

Integrating youth mental health systems using the key components of integrated care





@Mindgardens



@MindgardensAU

V Sawrikar^{1,2}, M Hodgins^{1,2}, S Leung^{1,2}, O Ardill-Young^{1,2}, J Curtis², R Lingam¹

> ¹School of Clinical Medicine, UNSW, Sydney, Australia ²Mindgardens Neuroscience Network, Sydney, Australia

BACKGROUND

The Australian government has expanded headspace centres for youth mental health (12-25yrs).



Structural barriers limit integration of headspaces and local specialised mental health services.



Lack of instruments to assess service integration in order to address service fragmentation.





Translate the Youth Integration Project (YIP) framework into a tool to: (a) understand current levels of services integration between headspace and local specialist services, (b) identify areas for improving integration.

METHODS

The Rating of Integrated Health Services (RIHS) survey was developed based on the YIP framework. Responses were coded and aggregated into an overall assessment of service integration (Figure 1).

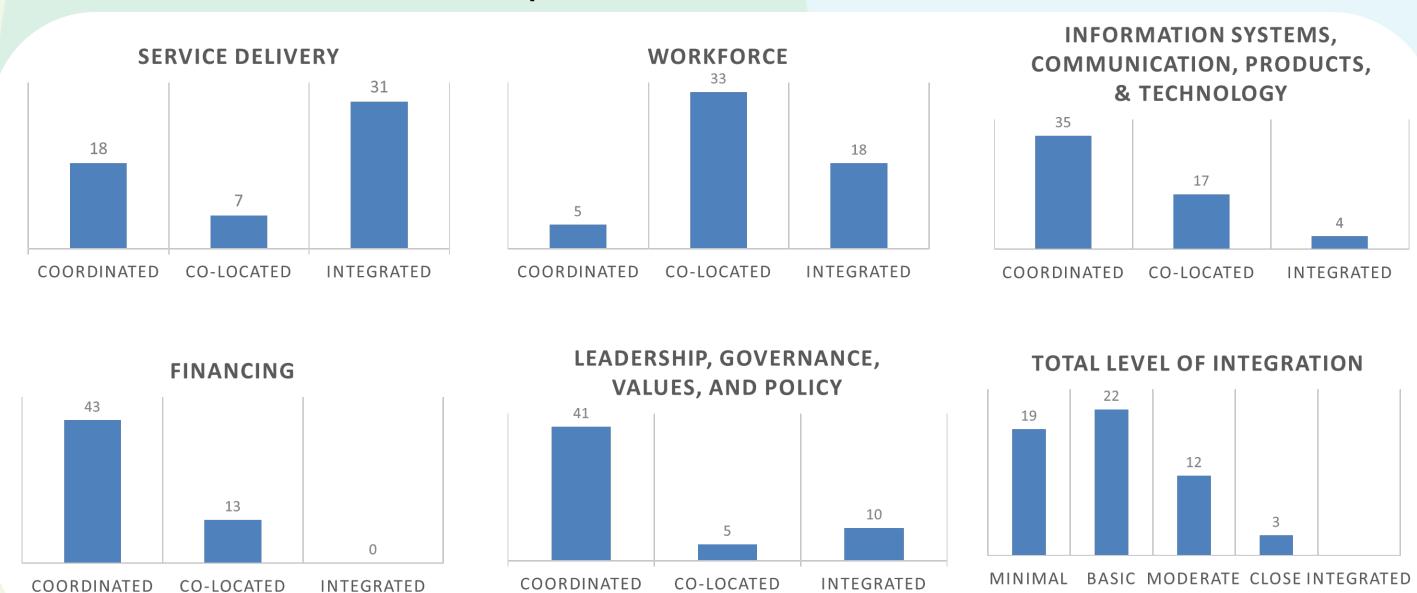
Figure 1. Scoring system of the RIHS Level 1: Level 4: Level 5: Level 2: Level 3: Close collaboration Integrated care Integration Minimal integration Basic integration Moderate integration Total Score: ≥10 & <12.5 Total Score: ≥12.5 & <15 Total Score: 15 Score Total Score: <7.5 Total Score: ≥7.5 & <10 **Total Sum of Component Scores** Information Systems, Leadership, Governance, Finance (FIN) Service Delivery (SD) Workforce (WF) Communication, Product Component Policy and Values (LGPV) Coordinated = 1 Coordinated = 1 Coordinated = 1 and Technology (ICP&T) Scale Score Coordinated = 1 Co-located = 2 Co-located = 2 Co-located = 2 Coordinated = 1 (CSS) Co-located = 2 Integrated = 3 Integrated = 3 Integrated = 3 Co-located = 2 Integrated = 3 Integrated = 3

Figure 2. Overall levels of integration between headspace specialist services in NSW.

centres and

RESULTS

Most specialist services had minimal-to-basic levels of integration with headspace centres. None had integrated levels of care. This was consistent across different programs. (Figure 1).



DISCUSSION

Key areas were identified for improving service integration:

Information systems, communication, products and technology,

Finance

3. Leadership, governance, policy and values.
Integrated care should be co-designed with youth mental health stakeholders to ensure relevance and local suitability.

Investing in existing health system structures can fast-track integrated care reform.











