g. for self harm, cutting behaviour, etc. Instead, these clients can often be treated in a few sessions through BIS.

A number of respondents noted that there is a gap relating to information about what is available, what agencies are funded, and what they are funded to provide. This information should be available to members of the public, including parents, carers and young people.

Table 9: Identified gaps in BIS Provision in the Southern District

Identified gaps	Area
Availability of mental health brief intervention services for young people across the District	⇒ Limited access for mental health brief intervention for rural youth in most areas of the District, including North Otago, Rural Otago, Queenstown Lakes and Rural Southland (including Gore and Te Anau.
Access through Primary Care	⇒ Variable coverage across the District. ⇒ Especially poor access in rural areas and in Southland. Only 15 out of 30 GP practices in Invercargill are covered by Brief Intervention Services for young people. ⇒ Coverage for approximately half of General Practices in Dunedin.
BIS service capacity	⇒ Significant gap in staffing available to meet the level of need for mental health BIS for youth across the District. ⇒ Lack of FTE to provide a service in the areas not covered e.g. rural Southland and North Otago, Queenstown, Invercargill. ⇒ A well trained clinical workforce is needed to undertake BIS with youth.
Defined and targeted mental health BIS in Dunedin	⇒ No clearly defined and specifically targeted mental health BIS in Dunedin
Group options for BIS	⇒ Group options for BIS were considered a gap.
Information on availability of services	⇒ There is a gap relating to information about what is available, what agencies are funded, and what they are funded to provide
Availability of Professional Education	⇒ Several respondents noted the need for professional education for health professionals for both mental health and AOD. ⇒ Some suggested that primary care clinicians (including GPs and practice nurses) are not confident with MH/AOD issues and screening/education is needed.
Resources for young people	⇒ There is a lack of free youth friendly resources for young people and whānau for both mental health and AOD, including resources and networks for the transgender population.
Kaupapa Maori and Pacific mental health BIS	⇒ One responder noted that there is a gap in Kaupapa Maori and Pacific brief intervention youth focused mental health services.
Funding	Several respondents reflected that the DHB does not adequately fund BIS and others.

6.4 Summary of Barriers to Access to Youth BIS

Most respondents indicated that there are no barriers to accessing AOD services across the District. However, the majority of Key Stakeholders reflected that there are numerous barriers to accessing Mental Health Brief Intervention Services in many areas of the Southern District.

Many respondents indicated that there were barriers to accessing MH BIS through primary care. One of the major barriers to access is that adolescent MH BIS is not available in rural communities. The BIS provided through the PHO does not cover all GP practices in Invercargill nor does it cover the rural centres such as Gore, Te Anau and Queenstown. These young people are generally referred to secondary services. In contrast, AOD BIS are fully mobile and cover the entire district.

One of the main barriers is a lack of information about the availability of services and transparency about specific services, providers, referral routes and acceptance criteria for these services. Some stakeholders do not understand the full range of mental health and AOD services available to youth (including how funded SDHB services fit into the bigger picture of provision.)

Key stakeholders noted that in some areas, mainly rural and Central Otago, MH BIS providers have neither identified themselves or advertised their services well. Key stakeholders noted that any future provision needs to be made much clearer both between agencies working in the youth space and with potential referrers (such as Government agencies, Schools and GPs and other potential referral sources) and the public.

Table 10: Barriers to access for MH BIS in the Southern District

Identified barriers	Area
Limited availability of services	<ul style="list-style-type: none"> ⇒ There are barriers to access because of the variable coverage of services across the District. ⇒ There is especially poor access in rural areas and in Southland.
Limited access through Primary Care	<ul style="list-style-type: none"> ⇒ There is limited availability of MH BIS through primary care. ⇒ There is coverage through approximately half of the General Practices in Dunedin (through FMFMHS). ⇒ Only 15 out of 30 GP practices in Invercargill are covered by Brief Intervention Services for young people. ⇒ The WellSouth Primary Health Network delivers a MHBIS in Central Otago, Wanaka, Clutha and Invercargill but does not provide a MHBIS service for youth in Dunedin (except that provided through Family Mental Health Services), Gore, Southland, Queenstown Lakes and the Waitaki.
Costs of attending GP for a referral	<ul style="list-style-type: none"> ⇒ For many young people having to go to their GP for a referral is a barrier as this represents an additional cost.
Accessing to MH BIS through primary care	<ul style="list-style-type: none"> ⇒ Barriers associated with accessing MH BIS through primary care include confidentiality issues, continuity of care through primary care and lack of flexible hours.
Travel and distance	<ul style="list-style-type: none"> ⇒ Travel and distance can be a barrier for young people in rural areas, particularly for MH services.
Rigid access criteria	<ul style="list-style-type: none"> ⇒ Criteria for access to the MH BIS service are believed by some to be rigid, not responsive to client need and exclude young people with risk.
Service linking/integration/transitioning	<ul style="list-style-type: none"> ⇒ There are concerns in relation to service linkages between primary and secondary care services. Pathways are needed to link services such as those provided by PHNs, GPs, Te Kakano nurse and Kaupapa Maori services to secondary referral options. The threshold for access to secondary services is too high.
Service capability	<ul style="list-style-type: none"> ⇒ The lack of training of mental health workers is a barrier to brief interventions for young people who access mental health services.
Practices are not CEP informed	<ul style="list-style-type: none"> ⇒ MH services (secondary and BIS) have not become CEP informed and in practice do not work with both issues at the same time; there is a lack of understanding about the cumulative effect of the two issues combined.
Waiting times and responsiveness	<ul style="list-style-type: none"> ⇒ Waiting time for the client to see BIS staff is a barrier.
Lack of knowledge re BIS	<ul style="list-style-type: none"> ⇒ One of the main barriers is a lack of information about the availability of services and transparency about specific services, providers, referral routes and acceptance criteria for

	these services.
Family/caregiver issues	⇒Families and caregivers may not be able/motivated to facilitate accessing services. There is a lack of recognition of early symptoms with issues escalating to a moderate to severe level.
Lack of clinical pathways in relation to mental health and AOD BIS	⇒Providers identified the need for clinical pathways to ensure that potential referrers and members of the public are clear about what is available and which service is the most appropriate in any given situation.
Lack of service integration	⇒BIS are not well integrated with other services for youth, partly because there are not enough services available.
Issues related to Attitudes/Stigma	⇒The attitude of young people around seeking such services may be considered a barrier, e.g. fear of the unknown, perception of stigma related to service access and the mental space of young people.
Lack of culturally specific focus for Maori and Pacific young people	⇒Maori and Pacific young people may find it difficult to access youth focused MH services. This cultural connectedness is important to mental health outcomes for youth.
Confusion about access criteria and the role of Brief Interventions in mental health practice.	⇒There is some confusion about access criteria and the role of Brief Interventions in mental health practice. There needs to be some flexibility around the interpretation of risk, as self-harm thoughts can be common and do not always mean there is a risk. Respondents reflected that some work needs to be done to address the criteria and look at the many steps a young person goes through before active planning and intent of self harm. ⇒Some respondents consider that the threshold for accessing mental health services seems to be quite high (people have to be more unwell before they can access services). This presents a barrier for those that are trying to stay well in the community.

6.5 Other issues

While many respondents identified gaps and barriers to access for BIS, others identified the need for positive, collaborative activity aimed at prevention and harm reduction on a greater scale within the Southern District. Key Stakeholders considered that increased focus on prevention, harm reduction and earlier intervention is critical to ensuring that young people with AOD and mental health issues are identified at as early a stage as possible and provided appropriate support through BIS and other programmes. One respondent noted that additional investment in brief intervention to support early intervention, alongside prevention activities, would ultimately reduce the need for (and costs of) specialist services in the long term.

A number of respondents noted that there is a large gap in public policy in relation to alcohol and drug use. Alcohol and drug use are an accepted part of NZ culture. Challenging this culture with health public policy interventions addressing accessibility and visibility would help challenge the acceptability of substance use and therefore increase acceptability and uptake of services.

Several key stakeholders commented on the HazDrink programme, a BIS that connects young people who have been medically unwell (due to alcohol abuse) and present for medical treatment at emergency departments. At present HazDrink is only available through a joint initiative with ED, Public Health Nursing and Student Health, in Dunedin, Oamaru, Balclutha and Milton. There are some barriers to using HazDrink in rural areas as they do not have Emergency Department services.

One respondent commented that Police deal with a large number of young people who have abused substances. These young people are most likely to be at high risk and more vulnerable than those who present to ED, since those that present at ED are accessing health services.

It was noted that the Public Health Nursing Service can be considered at the forefront of youth health; PHNs carry out early identification of youth at risk through the HEADSS assessment (anxiety, depression, suicidality, self harm and alcohol drug assessment) and brief interventions on mental health and AOD, such as HazDrink and resources to schools, through alternative education, and through parents and youth.

Most respondents believed that there is good coverage of MH BIS in Dunedin compared to other parts of the District; they would not wish this service to be adversely affected by district wide changes made to modify the BIS.

It was also noted that coordination across services is a barrier but this barrier may be overcome when there are good relationships between services. Key Stakeholders indicated that BIS are not well integrated with other services for youth, partly because there are not enough services available. The development of a clinical pathway was put forward as a response to the confusion that exists in relation to current service provision. Work could be undertaken across the district to ensure that potential referrers and members of the public are clear about what is available and which service is the most appropriate in any given situation.

7. Development of a Business Case

Southern District Health Board will incorporate the findings of this review into a business case to fund and deliver district wide primary mental health brief intervention services for all youth (aged 12-19 years) regardless of PHO enrolment and in line with the MoH national services specification for this funding, to ensure that:

- Southern DHB (SDHB) contracts a consistent Youth Primary Mental Health Service for Young People age 12-19 Years with mild to moderate mental health and alcohol and addiction issues, with equitable access across the Southern district.
- Contracted services will meet the unique needs of young people aged 12 to 19 years and promote the use of psychosocial assessment tools such as HEEADSSS as identified in the evidence based best practice guideline Identification of Common Mental Disorders and Management of Depression in Primary Care (2009).
- Young people aged 12-19 years presenting through services outside of PHOs are able to receive the primary mental health and AOD service regardless of PHO enrolment.

Appendix A: Analysis of SDHB Funding - Southern DHB, - Youth Primary Mental Health Service for Children and Young People age 12-19 Years with Mild/moderate Mental Health and AOD issues, Financial Years 2012/13 – 2015/16 (PUC PHOMH002 - Ministry of Health Funding)

FY	CFA version	Funding description	Funding
2015/16	Eleventh Omnibus Variation to the 2012/13 CFA 1 July 2015	DHB Funding*	\$210,226
		YMH PHOMH002 (new funding)	\$128,848
		YMH PHOMH002 (baseline funding)	\$237,408
		Total funding 15/16	\$576,482
2014/15	Third Omnibus Variation to the 2012/13 CFA 1 July 2013 Schedule B49	DHB Funding*	\$165,210
		YMH PHOMH002 (baseline funding)	\$237,408
		Total funding 14/15	\$402,618
2013/14	Third Omnibus Variation to the 2012/13 CFA 1 July 2013 (Schedule B49) Advises that funding is at the same level for 2014/15 as funding for 2013/14	DHB Funding*	\$165,210
		YMH PHOMH002 Baseline funding	\$237,408
		Total funding 13/14	\$402,618
2012/13	Funding specified in letter from Ashley Bloomfield to Carole Heatly 1 July 2012) and allocated through Contract Management System	DHB Funding*	\$333,173
		YMH PHOMH002 Baseline funding (PBFF share)	\$107,564
		Unallocated funding	\$179,894
		Total funding 12/13	\$620,631 NB: total without unallocated funding is \$441,067

*Funding available for youth primary mental health from community pharmaceuticals drug budget savings

Appendix B: Southern District Primary and Community Mental Health and Addiction Services, by Provider, 2015

Service/provider	Type of Service	Description	Coverage	Target population	Funder
ABLE Trust (previously SF-Strengthening Families) Southland	Children of parents with mental illness or addiction (COPMIA) community support; family/whānau advocacy	Provides support, education, advocacy and family peer support	Invercargill	Family and whanau, including children and young people of those who have mental illness or addiction	SDHB
Adventure Development Counselling	Youth alcohol and other drug counselling	Package of services for young people with moderate to severe alcohol and other drug dependence including those with coexisting mental illness/high and complex needs. Services include assessment, counselling, supervision and outdoor based therapy. Anyone can refer to the service, including mental health and addiction services, as well as schools, GPs and via self referral.	District wide	Affected young people age 12-24 years	SDHB
Ashburn Clinic Eating Disorder Service	Community eating disorder service	Early identification, treatment and recovery orientated community support, delivered by a nurse and/or dietician, including flexible packages of care.	District wide service linked to primary care providers and University and Polytechnic Student Health Services.	All ages; people requiring support for eating disorder issues	SDHB
Child Adolescent and Family Mental Health Service (CAFMHS) – Southern SDHB	Community mental health teams – outpatient treatment and assessment	Specialist child and adolescent mental health service providing assessment and treatment for those with moderate to severe mental health difficulties. Children and their family access these services for up to three years. Typically referrals are received from GPs, CYF, Plunket and schools. Families may access a variety of services during and after receiving services from CAFMHS.	Otago: Dunedin, Clyde, Balclutha and Waitaki.	Children and adolescents up to 14 years of age	SDHB
Child Adolescent and Family Services (CAFS) – Southern DHB	Community mental health teams – outpatient treatment and assessment	Specialist child and adolescent mental health service providing assessment and treatment for those with moderate to severe mental health difficulties, including a youth forensic service. Young people can access CAFS through any means, including self and family referrals, GPs, Child Youth and Family Services (CYF), schools and paediatricians. The service is delivered by multidisciplinary teams in Invercargill, Gore and the Wakatipu. The young person is typically in the services for six to 12 months, during which time they can access a variety of services.	Southland: available to those in Invercargill, Gore and Wakatipu).	Primarily children and young people aged 0 - 18 years	SDHB

Service/provider	Type of Service	Description	Coverage	Target population	Funder
Corstophine Baptist Community Trust Services	Child and Youth Community Support Workers are included as part of the Child and Youth Community Support Service	Community support workers support children and young people affected by mental health issues. Aims to maximise the strengths of children and young people affected by mental health issues and promote well being in all aspects of their lives. Each young person is assigned a community support worker.	Otago	Young people aged between 5 and 18 years	SDHB
	Te Whakaruruhau Youth Residential Service	Residential support (6 beds) for an average of three months to youth requiring this level of support, providing a community-based strengths and resilience-focused supportive 24 hour service with home like accommodation for children, adolescents and youth with serious mental health disorders that result in complex and ongoing high-support needs related to their activities of daily living. People would typically be referred by to the service by Child Youth and Family Services. After discharge, people would be supported through CBCT Child and Youth Community Support Service, accessed through a needs assessor.	Otago (located in Dunedin)	Mainly young people aged 13-16 years	SDHB
Family Mental Health Services	Brief intervention service	Service provides assessment, treatment and support services. Service for those people presenting with moderate to severe mental health difficulties whose medical care can be predominantly managed by their general practitioner and would benefit with a psychiatric therapeutic intervention. The service includes counselling, social workers, clinical psychologist and substance abuse counsellor. The centre often provides shared care with secondary services such as Youth Specialty Services and liaises with community mental health teams to identify the appropriate level of service for the person accessing the service.	Mosgiel and greater Dunedin	People of any age with moderate to severe mental health difficulties	SDHB
Mirror Counselling Services	Mental health counselling	Mirror Counseling Service offers children and young people, aged 19 and under, with emotional, behavioural, mental health problems a range of counseling services tailored specifically for the child and young person's needs. Half of all referrals to Mirror Counselling are self or family-referred and the service is accessed as part of a package of services.	Greater Dunedin	Children and adolescents age 19 years and under	SDHB
	Mirror HQ Youth Addiction Service (Youth Exemplar initiative)	Enhanced service for those with severe issues and mental health issues The Mirror HQ Youth Addiction Service Whakaata Tohu Tohu is committed to providing co-existing problems, enhanced alcohol and other drug services for young people. Service components include screening (HEEADSSS and SACS) and assessment, evidence based interventions, whānau interventions and support, children of Parents with Mental Illness &/or Addiction and managed withdrawal in the home of community.	Greater Dunedin, Waitaki, East Otago, North Otago (based in Oamaru) and South Otago (based in Milton)	Children and young people age 12-22 years	SDHB

Service/provider	Type of Service	Description	Coverage	Target population	Funder
Mirror Counselling Services (cont.)	Primary mental health services	District wide family focused services for children identified through Gateway Assessment.	District wide	Children aged 3 to 17 years	MSD
	Youth Day Programme	Youth Day Programme available to young people with moderate to severe alcohol and other drug dependence who have high and complex needs. The service is provided in a modified therapeutic community model within a kaupapa Māori framework. The centre often provides shared care with secondary services such as Youth Specialty Services and liaises with community mental health teams to identify the appropriate level of service for the person accessing the service. People are typically referred through other mental health or addiction services and have had involvement with Child Youth and Family Services, police and/or youth court. This service is typically part of a package of services.	District wide (located in Dunedin)	Adolescents age 13-17 years	SDHB
Nga Kete Matauranga Pounamu Trust Services	Taitamariki Oranga - Youth Alcohol and Other Drug Programme	Alcohol and other drug counselling to young people aged 14-18 years. The service is based in Invercargill with a Southland focus. Referral to the service is via self referral or after a confirmed diagnosis from a psychiatric clinician or mental health or alcohol or drug service.	Southland	Adolescents age 14-18 years	SDHB
	Kia Piki te Ora (Suicide prevention)	All age suicide prevention	Southland	All ages	Ministry of Health
Number 10	Youth One Stop Shop	Provides general health and social services; PHO provides brief intervention service for those with mild to moderate mental health issues. Adventure Development also runs youth addiction services from Number 10.	Invercargill	Children and young people aged 10-24 years	Other
Otago Youth Wellness Trust	Wraparound programme	Wraparound programme for young people with high and complex needs OYWT provides a wraparound service for young people (11-18 years old) who cannot engage with mainstream services and who often present with high and complex needs and/or addiction issues. The focus of this wraparound service is to actively connect and support each person with an individualised package of services that best meet their needs.	Greater Dunedin	Young people aged 11-18 years	SDHB, CYF, MSD, MYD
Pacific Island Advisory and Cultural Trust	Cultural support (Navigator Role)	Support services for those with moderate to severe mental illness. Typically the people supported have moderate to severe mental illness and have been involved with the criminal justice system.	Southland	People of Pacific Island descent- all ages	SDHB
Pact Youth South Services	Residential service, including 3 Residential Beds and 1 Crisis Respite Bed.	Residential services have a strong respite focus, so young people will have several short-stay visits over a period of weeks. While accessing services, young people are also supported by a range of support services. Young people are eligible for the service via self referral or through referral by families, GPs, government departments, community agencies or CAFS.	Southland (located in Invercargill)	Young people up to 21 years of age	SDHB

Service/provider	Type of Service	Description	Coverage	Target population	Funder
Pact South Youth Services (cont).	Day programme	Day programmes are provided as part of a holistic service for children and youth recovering from mental illness.	Southland (located in Invercargill)	Young people up age 21 years	SDHB
	Community support	Child and youth community support workers are provided as part of the holistic service for people up to 21 years of age in Queenstown Lakes/Central Otago who do not qualify for publicly-funded health services, but who have issues that may prevent them from living a fulfilling life.	Southland, including Queenstown Lakes/Central Otago	Young people up age 21 years	SDHB
Presbyterian Support Otago	Vocational support services	Provides on the job work experience in a nursery setting through YouthGrow Nursery.	Dunedin	Young people age 16 to 25 years	SDHB
Public Health South	Health Promoting Schools	Health promotion and education includes implementation of programmes in school settings to build resilience and/or raise awareness of mental health issues	District wide	All ages	SDHB
	Mental health promotion initiatives	Implementation of community health promotion initiatives	District wide	All ages	SDHB
	Suicide prevention	Develop and implement suicide prevention initiatives at the community level	District wide	All ages	SDHB
Te Korowai Hou Ora (SDHB)	Cultural support for Māori	Provides kaupapa Māori service within mainstream adult, child adolescent and family mental health and addiction services.	Southland	Tangata Whaioria (all ages)	SDHB
Te Oranga Tonu Tanga (SDHB)	Cultural support for Māori	Kaupapa Māori service available to address the needs of Tangata Whaioria with a mental health disorder or diagnosis	Otago	Tangata Whaioria (all ages)	SDHB
University of Otago Student Health Services	Primary mental health services for those with mild to moderate mental illness.	Counselling and education services are provided for students. While accessing these services, students can be managed by community mental health teams.	Dunedin	University of Otago students	Other
	Psychiatric services	SDHB funds psychiatrist input to services	Dunedin	University of Otago students	SDHB
WellSouth Primary Health Network	Primary mental health services	Brief intervention service for adults with mild to moderate mental health issues and or/or AOD problems. General Practitioner referral to this service offers access to the Brief Intervention Team with up to five sessions of support, assessment, treatment or referral to appropriate agencies.	District wide	Adult service, including young people age 18 years and above	SDHB
	Youth Brief intervention Service	Brief intervention service for youth with mild to moderate mental health issues. Stepped care model of service delivery for young people, with services intended to reduce the progression and impact of mental illness and/or addictions.	Youth aged 12-19 years	Central Otago and Clutha	SDHB
			Youth aged 13-18 years	Invercargill	SDHB
Youth Horizons	Child and youth mental health counselling	Intensive clinical support service for young people with complex mental health and behavioural issues	District wide	Children aged 10-17 years identified through Gateway processes.	Nationally funded by Ministry of Health

Service/provider	Type of Service	Description	Coverage	Target population	Funder
Youth Specialty Services (YSS)	Community mental health teams – outpatient treatment and assessment	<p>Services include forensic staff, addictions counsellor, eating disorder team, school liaison programme and day programme for those not attending school. The Southern DHB Youth Specialty Service (YSS) provides comprehensive assessment and treatment for young people with moderate to severe mental health issues. Treatment programmes may include: cognitive behavioural therapy, behavioural management techniques, family therapy, parenting skills, medication, individual therapy and group work.</p> <p>Young people access YSS generally through EPS, GP referral, courts, schools and NGO services for 6-12 months. YSS has service collaborations with a range of youth services. After exiting YSS, young people would continue to access school counsellors, GPs and/or primary mental health services.</p>	Otago	Children age 14-19	SDHB

Appendix C: NGO Providers of Youth Primary MH and AOD Brief Intervention Services in the Southern District (October 2015)

Provider	Contract	Expiration date	Purchase Unit Code	Contracted Volumes	Funding	Client contacts		FTE allocated to BIS	Location of service delivery
						Volumes of clients	Number of contacts		
Mirror Counselling Service	351719/00 Child and Youth – Mental Health and Alcohol and Other Drug Services	30 Sep 2016	MHD148C Children and Young Youth Alcohol & Drug Community Services (Other Clinical FTEs)	3 FTE p.a.		NIL	NIL	NIL	Greater Dunedin
			MHI44E Children and Youth Mental Health Counselling Programme Cultural	1 FTE 1 p.a.		NIL	NIL	NIL	
			MHI44D Children and Youth Mental Health Counselling Programme	3 FTE p.a.		53	149	0.5 FTE Intake Worker 0.5 BIS	
349830/00 Exemplar CEP Enhanced Alcohol & Other Drug Service	30 Sep 2016	MHD150A Community, Child, Adolescent & Youth Service for CEP – Senior Medical Staff (Consultant Child and Adolescent Psychiatrist)	0.8FTE			NIL	NIL	NIL	Greater Dunedin, South Otago, Waitaki District
		MHD150C Community, Child, Adolescent & Youth Service for CEP – Nursing/Allied Health Staff (Team Leader – Clinical Component)	0.5 FTE						
		MHD150C Community, Child, Adolescent & Youth Service for CEP Nursing/Allied Health Staff (Clinical Psychologist)	0.5 FTE						
		MHD150C Community, Child, Adolescent & Youth Service for CEP – Nursing/Allied Health Staff (Family Therapist)	1 FTE		10	22	NIL		
		MHD150C Community, Child, Adolescent & Youth Service for Co-Existing Problems – Nursing/Allied Health Staff (CEP Youth Clinical Staff)	5.5 FTE		26	78	All team members provide BIS		
		MHD150D Community, Child, Adolescent & Youth Service for CEP – Peer Support Worker	0.5 Staff		NIL	NIL	NIL		

Provider	Contract	Expiration date	Purchase Unit Code	Contracted Volumes	Funding	Client contacts		Location of service delivery	FTE allocated to BIS
						Volumes of clients seen	Number of contacts		
Family Mental Health Services (WellSouth Primary Health Network)	# 349756-00 (new agreement as at 1 Nov 2015)	31 October 2018	MHA09C Community Clinical Mental Health Service – Nursing and Allied Health Staff	3.0 FTE		NS	NS	Mosgiel (affiliated with designated Dunedin practices)	NS
			MH144C infant, child, adolescent and youth community mental health services – Nursing and Allied Health Staff	0.85 FTE		27 (over the past two financial years)	Number not specified; includes up to 6 contacts.		NS
WellSouth Primary Health Network	#335619-05 (in draft)	30 November 2015	PHOMH001 PHCS MH Initiatives and Innovations (for those aged 18 years and above)	Volumes and FTE are not specified.		NS	NS	District wide (adult service from age 18 years and above)	NS
WellSouth Primary Health Network	#335619-05 (in draft)	30 November 2015	PHOMH002 PHCS MH Initiatives and Innovations Youth Service (aged 12-19 years)	Volumes and FTE are not specified. 2.0 FTE are currently employed.		388	NS	South Otago (age 12 – 19)	0.2 FTE
								Southland (Invercargill service only, for those age 13-17 years)	0.8 FTE
								Central Otago (age 12-19)	1.0 FTE

Provider	Contract	Expiration date	Purchase Unit Code	Contracted Volumes	Funding	Clients	Number of contacts	FTE allocated to BIS	Location of service delivery
Adventure Development	#334931 Community Child, Adolescent & Youth ADC & YADS	31 Oct 2015	MHD148C Child Adolescent and Youth Alcohol & Drug Community Services Nursing and/or Allied Health Staff	3.9 FTE*		145	705	3.9 FTE	District wide excluding Dunedin
		31 Oct 2015	MHD150C Community Child, Adolescent & Youth Service for Coexisting Problems Nursing/Allied Health Staff	Contracted for 4 programmes in Otago and 3 programmes in Southland		NA	NA	NA	District wide excluding Dunedin

*Previously contracted for 4.2 FTE; reduced to 3.9 FTE in FY 2015/16

Appendix D: Survey Responses - Barriers to Access and Gaps in Youth Primary MH and AOD BIS

Summary of Gaps in Brief Intervention Service Provision

Most respondents commented that there are definite gaps in the delivery of mental health brief intervention services that are accessible for people age 12-19 years with mild to moderate mental health needs. The availability of truly youth centred services is considered variable across the Southern District catchment, especially in rural compared to urban environments. A predominant theme identified is that there is not equitable access to the BIS for all the young people of Southland. However, respondents did not consider that there are gaps in service delivery for Alcohol and Other Drug Services in the Southern District. Several respondents noted that there is a strong evidence base around the effectiveness of brief intervention services and their success at preventing more issues from emerging, and therefore they should be the focus for significant funding by SDHB and other partners in the future.

Gaps associated with access through Primary Care

The WellSouth Primary Health Network delivers a MHBIS in Central Otago, Clutha and Invercargill but does not provide a MHBIS service for youth in Dunedin (except that provided through Family Mental Health Services), Gore, Southland, Queenstown Lakes and the Waitaki. WellSouth does provide a MH and AOD BIS for youth aged 18 plus years.

Several respondents reflected that there are gaps in MH BIS services because access to BIS is controlled by Primary Care, with associated costs of attending a GP. Currently only 15 out of 30 GP practices in Southland are covered by Brief Intervention Services.

FTE associated with Youth WellSouth MH BIS

TA	FTE	Age Group
Central Otago	1	12-19yrs
Clutha	0.2	12 – 19yrs
Dunedin	0	No youth service
Gore	0	No youth service
Invercargill	0.8	13-18yrs (19ry olds
Queenstown Lakes	0	No service to youth but adult clinicians see 18+yrs
Southland	0	No youth service
Waitaki	0	No youth service

BIS Service Capacity

Many respondents consider that there is a significant gap in staffing available to meet the level of need for mental health BIS across the District. Several respondents reflected that the DHB does not adequately fund BIS and others noted the lack of FTE to provide a service in the areas not covered e.g. rural Southland and North Otago.

Lack of access in rural areas

Many respondents noted a number of issues relating to access to BIS for mental health in rural areas. Most believed that there is no access for mental health brief intervention for rural youth in most areas of the District, including North Otago, Rural Otago, Lakes and Rural Southland (including Gore). Barriers highlighted include travel and distance, the lack of other support services for rural families that are usually present in cities, e.g. parenting courses or support and the lack of services available after hours.

Gaps associated with access in Dunedin

Youth organisations commented that the establishment of the Exemplar Service has made a significant difference to the ability to get young people seen quickly in Dunedin. However, one respondent indicated that in the Dunedin urban area, there is no clearly defined and specifically targeted BIS and that a well trained clinical workforce is needed to undertake BIS with youth. Group options for BIS were considered a gap by some Providers. While most respondents believed that there is good coverage of MH BIS in Dunedin compared to other parts of the District, they would not wish this service to be adversely affected by district wide changes made to modify the BIS.

Access criteria

A number of respondents commented on access criteria to the MH BIS service, believing that the threshold for access to secondary services is too high. Criteria for access to the MH BIS service are believed by some to be rigid, not responsive to client need and exclude young people with risk.

Service linking/integration/transitioning

Respondents noted a number of concerns in relation to service linkages between primary and secondary care services. Some survey recipients called for pathways to link services such as those provided by PHNs, GPs, Te Kakano nurse and Kaupapa Maori services to secondary referral options. It was noted that MH services (secondary and BIS) have not become CEP informed and in practice do not work with both issues at the same time and there is a lack of understanding about the cumulative effect of the two issues combined.

Information on availability of services

Several Key Stakeholders pointed out that there is a gap relating to information about what is available, what agencies are funded, and what they are funded to provide. This information should be available to members of the public, including parents, carers and young people.

Professional Education

Several respondents noted the need for professional education for health professionals for both mental health and AOD, including General Practitioners and Practice Nurses.

Resources for young people

Some respondents pointed out the paucity of free youth friendly resources for young people and whānau for both mental health and AOD. One survey respondent noted the lack of resources and networks for the transgender population.

Need for prevention and harm reduction on a greater scale

A number of respondents indicated the need for positive, collaborative activity aimed at prevention and harm reduction on a greater scale within the Southern District. Key Stakeholders considered that increased focus on prevention, harm reduction and earlier intervention is critical to ensuring that young people with AOD and mental health issues are identified at as early a stage as possible and provided appropriate support through BIS and other programmes. One respondent noted that additional investment in brief intervention to support early intervention, alongside prevention activities, would ultimately reduce the need for (and costs of) specialist services in the long term.

Several key stakeholders commented on the HazDrink programme, a BIS that connects young people who have been medically unwell (due to alcohol abuse) and present for medical treatment at emergency department. At present HazDrink is only available through a joint initiative with ED, Public Health Nursing and Student Health, in Dunedin, Oamaru, Balclutha and Milton. There are some barriers to using HazDrink in rural areas as they do not have Emergency Department services.

One respondent commented that Police deal with a large number of young people who have abused substances. These young people are most likely to be at high risk and more vulnerable than those who present to ED, since those that present at ED are accessing health services.

A number of respondents noted that there is a large gap in public policy in relation to alcohol and drug use. Alcohol and drug use are an accepted part of NZ culture. Challenging this culture with health public policy interventions addressing accessibility and visibility would help challenge the acceptability of substance use and therefore increase acceptability and uptake of services.

Kaupapa Maori and Pacific mental health BIS

One responder noted that there is a gap in Kaupapa Maori and Pacific brief intervention youth focused mental health services.

Summary of Barriers to Access for Brief Intervention Services (combine with Gaps)

Most respondents indicated that there are no barriers to accessing AOD services across the District. However, the majority of Key Stakeholders reflected that there are numerous barriers to accessing Mental Health Brief Intervention Services in many areas of the Southern District.

BIS through Primary Care

Many respondents indicated that there were barriers to accessing MH BIS through primary care. One of the major barriers to access is that adolescent MH BIS is not available in rural communities. The BIS provided through the PHO does not cover all GP practices in Invercargill nor does it cover the rural centres such as Gore, Te Anau and Queenstown. These young people are generally referred to secondary services. Additionally, there is a lack of transport from rural areas to BIS services that are not mobile. In contrast, AOD BIS are fully mobile and cover the entire district.

For some young people having to go to their GP for a referral is a barrier as this represents an additional cost. WellSouth Primary Health Network has submitted a table itemising costs of attending GPs for young people. Cost of attending practice based on TAs demonstrates that the average cost of attending GP practices (one visit) for those aged 13-17 years in the Southern District ranged from \$23.61 in Dunedin to \$32.52 in Southland. The average cost for those aged 18-24 years ranged from \$35.18 in Southland to \$45.90 in Queenstown Lakes.

Key stakeholders noted a number of other barriers associated with accessing MH BIS through primary care, including confidentiality issues, continuity of care through primary care and lack of flexible hours.

Lack of capacity

Providers noted that capacity and responsiveness can be barriers. The lack of resources for MH BIS was noted. Respondents noted that the waiting time for the client to see BIS staff is a barrier.

Lack of knowledge re BIS

Respondents consider that one of the main barriers is a lack of information about the availability of services and transparency about specific services, providers, referral routes and acceptance criteria for these services. Some stakeholders do not understand the full range of mental health and AOD services available to youth (including how funded SDHB services fit into the bigger picture of provision.)

Key stakeholders noted that in some areas, mainly rural and Central Otago, MH BIS providers have neither identified themselves or advertised their services well. Key stakeholders noted that any future provision needs to be made much clearer both between agencies working in the youth space and with potential referrers (such as Government agencies, Schools and GPs and other potential referral sources) and the public.

Family/caregiver issues

Some Providers noted that family and caregivers can present barriers to BIS. For example, adults/caregivers may not be able/motivated to facilitate accessing services. There is a lack of recognition of early symptoms and issues escalating to a moderate to severe level.

Need for Professional Education

Several respondents indicated that there is a general need for professional education in relation to Mental Health and AOD issues. Some suggested that primary care clinicians (including GPs and practice nurses) are not confident with MH/ issues and screening/education is needed. The lack of training of mental health workers is a barrier to brief interventions for young people who access mental health services.

Need for clinical pathways in relation to mental health and AOD BIS

Key Stakeholders highlighted the need for clinical pathways. The development of a clinical pathway was put forward as a response to the confusion that exists between current services and what they provide. Work could be undertaken across the district to ensure that potential referrers and members of the public are clear about what is available and which service is the most appropriate in any given situation.

Lack of service integration

Key Stakeholders indicated that BIS are not well integrated with other services for youth, partly because there are not enough services available. It was also noted that coordination across services is a barrier but this barrier may be overcome when there are good relationships between services.

Some Key Stakeholders noted that the Public Health Nursing Service is at the forefront of youth health and carry out early identification of youth at risk through the HEADSS assessment (anxiety, depression, suicidality, self harm and alcohol drug assessment) and brief interventions on mental health and AOD, such as HazDrink and resources to schools, through alternative education, and through parents and youth. Some believe that the Public Health Nursing Service is not recognised for the early pre-intervention work carried out with youth in schools and clinics.

Issues related to Attitudes/Stigma

Survey respondents noted a number of issues such as fear of the unknown, perception of stigma related to service access and the mental space of young people. The attitude of young people around seeking such services may be considered a barrier. For mental health and AOD, young people may experience stigma related to being labelled as mental health patients or needy individuals. Young people need to cross the barrier of the unknown (feelings of discomfort based on lack of relationship with an individual in an institution or lack of knowing what to expect when entering an institution) to access services. One person commented that it would be beneficial if the service could be delivered in youth friendly spaces.

Role of BIS/Access criteria

A number of Key Stakeholders noted that there is some confusion about access criteria and the role of Brief Interventions in mental health practice. In particular, Key Stakeholders noted that there needs to be some flexibility around the interpretation of risk, as self-harm thoughts can be common and do not always mean there is a risk. Some respondents consider that the threshold for accessing mental health services seems to be quite high (people have to be more unwell before they can access services).

Barriers to access for Maori and Pacific young people

Some Key Stakeholders noted that it can be difficult for Maori and Pacific young people to access youth focused MH services.