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## **SERVICES AND PROGRAM ENTRY**

**CATEGORY:** Service and Program Award: General

**ENTRY TITLE:** The Northern Adelaide Mental Health Alliance (NAMHA)

**NAME OF APPLICANT:** Kelly Stewart & Shaun Sweeney on behalf of the Northern Adelaide Mental Health Alliance

**ORGANISATION:** Northern Adelaide Local Health Network (NALHN)

**Additional Information about Entry (1 x A4 page).**

Please expand upon the brief description given in Part A.

The northern suburbs of Adelaide are characterised by very high levels of economic and social disadvantage. The Northern Adelaide Mental Health Alliance (the Alliance)'s inaugural meeting was July 2020 in response to escalating need for health and wellbeing services in the Northern Adelaide area.

Identifying gaps in the service landscape, maximising the use of shared resources and where necessary advocating for additional resources. Through collective action, the Alliance addresses the limited resources, fragmented commissioning practices and siloed service provision that compound need in the Northern suburbs.

From its beginnings, the Alliance has grown its membership and influence from ten to nearly thirty partnering organisations (representing a range of service sectors from Mental Health, Drug and Alcohol Services, Disability Services, Veterans Affairs, Aboriginal and Torres Strait Islander Health and Multi-Cultural Health).

Member attendance at each bi-monthly meeting now reaches almost fifty people, the Alliance attracts a broad range of representatives including Chief Executive Officers (CEO's), Executives, Directors, as well as people in front line service delivery roles from Government, Non-Government, University sector and Peak Bodies. The Alliance puts the community at the heart of the design and delivery of services. Providing a forum for the service sector to work in partnership with people with lived experience from the local community.

The Alliance has auspiced several new services, including the Safe Haven Café (non-clinical alternative to the Emergency Department) and co-located Recovery College (peer led adult education courses focused on recovery), MIND Connect Program (peer led hospital discharge program) and Connect Me Service Directory App (co-designed digital solution to system navigational challenges).

The Alliance also plays a role in increasing the efficiency and effectiveness of the mental health system in the Northern Adelaide area. By supporting the establishment of integrated, multi-agency service models and nurturing innovative solutions to complex, systemic challenges. Including the Multi-Agency Youth Service (integrated State and primary mental health service for youth) and SAAS/SAPOL Co-Responder services (integrated clinical and first responder services).

The Alliance champions the voice of lived experience in the design and delivery of services and provides a forum for co-design. Leading with an intention to raise up the voice of lived experience, the Alliance has commissioned projects such as the Adapted Philosophy of Care (TACSI and LELAN) and Multi- Cultural Sensitivity Report (Social Policy Group/ Migration Council of Australia) that now inform the design of the service commissioned by the State and Commonwealth across South Australia.

**Address the following Criteria (max. 10 X A4 pages).**

Judges allocate marks to each criterion

**1. Evidence of a significant contribution to the field of mental health on a local, state or national level.**

The Alliance has made a significant contribution to the field of mental health in South Australia. The Alliance has been a blueprint for co-design in practice, with community leading the way. New services have been established where there was need. Innovative and promising service models have been nurtured. System level integration service has been embraced and enhanced. Systemic challenges and barriers addressed; the Alliance has championed for change to how South Australian system operates.

The members of the Northern Alliance identified key priority action areas, including more lived experience led, early intervention services and services to support service navigation. The following were established to address those needs:

- South Australia's first Safe Haven Café. A drop in, non-clinical space for people feeling distressed, an alternative to the Emergency Department (ED) in the social after-hours period.
- MIND Connect Service, a peer led service for people recently discharged from hospital following suicidal crisis.

The following services have been championed by the Alliance and are soon to be released (May 2023):

- Connect Me- a co-designed service directory app for mental health and associated social services in the Northern suburbs of Adelaide.
- Safe Haven Recovery College, an adult education program with a recovery orientated lens. Courses are co-designed with community and peer led.

These services are forging new territory in South Australia, providing viable, community initiated, co-designed, non-clinical alternatives to diagnostically and clinically led ways of responding to suicidal distress.

The Alliance also leads the way in the field of mental health in South Australia, encouraging and normalising collaboration across State and NGO entities and with community. The Alliance provides a forum for the initiation of multi-agency projects designed to improve the efficiency and effectiveness of existing services. Including:

- The Integrated Practice Unit for Youth (integrated primary and tertiary mental health services for youth IPU-Y; NALHN, Sonder)
- Integrated NDIS (National Disability Insurance Scheme)/ Mental Health Project (disability services working collaboratively with mental health; Feros Care, NALHN)
- South Australia Ambulance Service (SAAS)/South Australian Police (SAPOL) Co-Responder Services (Mental Health Clinicians partnering with First Responders for emergency call outs; NALHN, SAAS, SAPOL)

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Further to the commissioning of new services and improving the effectiveness of existing services, the Alliance has played a role raising up the voice of lived experience.

Through partnering with community organisations and commissioning co-design, the Alliance has centred the knowledge and wisdom of lived experience. These projects have transformed how mental health services are being developed and commissioned in South Australia.

- An “Adapted Philosophy of Care” (co-designed with community, the Adapted Philosophy of Care outlines the experience guests can expect when accessing mental health services. Putting the community need and experience at the heart of service design, the philosophies act like a guiding light to the service centring all decision making upon the experience of the guest, upholding human rights, autonomy and choice. Simultaneously eliminating coercive and restrictive practices. Emerging State and Commonwealth projects including the Northern Head to Health Centre and Crisis Stabilisation Unit will align with these philosophies; TACSI, LELAN in partnership with NALHN)
- An Accountability Framework (a self- assessment tool to accompany the Philosophy of Care and support implementation; LELAN in partnership with NALHN)
- A Multi-Cultural Sensitivity Report (to increase the cultural sensitivity and appropriateness of mental health service design and delivery; Social Policy Group in collaboration with NALHN, the OCP and APHN).

These reports will underpin the design and delivery of new mental health services delivered by NALHN and commissioned in South Australia via the OCP and APHN.

The Alliance champions for change within the mental health system in South Australia. Through advocacy, the Alliance has been instrumental in helping to re-design how mental health services are commissioned in South Australia. Raising up the voice of lived experience throughout governance structures and commissioning cycles. Creating a fundamental shift in power, this has included assisting to establish lived experience tender evaluation committees on new mental health projects.

## 2. Evidence of innovation and/or recognised best practice.

The work of the Alliance aligns closely with many of the principles outlined as best practice in the South Australian Mental Health Services Plan (2020-2025) and elsewhere.

### Co-Design

Now considered best practice in service design, co-design means designing *with* people, not *for* people. This central shift in power and ideology describes how the Alliance operates. The Alliance puts the community at the heart of decision making from identification of need through to planning, design and implementation of services.

Quote from Executive Director LELAN: *“The Alliance has created a platform for more genuine collaboration between services, commissioning bodies and people with lived experience in the North than has previously existed. Through these meaningful relationships and truly listening to what the community needs, including their ideas for how support could look different, has led to a number of initiatives that really are pushing us towards better ways of supporting people experiencing distress that are closer to home and more likely to be used. One such initiative is the Safe Haven Café”.*

Informing the design of mental health services throughout the State, the Alliance has commissioned partnership co-design productions with TACSI, LELAN and the Social Policy Group/ Migration Council of Australia.

### Inter-Governmental Collaboration

Moving away from the fragmented, siloed commissioning practices of old, the Alliance champions and encourages inter-Governmental collaboration and commissioning and provides a forum where this occurs. This leads to reduced service duplication, avoidance of service gaps and ultimately improved efficiency of the sector.

This collaboration has underpinned co-commissioned initiatives such as the Safe Haven. These services were jointly financially funded, commissioned and governed by both State (NALHN) and Commonwealth Government (via APHN).

Quote from Operational Manager, Integration, Adelaide Primary Health Network: *The Alliance creates “a culture of genuine partnership and collaborative action....to create a more integrated and efficient system”*

### Integration

In the Alliance, Non-Government Organisations (NGO) work alongside State based operatives to plan and deliver services. This collaboration leads to a more integrated, network of services and better outcomes for people.

Quote from Operational Manager, Integration, Adelaide Primary Health Network: *“The Alliance creates a culture of collaborative action... supporting the development of multi-agency initiatives”.*

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The Multi- Agency Service for Youth was informed by the work of Porter et al (2021). Porter's Integrated Practice Unit Model is well regarded as an innovative approach to service design. In the multi-agency model, fluctuations in an individual's need are met with fluidity of service response, regardless of organisational barriers. Resulting in a seamless service response from separate organisations.

### Innovative Service Models

The services championed by the Alliance have embraced innovative service models. Peer work is currently the fastest growing movement in mental health. In line with community expressed desire to increase availability, many Alliance projects are peer driven.

The Safe Haven is an alternative to the Hospital Emergency Department. Moving away from traditional clinical settings, Safe Havens are currently popular nationally and internationally. These non-clinical services respond to and normalise distress in a trauma informed manner. With the peer driven model asking: "what happened to you?" rather than "what's wrong with you?" and responding to distress in a humanistic way.

SAAS/ SAPOL First Responder Services have introduced to Mental Health Clinicians to Emergency Responses. Focusing on the psycho-social aspect of emergencies, the co-responders can build rapport, provide on the spot psychological assistance and defuse complex situations.

### Awards

The Northern Alliance Safe Haven Project won the Excellence in Projects Award at the Northern Adelaide Local Health Network (NALHN) Awards in 2022. This award recognised the exceptional contribution the Alliance had made to the local Adelaide area.

- 3. Evidence of participation of mental health consumers in the planning, implementation and evaluation of mental health service delivery. Evidence of prioritising increased level of engagement and influence of consumers and where higher-level participation such as authentic co-design is highly favoured.**

**There may be exceptions to the involvement of mental health consumers. Some entries may reasonably explain any particular circumstances where the involvement of mental health consumers is different or limited.**

Quote from Executive Director of LELAN: *“LELAN has observed a genuine commitment to including and responding to the experiences, insights and contributions of people with lived experience that is new and welcomed. Lived experience has been given power and through this authentic partnership lived experience has shaped commissioning processes, new services and the number of people with lived experience that can see the effects of their speaking up”*.

Quote from Community Member with Lived Experience: *“I feel the best ways to sum up the Alliance is that they truly and wholeheartedly want to make a difference not just for the community, but for future generations to come as well”*.

Quote from United Care Wesley Bowden Chief Executive Officer: *“Lived expertise has been central to every discussion, decision and all advocacy undertaken by the Alliance.”*

A guiding principle of the Alliance is to advocate for wisdom and knowledge of lived experience to be central to mental health planning, design, and implementation. Moving beyond consultation to co-design, the Alliance members do more than consult on the projects of the Alliance, they determine the work of the Alliance.

The Alliance is guided by a Steering Committee whose role is to provide practical support to the Alliance (for example, setting agendas and arranging venues and speakers). This Committee has lived experience representation, with one of the five Committee members being the Lived Experience Leadership and Advocacy Network (LELAN), the peak body in South Australia by, for and with people with lived experience of mental distress, social issues or injustice.

This broader Northern Alliance Stakeholder group determines the direction and activities of the Alliance. Community members with lived experience, people in designated lived experience roles, lived experience led organisations and the South Australian peak body for lived experience are all members.

Every Alliance project has utilised the principles of co-design and consultation. To utilise the Safe Haven as an example, LELAN is an integral member of the Project Team and has guided the development of the project through participation in every level of Governance.

The Philosophy of Care (developed through extensive community consultation by LELAN) underpinned the Model of Care development. Putting the community's expectations at the heart of the service design. Furthermore, a bespoke auditing tool

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was commissioned and then developed by LELAN to ensure these community driven philosophies over time are adhered to once the service established.

Adhering to the principles of the Philosophy of Care, co-design is embedded as a core project fundamental as an ongoing, iterative process within this project. A community advisory group was established by the service delivering partner. This group advises and guides the service including on branding, site fit out and communications strategy.

The service model was established with the intention to centre lived experience. The service is overseen by a leadership group with lived experience, including the Executive Manager and Peer Practice Lead.

To evaluate the Safe Haven Café a partnership was developed with the Australian National University (ANU). The team of researchers from ANU are all individuals with lived experience and lead by Professor Michelle Banfield, well known for her work in the field of lived experience and co-design.

Meaning throughout the life cycle of the project from need identification, through to model design, implementation and evaluation, people with lived experience have been instrumental and key.



**4. Evidence of partnerships and linkages with all key stakeholders (collaboration for continuity between organisations).**

Quote from United Care Wesley Bowden Chief Executive Officer: “*The Alliance is best practice in results- driven collaboration I have seen over the course of my career*”.

The Alliance fully embodies the principles of partnerships and linkages. With partnering organisations from a diverse range of sectors, the Alliance sees its strength in its representation and advocates for service collaboration and partnership.

Every eight weeks over the past two years, the Alliance has hosted a multi-agency forum. Bringing together partners from across the sector to meet for the shared purpose and vision of improving health and wellbeing outcomes for people living in the Northern suburbs of Adelaide.

As stated, the Alliance’s membership has grown over the two years of operation, with now nearly fifty people attending each meeting, representing approximately thirty organisations.

Project activities are voted for by the Alliance members, representing a democratic approach to service planning. Partnering members engage in activities that align with their purpose, strategic priorities, and capacity.

Please see below a table outlining some Alliance projects and partnering Alliance members involved in those respective projects.

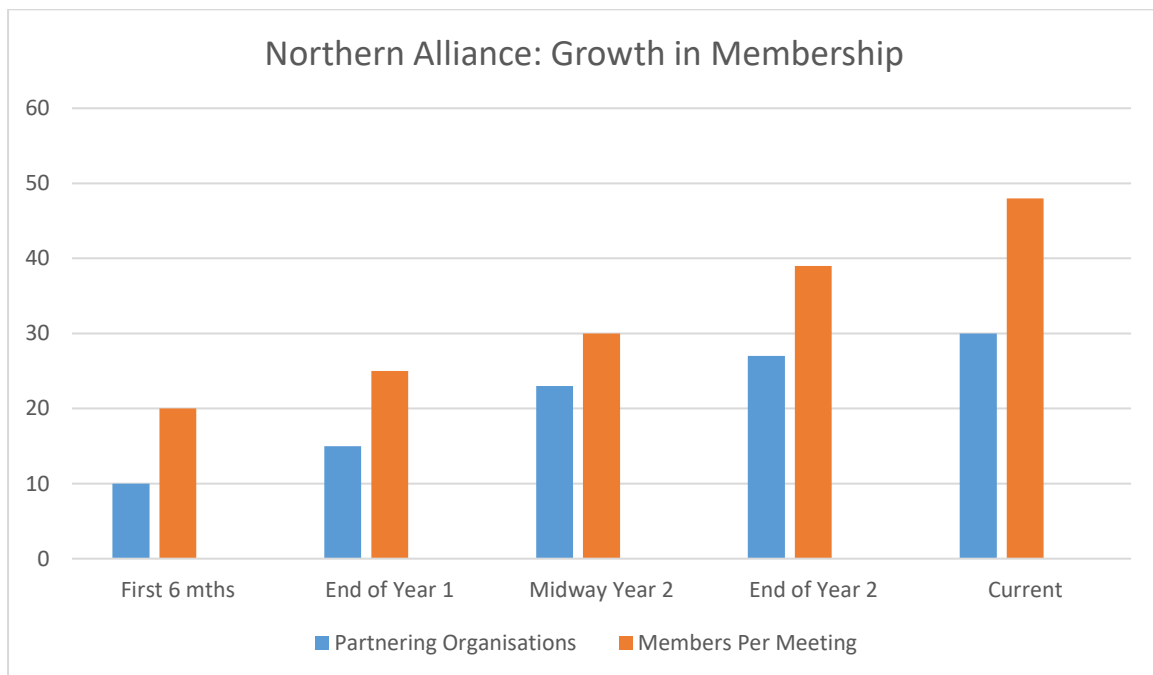
<b>Project</b>	<b>Partnerships</b>
Safe Haven	LELAN, NALHN, Adelaide Primary Health Network, Sonder, Australian National University, Foodbank
With Co-Located Recovery College	MIND
Connect Me: Service Directory App	All Northern Alliance Partnering Organisations with VIS Global PTY
Multi-Agency Service for Youth	NALHN, Women’s and Children’s Health Network, Sonder
SAAS/ SAPOL Co-Responder Services	SAAS, SAPOL, NALHN
Drug and Alcohol, Disability and Mental Health Partnerships	Drug and Alcohol Services South Australia (DASSA), Feros Care, NALHN
MIND Connect Service	MIND, NALHN

**5. Verification of effectiveness (quality improvement activity, data collection and its use, including graphs and tables, achievement of performance indicators, e.g. attendance figures, outcome measures, number of document downloads, page views, click through rates etc).**

The success of the Alliance can be measured in many ways, including: attendance at meetings, project completion and project outcomes.

In terms of the Alliance’s popularity, the number of member organisations and people attending each meeting has grown over time. In two years, the number of partnering organisations has tripled (from 10 to 30). Attendance at each meeting has more than doubled with around twenty people attending the first meeting to almost fifty at the most recent meeting. The growth of the Alliance has mainly occurred organically through word of mouth within the South Australian community.

The growth of the lived experience community member representatives has been more intentionally driven. With NALHN and LELAN working collaboratively to put word out through their networks to encourage community participation periodically through the life of the project.



The Alliance’s reputation for being a group of collective action and impact has grown and it remains committed to and delivering on projects initiated by the group. This includes the establishment of new services to address existing gaps in the service landscape and the development of integrated, multi-agency services to improve the efficiency of existing services.

The Minister for Health, the Premiers Advocate for Suicide Prevention and the former Mental Health Commissioners have championed the work of the Alliance. The

Minister has attended key events and encouraged extension of the model in other parts of the State. Please see photos in Appendices.

### Local Outcomes

#### Multi-Agency Youth Service

The way the mental health system is funded leads to a fragmented network of services that community describe as difficult to navigate. With The Multi-Agency Youth Service is a collaboration between State Government (NALHN) and Commonwealth commissioned primary care youth mental health services (Sonder). Through an integrated model, both services operate in unison as if one service. To ensure that young people have a seamless experience. Reducing the risk of individuals “slipping through the cracks” of the system when they need to change services in response to fluctuations in their level of risk or need (as is very common in a person’s experience of their mental health).

The formal evaluation of the model is being undertaken by Professor Schubert at the University of Adelaide (please see paper in Appendices for details). Early indications suggest the Multi-Agency Service for Youth Service has shown a reduction in the number of critical incidents (including death of or serious injury to a person) since commencement of the integrated model.

#### Safe Haven

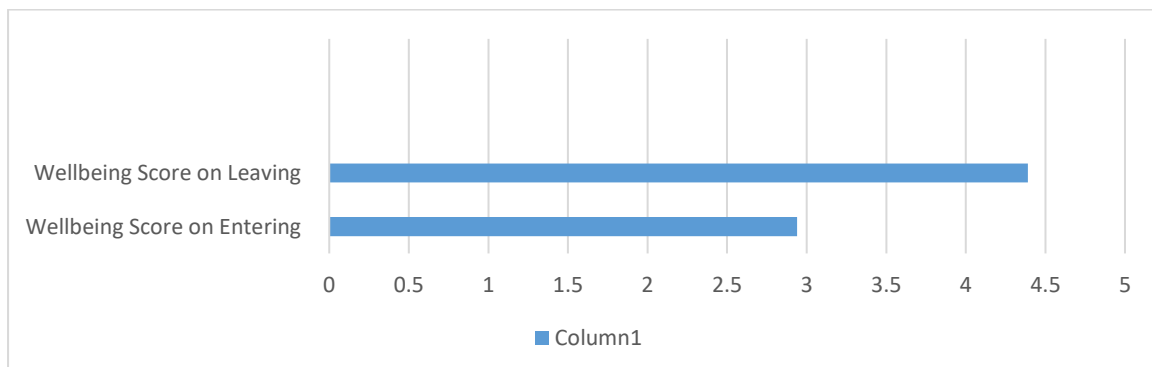
This drop-in service is aimed at people over the age of 16 who are seeking support with issues that are impacting their wellbeing such as emotional distress, social isolation, or feelings of being overwhelmed. Staff are specifically trained Peer Practitioners who have their own personal lived experience of mental health challenges. It is guest-led, meaning that each guest is supported to choose support based on their own preferences and recovery needs.

Although only very recently established, on average four people visit the Safe Haven Café per evening (range from two to ten people), with 120 guests visiting since doors opened. Pre and post distress and wellbeing measures show people benefit from this access.

Average wellbeing scores before attending Safe Haven – 2.94/5

Average wellbeing scores after spending time in Safe Haven – 4.39

Increase in scores - +1.45



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The Safe Haven is currently being formally evaluated by Professor Banfield from the Australian National University as part of a large, national study. The outcomes of this evaluation are currently pending.

### MIND Connect Service

Providing twelve weeks of peer support to people in crisis who presented and/or were admitted to emergency departments and hospitals. Connect, operated by a team of peers with their own lived experience, received direct referrals from these clinical and crisis settings upon discharge. This allows people to leave these settings with a connection to additional support. Outcomes show people felt validated, listened to and empowered to continue their recovery journey. Re-referral back to the clinical settings post discharge showed reductions following the establishment of Connect, compared to previous period. Demonstrating the service supported people to stay in the community.

<b>Number of presentations to services prior to entering Connect</b>	N=112
Number of presentations to the Emergency Department or MH Core during the 12 months prior to entering Connect*  9 was the highest number of presentations, 0 the least.	121
Number of admissions to an inpatient unit during the 12 months prior to referral to Connect	95
Number of registrations of consumers with a community team(s) 12 months prior to referral to Connect	18
<b>Re-presentation during the 12 weeks of support with Connect</b>	
Presentations to Emergency Department or MH Core during 12 weeks of Connect support	27
Admissions to Inpatient Units during 12 weeks of Connect support	17
Registration to Community teams (and therefore referral and acceptance with the team) during 12 weeks of Connect support	17
<b>Representation to services in the 12 months after exiting Connect</b>	
Representation or readmission to an inpatient unit or intermediate care centre in the 12 months after exiting Connect	30
Referral and registration with a community either continuing or new during the 12 months since exiting Connect	12

## SAAS/ SAPOL (Ambulance and Police) Co-Responder Services

Pairing Mental Health Clinicians with First Responders, the Co-Responder Services within NALHN have changed how emergency response call outs to people with mental health needs are approached. Prior to the implementation of this service, individuals presenting with mental health concerns were taken to the Emergency Department for follow up. Since introducing this mental health informed response, between 70 and 80% of people assessed are now able to stay within the community. These interventions have shown a substantial impact on enabling people with mental health concerns or in distress to stay in the community.

### **State Outcomes**

The Alliance provides a blueprint for community and multi-agency co-design in practice, providing a forum for inter-Governmental collaboration and planning. Commonwealth agencies such as the Adelaide Primary Health Network (APHN) work alongside State based operatives such as the Office of the Chief Psychiatrist (OCP) and the Northern Adelaide Local Health Network (NALHN).

Traditionally, the mental health system in South Australia, has been criticised for siloed practices and lacking in efficiency. The Alliance provides a forum to work together, encouraging State and Commonwealth Government entities collaborate in the planning and implementation of mental health services.

The Alliance has partnered with community organisations such as LELAN and The Australian Centre for Social Innovation (TACSI) to co-design with community the design of new mental health services. An example of this was the development of the “Adapted Philosophy of Care”. This involved extensive co-design with community and lead to a series of philosophies that will underpin the design and delivery of mental health services. NALHN and the OCP have adopted and recommended these principles for the establishment of mental health services across the State.

NALHN, the OCP and Adelaide PHN partnered with the Social Policy Group and Migration Council of Australia to co-design with multi-cultural communities. Currently, people from multi-cultural communities are significantly under-represented in mental health services access across South Australia. This partnership is leading the way to increase cultural sensitivity and appropriateness in existing and soon to be established services. The outcome of this work will be adopted across NALHN, and other services auspiced by the OCP and APHN to inform the design of mental health services across the State.

Although too early to establish the impact of this work, the Alliance will continue to monitor ways to measure the effectiveness of this co-design work on the South Australian community over the coming years. Including service use, outcomes and experience.

### **National Outcomes**

The Alliance is currently involved in a national study through the Australian National University. This study is evaluating co-design practice in service implementation (Safe Haven Project). These findings will be nationally published and inform co-design practices in mental health service design.

**Conclusion (1/2 x A4 page).**

The Northern Alliance has changed the way that services are planned, designed and delivered in the North of Adelaide. In providing a forum for community, service delivery personnel and commissioners to convene, the Alliance has created the conditions that have brought benefit to the Northern Adelaide community and beyond.

New services have been established; integrated, multi-agency service models nurtured and service reform aligned to community expectation and need, the Alliance has worked to create a more integrated and effective mental health system in the North of Adelaide and beyond.

The Alliance has led the way creating systemic change. In supporting community co-designed and led services, services adhere more closely to community expectation and need.

By initiating projects to improve integration between organisations, competing organisations now work together.

In improving collaboration between commissioning entities, the network of services is less fragmented. The Alliance has empowered the community through bringing the voice of lived experience to State and Commonwealth commissioning processes.

By aligning the community with the service sector across State and Commonwealth, the Alliance continues to work collaboratively with a view to improving mental health and wellbeing outcomes for the people of the Northern suburbs of Adelaide.



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**Appendix of Support Material (max. 8 x A4 pages).**

**Page and word limits must be strictly adhered to. Any submission that exceeds the stated maximum will not be accepted and returned for review.**

**Links to other documents or websites may only be included in the Appendix/Supporting Material Section (2x A4 Pages) and are not to be included anywhere else in the submission. Links to other documents or websites in the main submission will not be considered by the judges.**

**Please directly copy all content/essential information to be reviewed by the judges in the main submission as links within the Appendix/Supporting Material Section will only be viewed at the judges' discretion.**

[NAMHA | Northern Adelaide Mental Health Alliance](#)

Please see website for details of the work of the Alliance.

[Resources | NAMHA](#)

The communiques from every meeting are on the website. Please see attached page to direct you to the content.

[Northern Alliance making a difference in Adelaide's north \(aphnannualreport22.com\)](#)

Article about the impact of the Northern Alliance in Adelaide's North. Written by the Adelaide Primary Health Network.

[New drop-in mental health centre opens in the North offering free support to those in need • Glam Adelaide](#)

News article about the opening of the Safe Haven.

[Mental health service in the north expands support for the community | Premier of South Australia](#)

Article describing the expansion of the Safe Haven following a successful launch and high service uptake.

[The safe space that could save a life - ANU](#)

Article describing the lived experience led, national evaluation of Safe Havens, including the South Australian Safe Haven established by the Northern Alliance.



Minister Wade visits the Northern Alliance during his term as Health Minister.

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Minister Picton helps the Alliance celebrate their second birthday by cutting the cake.



The Alliance after a productive planning session.



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The Northern Alliance in action.



The Northern Adelaide Integrated Practice Unit: Multi-Agency Youth Service.

# The Northern Metropolitan Adelaide Integrated Practice Unit for Youth Initiative

K. Oliver Schubert<sup>1,2</sup>, Damon Fenech<sup>3</sup>, Hannah O'Myles<sup>4</sup>, Steven Wright<sup>5</sup>, El Rafalowitz<sup>6</sup>, Matthew Guidolin<sup>7</sup>, Scott R. Clark<sup>8</sup>, Cherie Galletly<sup>9</sup>

<sup>1</sup>Adelaide University, Adelaide, Australia; <sup>2</sup>Northern Adelaide Local Health Network (NALHN); <sup>3</sup>Ramsay Health Care, Mental Health (SA); <sup>4</sup>Sonder; <sup>5</sup>Central Adelaide Health Network (CAHN)



## Background:

The transition from adolescence to young adulthood is a critical period where the majority of chronic mental health conditions manifest for the first time. The investment into accessible and developmentally appropriate mental health care for young people provides benefits now, into adult life, and for the next generation of children.

Mental health difficulties in adolescents and young adults are highly heterogeneous and dynamic. Therefore, dynamic and responsive care systems are required that can deliver the most appropriate interventions in a personalized manner and at the right time. A model of stepped mental healthcare has been adopted by the Australian Government that guides commissioning and provision of mental health services to the community in a manner that recognizes individuals' differences in illness severity and clinical need. In the model, less severe expressions of mental distress would be addressed by services in primary care, while higher acuity, complexity, or disability would trigger interventions in specialized settings.

To translate stepped youth mental health care into practice in our region, and to overcome the barriers of service fragmentation, we have established the multi-agency Northern Adelaide Integrated Practice Unit for Youth Mental Health Initiative (IPUY Initiative). Additionally, we have created an Integrated Referral and Assessment (IRAP) process that eases navigation and triage of the stepped mental health system for patients, referrers, and families.

## Objectives of the Integrated Practice Unit for Youth Initiative:

- For individual services within the NIPUY Initiative to develop a shared understanding regarding the intensity of care each service can provide young people presenting with mental health difficulties based on funding streams, service purpose and human resource skill mix.
- NIPUY Initiative individual services to work as one multi-disciplinary team enabling flexibility and responsiveness to the individual needs of young people as they recover from their presenting mental health challenge.
- To ensure that young people are provided with a service, or services, that meet their level of need and has the greatest evidence base in which to meet the young persons desired health outcome.
- To address the traditional issues of over servicing and underservicing of the emerging adult cohort and enable access to the best evidence-based approach first time.
- To ensure that young people are transitioned between different services in a supported way to ensure continued engagement and inclusion in their treatment options and next steps.
- Services within the NIPUY Initiative work collectively under the same approach, sharing information regarding young person care and ensuring seamless movement between services as required.

## Integrated Practice Unit for youth Initiative: Guiding Principles

Condition: Youth Mental Health 18 to 25 years of Age



## Client journey in standard model of care: Fragmentation and siloed services

NALHN is the state funded traditional "community mental health team", with SONDER and HTEPP receiving federal government funding to provide a similar high level specialist service. Navigating this landscape is overwhelming and risks vulnerable clients falling through the cracks.



## Northern Adelaide Implementation of the Integrated Practice Unit: Services streamlined to immediate level of need

Referrers and clients are not expected to navigate the different services. Clients are supported in their journey with services that utilize shared intake processes, shared clinical language around triaging, clinical discussion meetings that support stepping up and down of clients in a supported manner.



## Clinical consultation meetings

Representatives from each service attend a fortnightly clinical consultation meeting where shared clients are discussed and stepping up and stepping down is facilitated.

- Thirty minute meeting- highly efficient
- Extra safety net for vulnerable disengaging consumers
- Efficient information sharing
- Supportive transitions
- Reviewing treatment responses
- Supervision from multidisciplinary team
- Builds relationships between services

## Research:

The Youth Integrated Referral and Assessment (IRAP) - Depression Study is a prospective cohort observational study consisting of young adults referred to NALHN and Sonder mental health services for depression. This will evaluate the real-world efficiency of the IPUY initiative and its IRAP process for young people suffering from depression. The project aims to characterise depressive symptoms, functioning, cognition and quality of life at three time points: baseline (at time of entry into the IPUY initiative); commencement of active treatment; 3 months following commencement of active treatment.

A/Prof Oliver Schubert: [oliver.schubert@adelaide.edu.au](mailto:oliver.schubert@adelaide.edu.au)

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Flyer for the Salisbury Safe Haven. A service that was initiated by the Alliance, co-funded, co-commissioned and co-governed by Alliance members. Including LELAN, the Lived Experience Leadership and Advocacy Network, the Northern Adelaide Local Health Network (NALHN), Adelaide Primary Health Network (APHN) and delivered by Sonder.



## Safe Haven.

Feeling overwhelmed or distressed?

**Drop into Safe Haven for a chat, tea or coffee, or to simply hang out!**

Safe Haven is a friendly, compassionate and non-judgmental place where everyone is welcome.

Staff members at Safe Haven have their own personal lived experience of mental health challenges and can offer an understanding ear about whatever is troubling you.

**This service is Free & confidential**  
Anyone over the age of 16 is welcome at Safe Haven

**What is available?**

- Support from Peer Practitioners who understand what you are going through.
- Relaxing environment.
- Board and card games.
- Refreshments.
- Connections to other services for additional support.

**Find us**  
9 John Street, Salisbury SA  
**Tuesday to Friday, 5 pm - 9 pm**



**Learn more**  
[sonder.net.au/safe-haven](https://sonder.net.au/safe-haven)



Supported by Adelaide PHN, Northern Adelaide Local Health Network, Northern Adelaide Mental Health Alliance and Lived Experience Leadership & Advocacy Network.





# Connect

Connect is a lived experience and peer led program that provides mental health support to people who present to the Emergency Department or who may be suitable for early discharge from the acute inpatient care unit. This program can support people for up to three months with a focus on safety planning, support coordination and connecting them with follow-on support services.

Connect is for people aged 18 years and over. To refer to the program, you will need to fax through the referral to Mind Australia on 8234 7722 and attached the fax cover sheet or call Mind Connect on 1300 286 463.



[mindaustralia.org.au](http://mindaustralia.org.au)  
Mind Connect 1300 286 463  
Carer Helpline 1300 554 660



Mind Australia Limited ABN 22 005 063 589



Flyer for the MIND Connect Service, auspiced by the Northern Alliance.