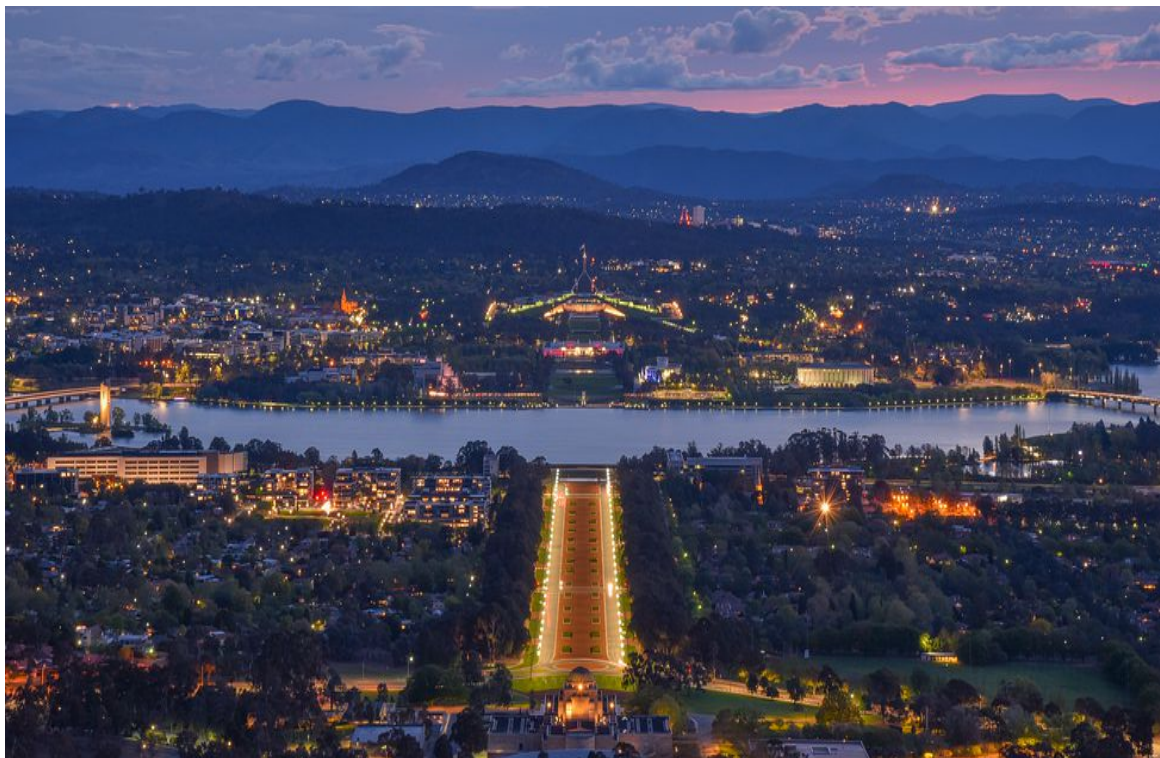


2020 Integrated Atlas of Youth Mental Health Care in the Australian Capital Territory

December 2020



ACT Health



Disclaimer:

The language used in some of the service categories mapped in this report (e.g. outpatient, day care, non-acute) may seem to be very hospital-centric and even archaic for advanced community based mental health services which are already recovery oriented and highly developed. However, these terms reflect the category nomenclature employed within the Description and Evaluation of Services and Directories in Europe for Long Term Care (DESDE-LTC) classification system rather than a description of services. The consistent application of standardised category labels, which have been used for some years in Europe for health service mapping studies, provides a common language for meaningful comparisons of service across regions (nationally and internationally).

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Abbreviations

Abbreviation	Definition
ACT	Australian capital Territory
BSIC	Basic Stable Input of Care
DESDE	Description and Evaluation of Services and Directories in Europe
DESDE-LTC	Description and Evaluation of Services and Directories in Europe for Long-Term Care
GIS	Geographical Information System
GP	General Practitioner
HREC	Human Research Ethics Committee
ICD-10	International Classification of Diseases, Tenth Revision
ICF	International Classification of Functioning, Disability and Health
MTC	Main Type of Care
NDIS	National Disability Insurance Scheme
PHN	Primary Health Network

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Executive Summary

The Australian mental health system has undergone profound change in recent years, both at national and regional level. A system described in 2014 as siloed, fragmented, and unable to consistently provide appropriate access to support [1], has been undergoing a series of reforms, including the establishment of Primary Health Networks (PHNs) in 2015, whose role includes improving the regional co-ordination of health care; and the late inclusion of mental health into the progressive rollout out of the National Disability Insurance Scheme (NDIS). Addressing the needs of young people with mental health problems should be an important part of this, and indeed, the Fifth National Mental Health and Suicide Prevention Plan [2] (“the Plan”) identifies a healthy start to life as a priority area. This includes the need for mental health systems to provide services able to provide early identification and intervention in the mental health care of young people. The Plan takes a person centred approach to the provision of mental health care, based on integrated regional planning and a stepped care model of service availability. An important component of this is the development of regional plans, key to which is the mapping of current service levels and workforce in order to understand the existing pattern of care provision

Integrated Atlases of Mental Health have already mapped and documented 20 PHN regions in Australia, including the Australian Capital Territory (ACT) in 2016 [3] using a standardised service classification instrument-the Description and Evaluation of Services and Directories for Long Term Care (DESDE- LTC) [4]. These atlases provide a snapshot of service provision of the whole system, including all sectors providing care or support [5]. The use of a standardised tool enables comparison, both with other jurisdictions and in the same jurisdiction over time. This atlas, the “Integrated Atlas of Youth Mental Health Care in the Australian Capital Territory” describes service availability across all sectors for young people under the age of 25 years in the ACT.

Data for this report was collected between January and November 2020, and was derived from interviews with service managers of the identified organisations providing

mental health support to this population. The Integrated Atlas of Youth Mental Health Care provides information on all services specifically for young people with a lived experience of mental illness in the ACT. It includes services from the health, education, justice, social and community services sectors. The Atlas does not map every service used by young with a lived experience of mental illness: for example, primary care, fee for service care, services which require a significant out of pocket cost, or services designed primarily for other target groups such as intellectual disability, or people who are homeless, are excluded.

This study is a part of the Youth Navigation Portal Scoping Research to identify and map the existing face to face mental health services in the ACT for young people up to the age of 25 years. We have identified 18 service providers delivering 44 Main Types of Care (MTCs). The majority of these services provide sessional/appointment based care, described using the DESDE-LTC tool nomenclature as “outpatient” type care. Despite its name, this category does not only include only health related services but also social or other types of support provided by any sector such as individual and group counselling, crisis support, and case management. We have identified gaps in service provision, in particular in the provision of services providing day support programs, including education and work related services. We have identified services available for minority populations including young carers, young Aboriginal and Torres Strait Islanders, and young people identifying as gender diverse/LGBTIQ+. Unlike several other Australian regions we have mapped, the majority of support is provided by Non-Government Organisations (NGOs) rather than the public health sector. We have provided a longitudinal comparison with the mapping of child and adolescent services for the Integrated Atlas of Mental Health of the ACTPHN region which was undertaken in 2016.

The information in this report and in the final atlas can be used to provide an insight into the pattern of youth mental health care in ACT, and the evolution of the mental health system during a time of great change. It provides one measure of the extent and direction of the change being experienced in a complex mental health care landscape.

Introduction

Context

The Australian Capital Territory (ACT) has a population of around 429,000, of whom around one third are aged 24 years or under. As well as having a relatively young population, the ACT is a rapidly growing and diversifying region. Planned infrastructure growth to accommodate the needs of this swelling population includes the building of more schools and housing, with areas in Gungahlin and Molonglo expected to be the fastest growing; and the development of transport links, in particular the expansion of the light rail. Historically, Canberra's "salt and pepper" public housing strategy has been one of dispersal rather than congregation. This strategy locates smaller scale public housing throughout Canberra's suburbs and town centres, in order to support the development of diverse local communities, and to achieve positive social and economic outcomes for tenants and the broader community. However, a change in urban planning policy from a greenfields focus to one of urban renewal has also meant planning for redevelopment of the inner urban infrastructure, including the relocation of some inner area public housing further out into the suburban areas. In health, the Long term Health Plan includes an expansion of available mental health care, particularly for young people, with planned additional funding for suicide prevention, additional headspace capacity, and the establishment of a residential eating disorders clinic. New residential and day mental health services for adolescents are also planned as part of the expansion of Centenary Hospital.

The context in which services are provided in the ACT to meet the health needs of its young population is thus highly dynamic, but it includes its own challenges. Mental disorders are a significant health problem in Australia, affecting an estimated 14% of children and adolescents each year, the most common being attention deficit hyperactivity disorder (ADHD) (7%), anxiety disorders (7%), major depressive disorder (3%), and conduct disorder (2%). About 8% of teenagers seriously consider suicide each year, with suicide the leading cause of death of children aged 5 to 17 years [6]. These figures have serious implications for service provision for this age group. The use of services by young people with mental health issues has

increased significantly over the last 20 years. In the ACT, rates of mental ill health in children and adolescents have been increasing, and more young children (aged 0-12 years) are being referred to early intervention programs. The ACT has the highest dispensing rate of antidepressants in Australia for adolescents up to 17 years of age [7]. Although mental illness is already present by the age of 14 in around half of all adults with lifetime mental illness, and by 18 in three quarters of adults requiring specialist mental health care [8,9], mental health systems are frequently structured to fracture, rather than support, care continuity and the transition to adult services during this key period in the development of illness and of the establishment or continuity of supportive therapeutic relationships.

The recent review into the mental health and wellbeing of young people aged 25 and under in the ACT conducted by the Office of Mental Health and Wellbeing (OMHW) found the top issue concerning this age group was anxiety and stress (coping). Other key concerns included a lack of understanding of their experience of mental health issues, problems with relationships, and concerns related to social media and to bullying. The chief obstacles to accessing care were identified as waiting for access, affordability, and stigma [10].

These concerns echo the findings of other reports: access to mental health services, in particular for vulnerable children such as those in out-of-home-care and child protection, was identified as one of the biggest issues faced by children and youth in the territory, along with the need for better co-ordination for families with complex needs, and early identification and timely access to services for all young people [11]. The OMHW review recommended easier access to, and increased capacity of, current service providers, and more 24-hour services targeting young people with moderate to severe illness. Recommendations of another recent report by the Standing Committee on Education, Employment and Youth Affairs included increased support in schools, with more psychologists and youth workers; counselling services to fill the “missing middle” between headspace and Child and Adolescent Mental Health Services (CAMHS); more support at Bimberi Youth justice Centre around vocational education and training; more accessible and free counselling to adolescents and young adults; expediting an inpatient eating disorder clinic; more consideration of the diversity of population

groups and their needs, and of the inclusion of parents and carers beyond the traditional separation of parents from care planning at the 16/18 year age mark [12].

Mental Health Service Reform

This picture of regional need is set against a backdrop of ongoing inquiry into, and reform of, the mental health system in Australia. This includes a new national mental health and suicide prevention plan espousing a recovery approach to mental health care; initiatives in the development of transition to adulthood services, e-health and suicide prevention services; the inclusion of psychosocial disability into the National Disability Insurance Scheme (NDIS); and the expanded role of Primary Health Networks (PHNs) in relation to psychosocial disability. Major inquiries into the delivery of mental health care in Australia include the 2014 National Review of Mental Health Programmes and Services [13] and the more recent Productivity Commission report into mental health [14]. The 2014 report described a fragmented system not adequately meeting the needs of people with a lived experience of mental illness and their families, and highlighted the importance of a healthy start in life. It recommended a national framework to support families in the prevention of trauma from maltreatment, targeted interventions for families with children, reduction of stigma, and capacity building to respond to the diversity of needs of different population groups. More recently, the Productivity Commission report has also made recommendations recognising the importance of early intervention through early identification; strengthening of protective factors through family focussed care; increasing the capacity of schools to act as gateways to access help; and providing services specifically tailored for the needs of children in acute situations such as inpatient care and the justice system.

A healthy start to life has been adopted as an indicator in the Fifth National Mental Health and Suicide Prevention Plan 2017-2022 (the Plan). This plan prioritised a number of outcomes aligned to the National Mental Health Policy in key areas including integrated regional planning and service delivery; suicide prevention; co-ordinated care for people with severe and complex illness; the mental health of Aboriginal and Torres Strait Islander populations; physical wellbeing; stigma reduction;

safety and quality; and enablers of system performance and improvement. At the local level, the ACT MH and suicide prevention plan [15] sets out the direction of reform of the mental health system in ACT, with key focuses on early intervention in life, illness and episode; early identification of illness; easy access to services; the right mix of mental health programs and services across the lifespan for different levels of need, and targeted for specific vulnerable populations; and the need for mental health programs and promotion to be present in both health and non-health sectors.

A key plank of both the national and regional plans is the development of a stepped care model of service provision, which describes a hierarchy of interventions from the least to most intensive matched to individual need, and would assist in building more options and range into the mental health care system. The stepped care model is fundamental to the Australian Government's mental health reform agenda. It focuses on promotion and prevention for healthy populations; increasing early interventions for at risk groups; providing and promoting access to lower cost and lower intensity services for individuals with mild mental illness; increasing service access and evidence-based intervention for individuals with moderate mental illness; improving access to primary mental health care intervention; and co-ordinated care for individuals with severe mental illness [2]. However, a fully implemented integrated care system is necessary if a stepped care model is to achieve its aims and not produce further fragmentation. This includes the provision of a range of different types of service, and the capacity for people to move easily between them when needed, rather than the development of a system marked by the division of services into separate defined layers or "steps".

It is therefore essential that the Australian Government's stepped care model be implemented as part of an integrated system of mental health care, without major gaps in health care pathways. This requires a systems thinking approach to identify critical relationships and connections within a system. Such an approach provides a comprehensive way of anticipating synergies and mitigating problems and barriers, with direct relevance for creating policies that integrate the different systems of care [16,17]. In this Atlas we have mapped services for young people with a lived experience of mental illness in the ACT region to identify service availability and gaps in service provision for this population. Use of the DESDE-LTC standardised service

classification system has allowed us to map services across different sectors and systems (e.g. social, justice and education) [4]. This information is crucial for the development of a successful, integrated system of mental health care.

Introduction of the NDIS

The ACT was the first jurisdiction in Australia in which the NDIS was rolled out across all age groups, with full roll out achieved by June 2016. A scheme which was designed for people with physical disability has not been without its challenges when also applied to people with psychosocial disability. These have included unclear roles and responsibilities within the scheme implementation; concerns about planners' understanding of the nature of mental illness and needs of people with mental illness; issues around funding and appropriately skilled staffing; the downgrading of services, in particular those providing outreach support to hard to reach populations; and fears for people not eligible or not reached for the scheme, or for whom current services may no longer be available [18]. Barnardos' submission to the Joint Standing Committee in 2017 [19] highlighted concerns in the ACT around waiting lists; emergency support; diversion to temporally inadequate short term services; difficulties for families whose social functioning is too poor to organise assessment; reluctance to obtain support where a concurrent physical condition is not present; and financial barriers to obtaining the required assessments. In addition, eligibility issues such as the "permanency" requirement have implications for young people (submission 13), and there are additional issues in eligibility for children living in out of home care (submission 56). The requirement for "permanency" in the NDIS planning system reflects a core difference in philosophy between a framework based on permanent disability, and one built around the concept of recovery, with an often episodic course of disability or illness.

In this context, it is crucial to provide policy and service decision makers with every tool and opportunity to make better, more informed choices about future planning and investments in mental health care. This report and the final Atlas will be a resource providing a point in time assessment of how services have changed over time, and whether these changes have led to increased levels of care in locally identified areas of need.

The role of Primary Health Networks (PHNs)

PHNs were established in 2015 and were given the task of increasing the efficiency and effectiveness of health care services, and improving co-ordination of health care to ensure that patients could receive the right care, in the right place, at the right time. PHNs are required to develop and commission new early intervention services to meet the needs of young people with, or at risk of, severe mental illness who can be appropriately managed in the primary care setting.

Short term goals for PHNs following their introduction included the maintenance of service delivery and improved integration with other relevant services and headspace centres, development of early intervention services, and support of service continuity for children under discontinued programs such as ATAPs and Early Psychosis .

Longer term, PHNs will be expected to:

- support the broader rollout of evidence-based early intervention services for children and young people with, or at risk of, severe mental illness;
- promote resources for clinical and non-clinical professionals available under the new child mental health workforce initiative;
- promote local partnerships between primary mental health care services and the education sector; and
- work with public health and other regional organisations to ensure appropriate pathways for referral and support are available for children and young people with or at risk of mental illness in the context of implementation of regional mental health and suicide prevention plans.

In addition, PHNs have a key role in supporting integration and partnerships between health services (including state and territory funded services, Non-Government Organisations (NGOs) and private practitioners), education providers and other relevant support services such as drug and alcohol and social and vocational support services.

Against this backdrop, Integrated Atlases of Mental Health are essential tools for planners of mental health service provision in ACT. These Integrated Atlases include detailed information on social and demographic characteristics and health-related needs, as well as data on service availability and care capacity. The maps and graphics which are used as a main form of presenting the data allow policy planners and decision makers to build bridges between the different sectors. The information about youth services which was provided in the Integrated Atlas of Mental Health of the ACTPHN region in 2016, as well as that which will be provided in this Atlas, will provide a unique opportunity to examine change in the pattern of mental health care delivery for young people over time, and to highlight variations of care, detect gaps in the system and examine the impact of mental health reforms. This information is vital for future integrated care planning.

Atlases

A total of 20 atlases using this method have been completed across Australia since 2015, including the Integrated Atlas of Mental Health of the ACTPHN region in 2016, which included services across all age groups. These atlases have enabled us to compare mental health needs and the range, capacity and distribution of services. The previous Atlas findings in relation to services for young people included:

- a higher rate of services for young people in the ACT than in other areas we have mapped, including specific preventative and early intervention services, such as those for children who have experienced trauma;
- services for children were mostly health related, although there was no dedicated acute residential ward for young people with mental health difficulties;
- a broader range of types of support for those in the transition to adulthood age group than we have found in other areas, including services targeting young carers of people with mental illness, and young males, both populations with particular vulnerability.

However, we also identified that the services providing social and educational related care were those with the least stability of funding. Additionally, there was no employment related service despite national findings that high rates of people aged

between 16 and 25 years with mental health issues are not in either education or employment [13].

This will be the first Atlas of Youth Mental Health Care. It provides a valuable update of service availability from the first atlas in 2016, as well as an opportunity to assess whether identified strengths and gaps have remained in the system, and how the system has changed relative to national mental health policy reform and the roll out of the NDIS.

The Integrated Mental Health Atlas of the ACT PHN region and this report have quantified and coded mental health services using a standardised classification known as the "Description and Evaluation of Services and Directories in Europe for long-term care" model (DESDE-LTC). The DESDE system classifies services based on actual service activity (i.e. what the service does) rather than on the service's name. It uses a standardised coding methodology based on common terminology and a standardised procedure for data collection [4]. This standardised approach allows service planners and researchers to complete meaningful comparisons of service systems across and within countries. Such comparisons allow for service gap analysis and monitoring of health systems. The use of standardised terminology is not intended to replace the locally understood terminology but to enable comparison across regions in the context of the high level of terminological variability in health care systems.

In a recent review of the use of the DESDE system it was observed that the DESDE (and the earlier ESME system) have been used in 585 catchment areas and 34 different countries to describe services at local, regional and national levels. Authors of the review note that the DESDE/ESME-system's metric properties have been extensively analysed, and the usability of the system has been demonstrated around the world [20].

The use of the DESDE model allows comparison of "like for like" services and thus provides a unique opportunity to assess longitudinal change within the service provision system of the ACT from 2016 to 2020. The timing of the production of the two Atlases also affords an opportunity to explore the evolution of a specific section of the mental health service system at time a when there has been significant reform to the delivery of mental health care and major changes in social policy.

Method

Instrument

The instrument used for data collection was the Description and Evaluation of Services and DirectoriEs for Long Term Care (DESDE-LTC or DESDE), an internationally validated instrument for the standard description and coding of services. DESDE-LTC is a multi-axial system that classifies and codes the target population and type of care provided by services in any relevant care sector. It has a taxonomical structure which bifurcates from six main branches of care types (Residential, Outpatient, Day Care, Self-help and Voluntary Care, Information and Assessment, and Accessibility to services) according to characteristics such as acuity, mobility, and intensity of service provision, to provide a finely granulated description of the type of care provided by care teams working within services. These teams of professionals (known as Basic Stable Inputs of Care or BSICs) are the lowest units of production of care. In providing a common unit of analysis this method addresses inherent methodological problems in mental health services research of: (i) terminological variability (different terms may be used for the same type of service and vice versa); and (ii) a commensurability bias (different units of analysis may be used which do not provide true like for like comparison). The use of a common unit of analysis thus enables cross country, cross regional and longitudinal comparison of service provision at the local level.

Once BSICs are identified, the Main Types of Care (MTC) they provide are examined and classified. Each BSIC is classified by using one or more codes based on the MTC they deliver. Some services might include a principal MTC code (for example a 'Residential' code) and an additional MTC code (for example, a 'Day Care' code), where the service provides more than one Main Type of Care according to DESDE criteria.

There are six main classifications of care within the DESDE-LTC, as described below. (See Appendix A for detail of the DESDE-LTC taxonomy)

Residential Care - Used to classify facilities which provide beds overnight for clients for a purpose related to the clinical and social management of their health condition. These include inpatient hospital wards, crisis shelters, residential rehabilitation services and inpatient withdrawal units. Residential Care is divided into Acute and Non- Acute branches

Day Care - Used to classify facilities which: (i) are normally available to several clients at a time (rather than delivering services to individuals one at a time); (ii) provide some combination of treatment for problems related to long-term care needs (e.g. providing structured activities or social contact/and or support); (iii) have regular opening hours during which they are normally available; and (iv) expect clients to stay at the facility beyond the periods during which they have face to face contact with staff: these include the more traditional long-stay day programs

Outpatient Care - Used to code care provided by service delivery teams which: (i) involves contact between staff and clients for some purpose related to the management of their condition and associated clinical and social needs; and (ii) is not provided as a part of delivery of Residential or Day services. These include outreach services. Quite often, Outpatient Care also involves the provision of information and support to access other types of care

Accessibility to Care - Classifies service delivery teams whose **main function** is to facilitate access to care for clients with long- term care needs. These services do not provide any therapeutic care, and include Care Co-ordination services

Assessment and Information for Care - Used for service delivery teams whose **main function** is to provide clients with information and/or assessment of their needs. Services providing information are not involved in subsequent monitoring/follow- up or direct provision of care. These include many telephone information and triage type services

Self- Help and Voluntary Care - Used for BSIC which aim to provide clients with support, self- help or contact, with un- paid staff that offer any type of care as described above (i.e. Residential, Day, Outpatient, Accessibility or Information)

[Inclusion criteria.](#)

Inclusion criteria for services providing mental health care to young people in the ACT were as follows:

- 1 The service targets children, adolescents or young adults up to the age of 25 years with a lived experience of mental illness, or their families/carers;
- 2 The service is universally accessible: without significant out-of-pocket expenses or under a fully private insurance scheme;
- 3 The service is located within the ACT;
- 4 The service provides direct care or support to the target population. Services providing care to all adults from the age of 18 years, but which did not identify care specifically targeted for the under 25 age group were not included.

Data collection

Ethics approval for data collection from services providing psychosocial care was granted by the Human Research Ethics Committee (HREC) at the Australian National University (ANU) on 16/03/2020 (Protocol 2019/963), and approval for data collection for all services including those provided by ACT Health was granted by ANU HREC on 06/05/2020 (Protocol 2020/229). Ethics applications were also submitted to ACT Health, but advice was received from the ACT Health HREC that additional approval from them would not be required. Initial data collection undertaken between January and March was from publicly available information on service websites, and so did not require ethics approval. Potentially eligible services were identified from website searches, consultation with key stakeholders and from data in the 2016 Atlas of Integrated Care of the ACT. Data collection from publicly available sources including service websites commenced in January 2020. Direct contact with all identified services providing psychosocial care commenced on 17/03/2020, and for all other identified services on 07/05/2020, and was completed on 1/12/2020.

Using the DESDE system, the information that is used to assess and code the type of care a service provides is gathered from the managers of the services themselves. The “bottom up” information collected in this way thus provides the real picture of the care or support currently provided by the service.

Codification

Data collected was entered into a master spreadsheet, analysed, and allocated a DESDE code (where the service delivery team meets the inclusion criteria). The work of each service delivery team was coded following the criteria defined in the DESDE-LTC, according to the MTC provided. Codes can be split into four different components and follow a standard format.

(i) **Client age group:** This represents the main target group for which the service is intended or currently accessed by, using capital letters.

GX All age groups

GXi All age groups ill defined: this code includes services which are primarily for adults but which extend their eligibility to young adolescents from the age of 12-14 years.

CX Child & Adolescents (e.g. 0-17)

CC Only children (e.g. 0-11)

TC Transition from child to adolescent (e.g. 8-13)

CA Only adolescent (e.g. 12 – 17)

CY Adolescents and young adults (e.g. 12-25)

AY Young adults (e.g. 18-25)

TA Transition from adolescent to adult (e.g. 16-25)

AX Adults 18-65

An additional letter is added to the age code where a service is for a specific population: if the service is gender specific; for example, GX[M] is used to indicate a service is specifically targeted at males of any age; or GX[IN] where a service is specifically for Aboriginal and Torres Strait Islanders

(ii) **ICD-10 Code:** ICD-10 codes appear in brackets after the age group code but before the DESDE-LTC code in order to describe the main diagnostic group covered by the service. For generalist mental health services, the code [F00-F99] is used, which means that the service does not target a specific disorder. If the service is not targeting mental ill-health, but psychosocial problems, codes between Z56- Z65 are used. If the client of the service is a child, but the professional is working with the family, or if the service is for carers, or the family, the code [e310x] (immediate family or carers) from the International Classification of Functioning (ICF) is used.

The key diagnostic codes used in this report are:

Table 1 ICD-10 diagnostic codes used in this Atlas

Diagnostic codes used in this atlas	
F00-F99	All types of mental disorders
F10-F19	Mental and behavioural disorders due to psychoactive substance use
F20-F29	Schizophrenia, schizotypal, delusional and other non-mood psychotic disorders
F50	Eating disorders
T14.91	Suicide attempt
T74	Adult and child abuse, neglect and other maltreatment
Z55-Z65	Persons with potential health hazards related to socioeconomic and psychosocial circumstances
Z62.81	Personal history of abuse in childhood
e310x	Services for immediate family or carers
ICD	Used where there is not a specific diagnostic group for this service or where there is a liaison service

iii) **DESDE-LTC code:** The third component of the code is the core DESDE code which is the MTC. As explained above, the services were classified according to their Main Type of Care. This care can be related to: a) Residential care (codes starting with R); b) Day care (codes starting with D); c) Outpatient care (codes starting with O); d) Accessibility to care (codes starting with A); e) Information for care (codes starting with I); and f) Self-help and voluntary care (codes starting with S). Additional detail of the codes in each main branch of care are provided in Appendix A.

(iv) **Qualifiers:** In some cases, a fourth component may be incorporated to facilitate a quick appraisal of those characteristics of the services which may be relevant to local policy. Not all available qualifiers have been relevant for use in this Atlas. The qualifiers used in this report are:

b bundled: This qualifier describes episode-related care provision, usually provided for non-acute patients within a time limited plan (e.g. three months of brief psychotherapy).

e electronic: This qualifier refers to services with a substantial part of their care delivered by technology, eg telehealth, telephone support

g group: This qualifier refers to outpatient services where most of their care is provided through group activities (typically over 80% of their overall care activity).

h hospital : Hospital (Care provided in a hospital setting)

j justice: This qualifier describes facilities which main aim is to provide care for crime & justice users (security or prison hospitals, surveillance wards for patients under justice custody, physical disability and psychiatric units in prisons and regional security units). This qualifier can also be used for youth detention, where the provider may be child protection rather than a correction service.

k carer: This qualifier describes facilities which main aim is to provide care by peers, family members or other 'non-professional' carers who are paid for their work and where typically most (over 90%) of the staff is non-professional.

l liaison: Liaison care This qualifier describes liaison" MTCs where specific consultation and care is provided for a subgroup of users from a different main target population (e.g., liaison psychiatric care teams for oncology patients) usually located in another area of care

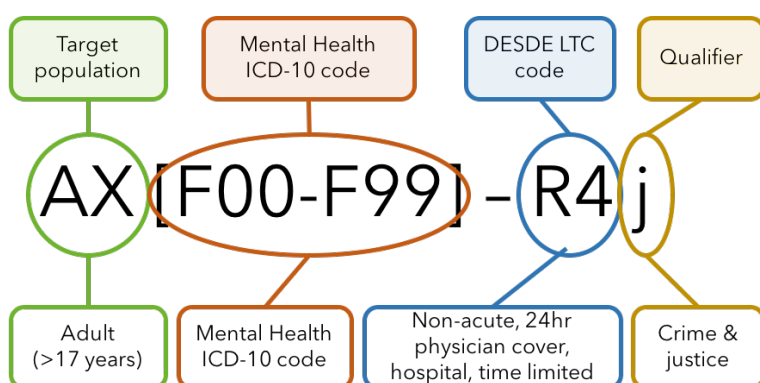
m management: This qualifier describes services whose main aim is defined as management, planning, coordination or navigation of care but which also include several forms of clinical care as part of the coordination of their activity (e.g., the care team typically provides therapeutic counselling as part of its case management activities)

q quite: This qualifier describes care where the type of care provided is at the upper end of that descriptor: for example, non-mobile services may provide up to 49% of mobile care: where the percentage of care that is mobile is close to the upper limit ie closer to half the care is mobile, then a "q" qualifier may be added.

t tributary: This qualifier describes satellite units of care dependent from a main care team. Typically, the team itinerates to different settings where they provide care on a regular basis (e.g. Royal Flying Doctors care team in rural Australia), or part of the team is permanently in the setting, but it does not qualify as a BSIC

v variable: This qualifier is used when the code applied at the moment of the interview could vary significantly in the near future (for example from acute outpatient care to non- acute). This depends on the capacity of the service to provide the type of care described by the code due to fluctuations in the demand or the supply capacity. For example, a crisis accommodation team for homeless or a crisis domestic violence refuge may fluctuate in its capacity of providing 24 acute care within 24 hours depending on the demand and the availability of places. This code can be also applied to services under transition due to a health reform, a change in the whole financing system of health or social care, or the development of a new disability scheme. This variability in the pattern of service provision is independent of the time continuity of the service. For example, a continuous service can have a 'v' code due to a health reform while a care program limited to two years may show organisational stability during the period when it is funded.

Example: the code below shows a short or medium term forensic residential service for adults with 24-hour cover by a physician.



DESDE code components

Figure 1 ICD-10 diagnostic codes used in this Atlas

To understand the balance between the different types of care offered in an area, a radar chart tool, also referred to as a spider diagram, is used. The spider diagram is essentially a tool to visually depict the pattern of care in an area. Each of the 21 points on the radius of the diagram represents the number of MTC for a particular type of care per 100,000 population (2016 population figures). Figure 2 is an example of a spider diagram describing and comparing the pattern of care in the ACT and Western Sydney PHN regions.

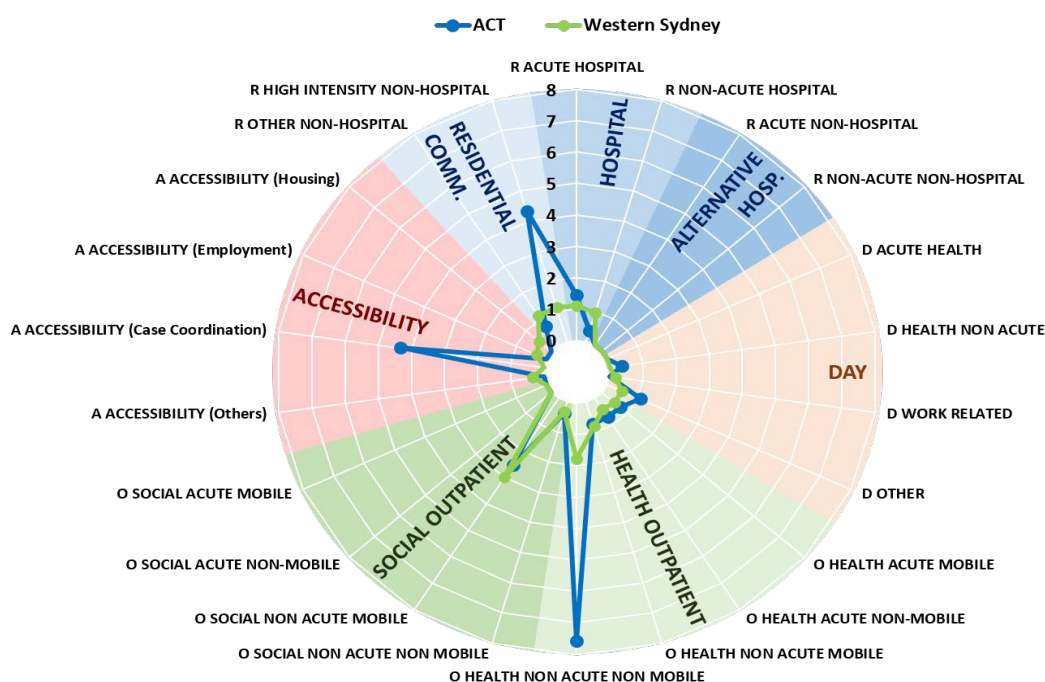


Figure 2 Distribution of Main Types of Care : comparison ACT 2016 and Western Sydney, 2015

Analysis

Availability of service provision was analysed according to the Main Types of Care provided by care teams (BSICs). Availability is defined as a service being operable upon demand to perform its designated or required function; placement capacity is defined as the maximum number of beds in residential care. The availability rate for each MTC was calculated per 100,000 people under 25 years of age. Data was coded according to the DESDE coding system.

This Atlas is the Final Version, or Phase 4 of the development of an Atlas (Figure 3). Following the coding of the services and development of a draft Atlas (Phase 1 or Alpha version, the Atlas is presented to planners in order for them to review and adjust the data or codes presented when necessary (Phase 2, or Beta version). A Version for Comments is then prepared by the research team for release to stakeholders. Time is allowed for stakeholders to review the service data and coding, and provide any further comment. After further revision based on the received feedback, a Final Version is released to the planners.

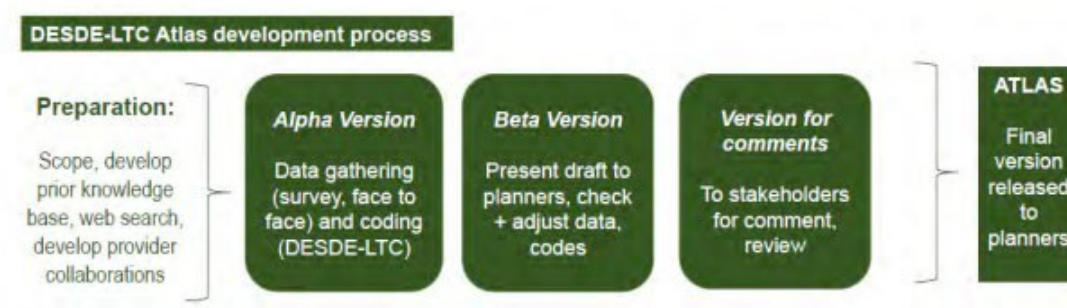


Figure 3 Development of an Atlas

Mapping the area

The Australian Capital Territory has an area of 2,351 km² with a population of around 429,000. Around 55% of this territory corresponds to protected areas such as a National Park, Botanic Gardens, a Wilderness Zone and several Nature Reserves. The most relevant natural area is the Namadgi National Park located in the South-West, which comprises around 46% of the ACT. Canberra is its only city. The city is organized into seven districts: North Canberra, South Canberra, Woden Valley, Belconnen, Weston Creek, Tuggeranong and Gungahlin. It is necessary to note that the city of Queanbeyan (about 65,000 inhabitants), near the eastern border with the neighbouring state of New South Wales, has a strong functional link with Canberra, given its proximity.

In the next section (figures 4-6), we provide maps showing the distribution of relevant indicators of childhood and adolescent development and mental health and wellbeing in the ACT.

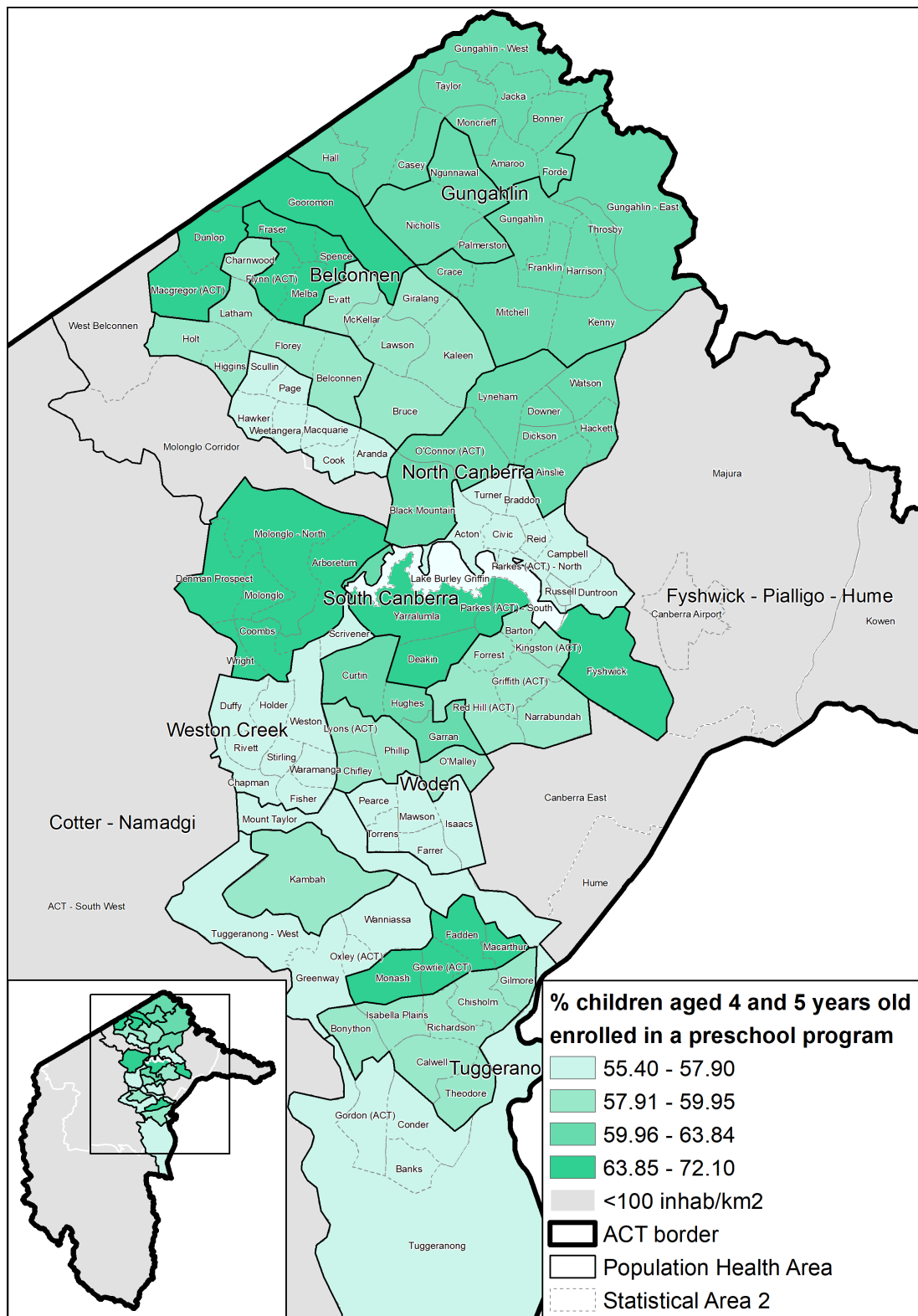


Figure 4 Percentage of children aged 4 and 5 years old who are enrolled in a preschool program, ACT 2020

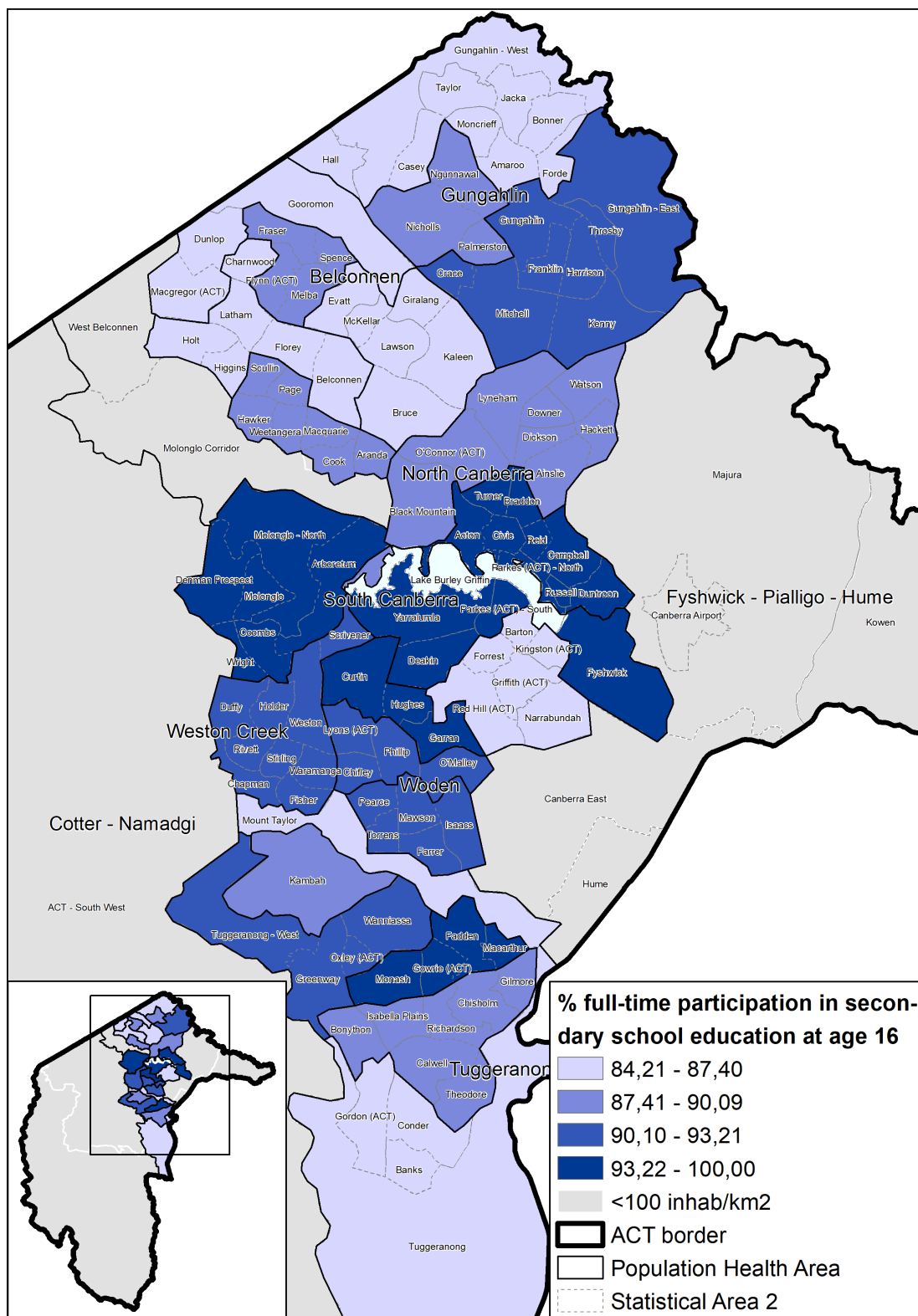


Figure 5 Percentage of people at age 16 in fulltime secondary school, ACT, 2020

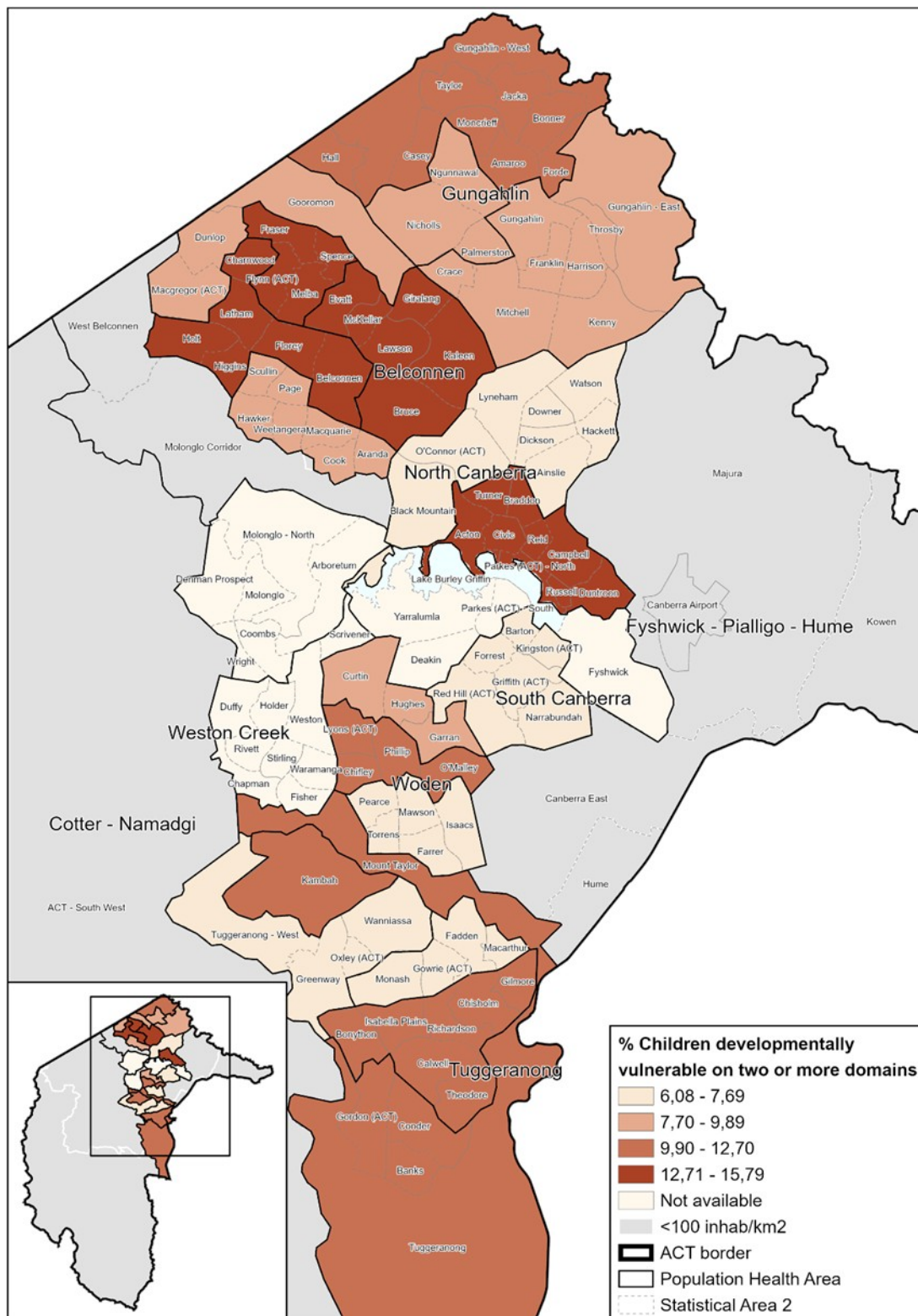


Figure 6 Percentage of children who are developmentally vulnerable in two domains, ACT, 2020

Description of Services

General description of services providing care to children and adolescents in ACT

We have identified 39 care teams (or BSICs) in the ACT providing 44 Main Types of Care specifically to young people up the age of 25 years. In addition, there were ten “satellite” services, or services that were provided in locations additional to that of the primary location of the team. Included in this figure are seven adult care teams providing nine MTCs which, while not specifically for this age group, are also described in this Atlas because they specifically include care for adolescents or young adults as well as for adults. Of these 44 MTCs, 25 (56.8 %) were provided by NGOs, nine (20.5%) were provided by the public health sector, seven (15.9%) were provided through the education sector, one (2.3%) were from the justice sector, and two (4.5%) were provided by the community services sector (figure 7).

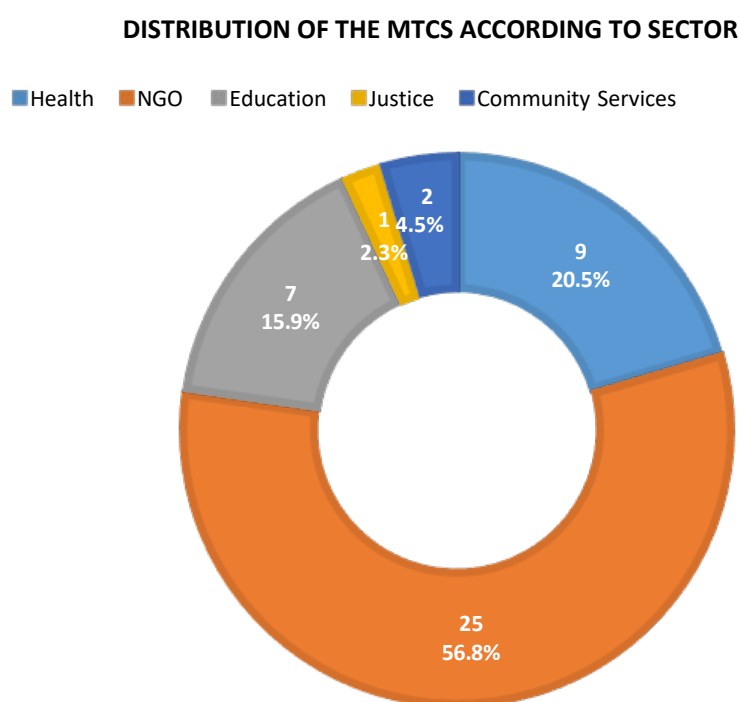


Figure 7 Distribution of the Main Types of Care (youth) according to sector ACT 2020

Figure 8 shows the number and diversity of Main Types of Care. The top figure includes satellite services. In 2020 we have identified 18 provider organisations, providing 44 MTCs, plus 10 satellite services, compared to 12 organisations providing 19 MTCs in 2016. The diversity of types of care was similar, however, with 12 different types of care in 2016 and 13 types of care in 2020.



Figure 8 Diversity of care: ACT youth mental health services. 2020 (top) and 2016 (bottom) ACT

Thirty types of care (68.3%) were health related: that is, registered health professionals comprised at least 10% of the staff providing care; and 14 (31.8%) provided other (non-health related) types of care (figure 9).

DISTRIBUTION OF THE MTCs ACCORDING TO THE BALANCE OF CARE

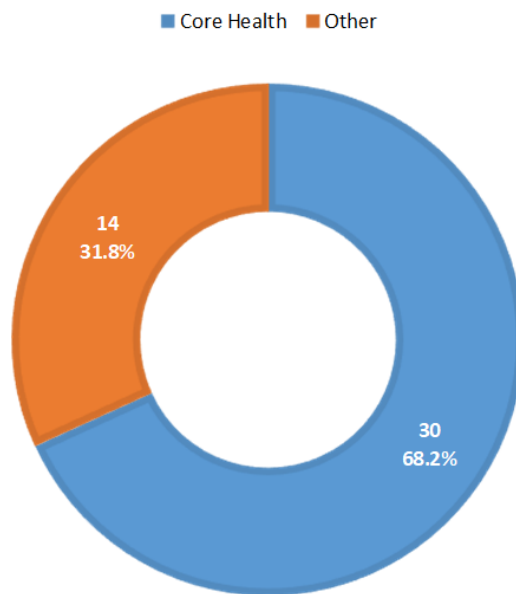


Figure 9 Distribution of MTCs (youth): balance of care, ACT 2020

Outpatient care was by far the most common type of care, followed by residential and self help/volunteer services (figure 10). Outpatient care was also the most common type of care in every sector except the public community services sector, where there was one outpatient and one information/assessment type service (figure 11).

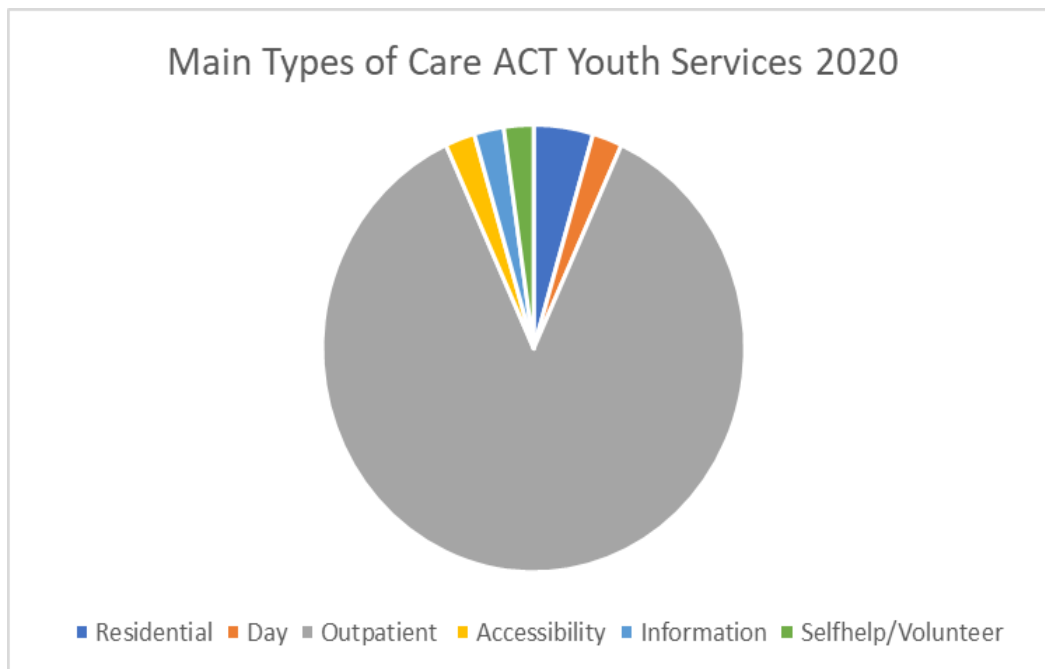


Figure 10 Main Types of Care (youth) ACT 2020

All teams provided by the education and justice sectors were outpatient, and outpatient care comprised 88.9% and 84% of the public health and NGO sectors respectively (figure 11). There were two residential services, both provided by NGOs in collaboration with CAMHS. Only one daycare service was identified, provided by the public health sector (CAMHS). One self-help and one accessibility team were provided by NGOs.

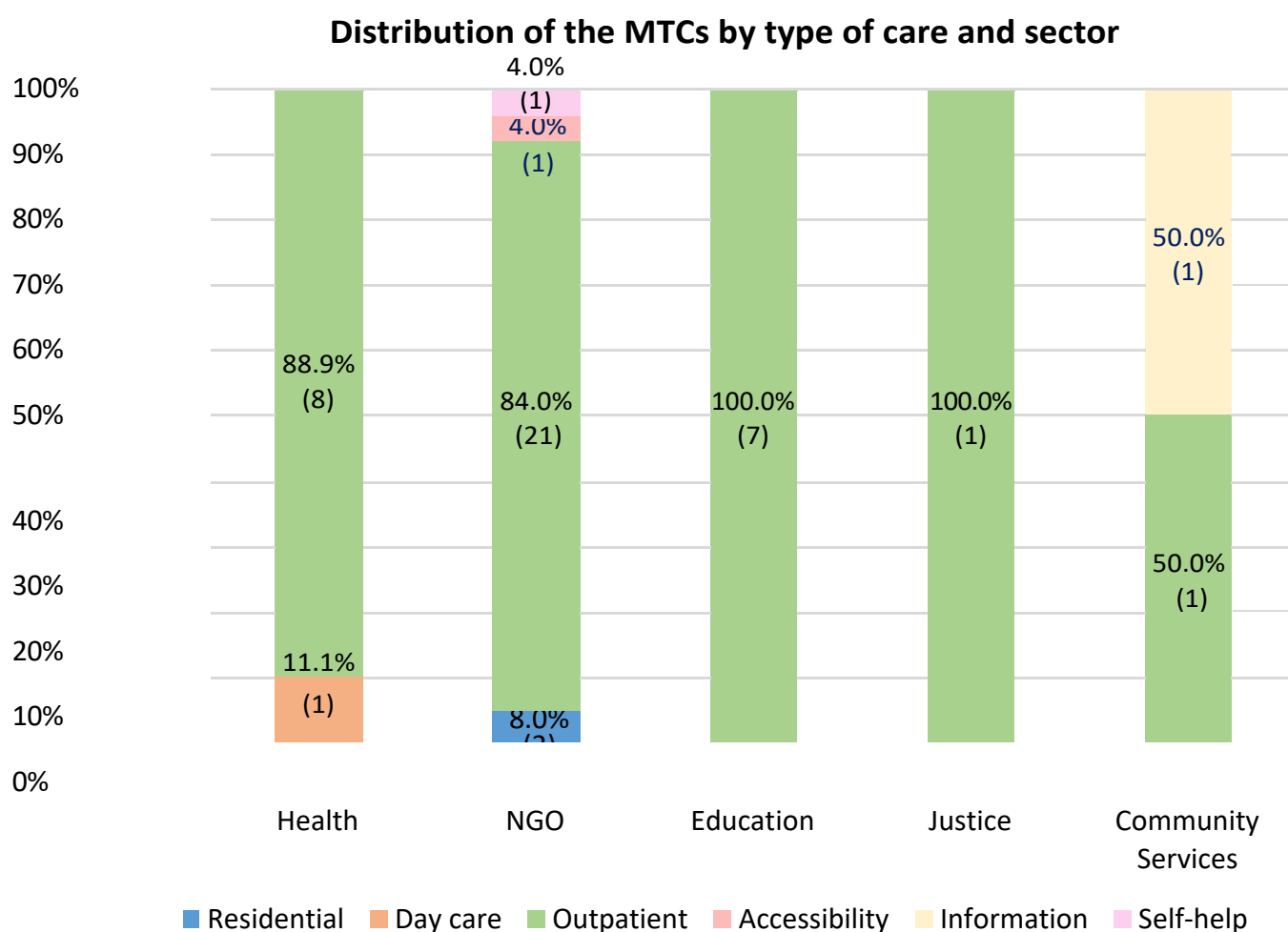


Figure 11 Distribution of MTCs by type of care and sector (youth) ACT 2020

25% of services were targeted to adolescents and young adults aged around 12-25 years of age, and another 15.9% of services were specifically for children aged 0-11 years (figure 12). 13.6% of provided care for children and adolescents from 0-17 years of age. Three services (6.8%) provided care for young adults aged 18-25 years and two were transitional adolescent to adult services for young people aged around

16-25 years. In addition, two services providing care primarily for adults, but which extended their target age range as low as 13 years were included, as well as one which had a particular focus on its younger, 16 years+ cohort.

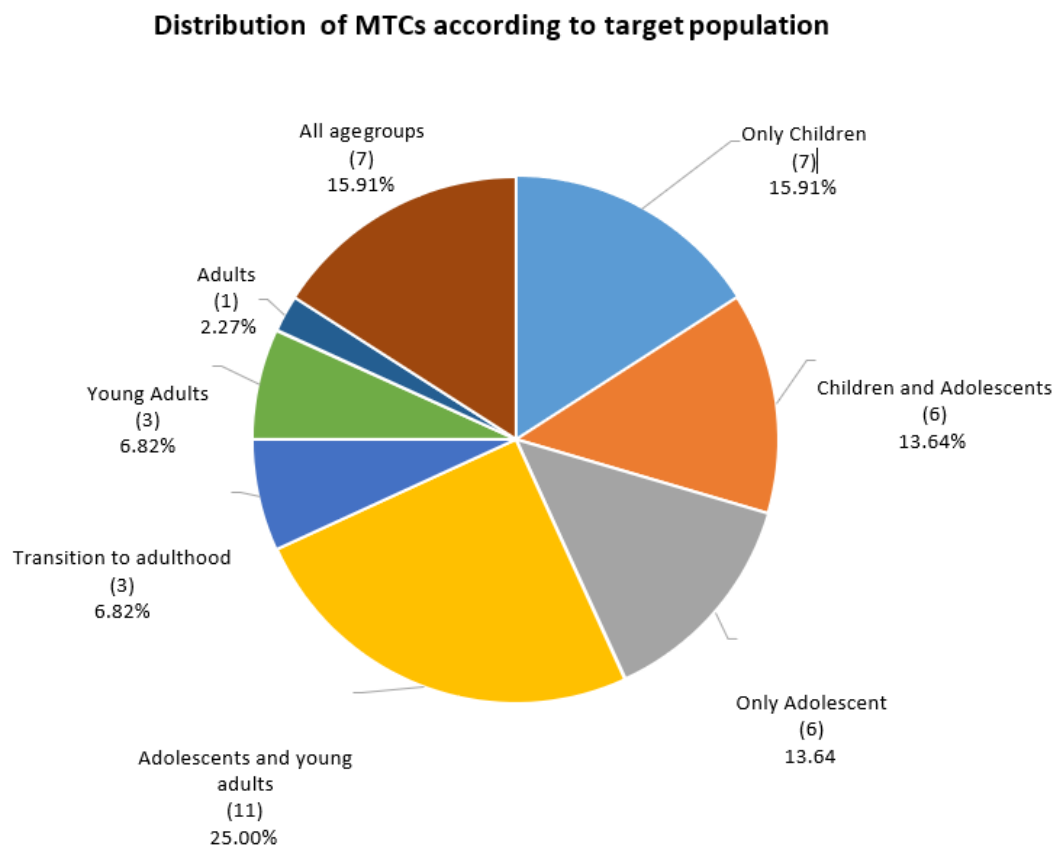


Figure 12 Distribution of MTCs by age group ACT 2020

When we look at workforce distribution across sectors, we can see that psychologists comprise a large part of the workforce, from 10% in the health sector, to 100% in the justice sector (figure 13). The group of support professionals including support workers, mental health workers, and community workers, who may have qualifications at certificate or diploma level, make up the largest professional group in the NGO sector, while allied health professionals such as social workers and occupational therapists are the largest group of mental health professionals in the health sector. Psychiatrists and nurses are around 8% and 14% of the workforce respectively in the health sector. The only other sector employing psychiatrists is the education sector, while there are a small number of nurses in the education sector.

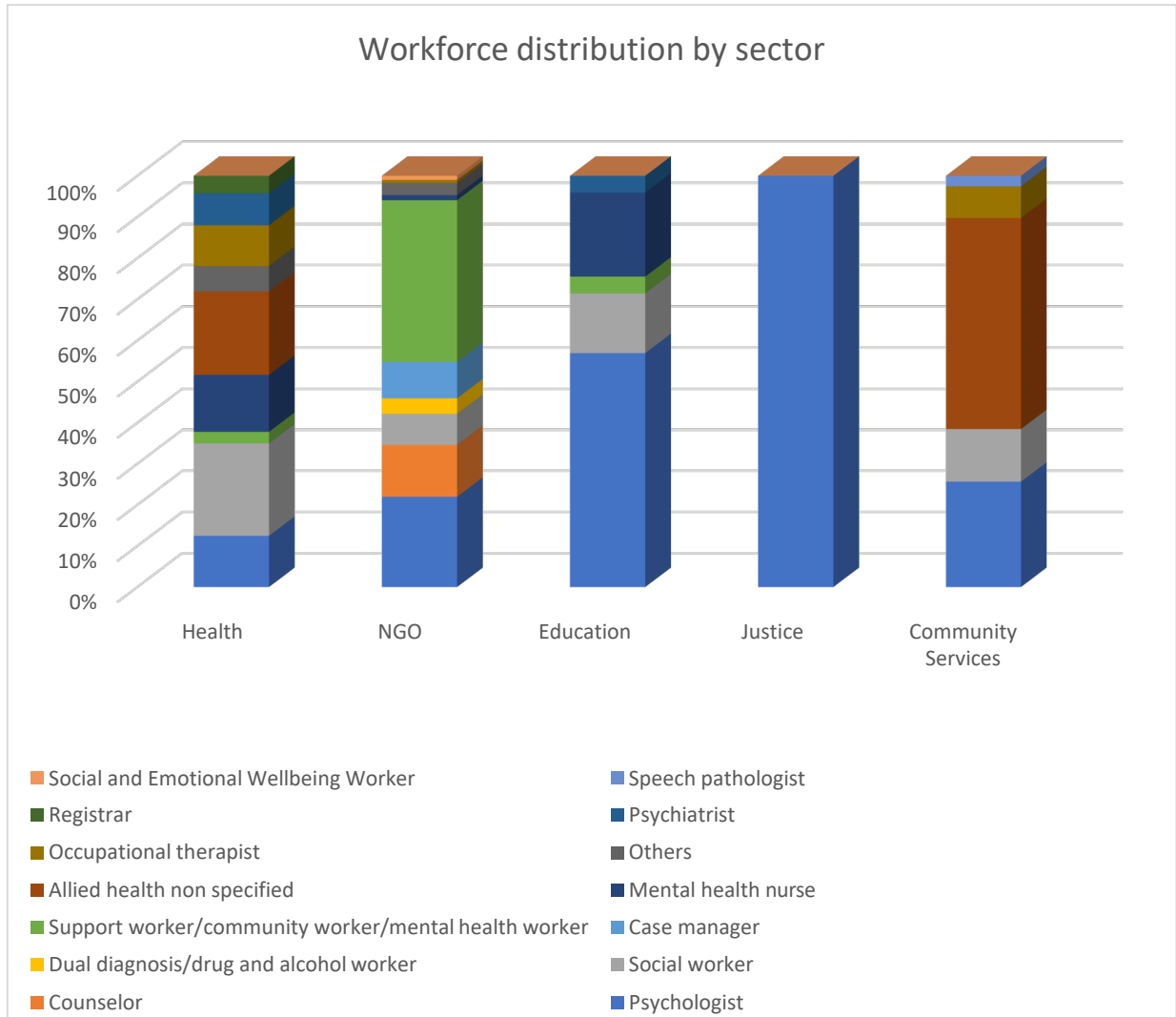


Figure 13 Distribution of workforce by sector, ACT youth services, 2020

Table 2 provides a detailed summary of the Main Types of Care provided in the ACT for young people up to the age of 25 years, according to the individual DESDE codes.

Table 2 Description of the Main Types of Care per DESDE code and sector

MTC	Definition	Target population	Sector					
			Health	NGO	Justice	Education	Community Services	Total
R8.2	Non-acute, non 24 hour physician cover,time limited, 24 hr support, over 4 weeks	Only adolescents	0	1	0	0	0	1
		Young Adults	0	1	0	0	0	1
R total			0	2	0	0	0	2

MTC	Definition	Target population	Sector					
			Health	NGO	Justice	Education	Community Services	Total
Day care:facilities that involve contact between staff and users for some purpose related to management of their condition and its associated clinical and social difficulties								
D4.1	Non-acute, non work structured care, high intensity, health related care	Only adolescents	1	0	0	0	0	1
D total			0	0	0	0	0	1

MTC	Definition	Target population	Sector					
			Health	NGO	Justice	Education	Community Services	Total
OUTPATIENT: Facilities that involve contact between staff and users for some purpose related to management of their condition and its associated clinical and social difficulties								
O4.1	Acute, non- mobile, time limited, health related care	Children and adolescents	1	0	0	0	0	1
		Only adolescents	1	0	0	0	0	1
		All ages	0	0	0	1	0	1
O5.1	Non-Acute, Home & Mobile, High Intensity,health care	Only adolescents	1	0	0	0	0	1
		Adolescents and young adults	1	0	0	0	0	1
O5.2	Non-Acute, Home & Mobile, High Intensity, other care	Children and adolescents	0	2	0	0	0	2
		Adolescents and young adults	0	1	0	0	0	1

MTC	Definition	Target population	Sector					
			Health	NGO	Justice	Education	Community Services	Total
		Transition to adulthood	0	1	0	0	0	1
		Young adults	0	1	0	0	0	1
O6.1	Non-Acute, Home & Mobile, Medium Intensity	Only children	0	1	0	0	0	1
		Adolescents and young adults	0	1	0	0	0	1
		Young adults	0	1	0	0	0	1
O6.2	Non-Acute, Home & Mobile, Medium Intensity, other care	Adolescents and young adults	0	2	0	0	0	2
		All ages	0	1	0	0	0	1
O8.1	Non-Acute, non-mobile, High intensity , health related care	Only children	0	0	0	0	2	2
		Children and adolescents	2	0	0	0	0	2
		Adolescents and young adults	0	0	1	0	0	1
		All ages	0	0	0	1	0	1
O9.1	Non-Acute, non-mobile, Medium intensity , health related care	Only children	1	2	0	0	0	3
		Only adolescents	1	0	0	1	0	2
		Adolescents and young adults	0	2	0	0	0	2
		Transition to adulthood	0	1	0	1	0	2
		Adults	0	1	0	0	0	1
		All ages	0	1	0	2	0	3
O9.2	Non-Acute, non-mobile, Medium intensity , other care	Only children	0	1	0	0	0	1
		Adolescents and young adults	0	2	0	0	0	2
Total O			8	21	1	7	1	38

MTC	Definition	Target population	Sector					
			Health	NGO	Justice	Education	Community Services	Total
ACCESSIBILITY: Facilities which main aim is to provide accessibility aids for users with long term care needs								
A5.2	Other accessibility care-training and education related	Adolescent and young adults	0	1	0	0	0	1
Total A			0	1	0	0	0	1

MTC	Definition	Target population	Sector					
			Health	NGO	Justice	Education	Community Services	Total
INFORMATION AND GUIDANCE: Facilities which main aim is to provide users with information and or assessment of their needs. This service does not entail subsequent follow-up or direct care provision								
I1.1	Professional assessment and guidance related to health care, health related	Only children	0	0	0	0	1	1
Total			0	0	0	0	1	1

MTC	Definition	Target population	Sector					
			Health	NGO	Justice	Education	Community Services	Total
Self-help and volunteer: Facilities whose main aim is to provide users with long term care needs with support, self-help or contact with un-paid staff that offers accessibility, information, day, outpatient and residential care (as described above), but the staff is non-paid								
S1.3	Non- professional staff outpatient care	Children and adolescents	0	1	0	0	0	1
Total S			0	1	0	0	0	1
Total			9	25	1	6	3	44

In the next section, we describe the availability and capacity of the teams providing care to young people under the age of 25 years with a lived experience of mental illness in the ACT, according to the six main branches of care of the DESDE taxonomy.

Residential care

We were unable to identify any teams providing acute care in a dedicated acute residential service specifically for this age group. However it is important to note that two mental health beds are provided in the acute ward for CAMHS patients, with support from a psychiatric consultant and registrar. As these beds are not fully staffed as mental health beds, this team is included in table 7 (outpatient). We identified two teams providing non-acute residential care, both provided conjointly by non-government organisations and CAMHS (table 3). STEPS (CatholicCare/CAMHS) provides step-up and step-down 24-hour supported accommodation for up to three months for young people between 13-18 years of age with moderate to severe mental illness. The Youth Step-Up and Step-Down program (Wellways/CAMHS) provides 24-hour residential support to young adults aged 18-25 years for up to five months, with an additional two months of outreach follow up support available on discharge.

Table 3 Non-acute residential services (Youth) ACT 2020 NGO sector

Provider	Name	Main DESDE Code	Other DESDE code(s)	Beds	FTE	Town / Suburb	Area of Coverage
CAMHS/CatholicCare	STEPS	CA[F00-F99]-R8.2 v		5	6.5	-	ACT
CAMHS/Wellways	Youth Step Up Step Down Program	AY[F00-F99]-R8.2	AY[F00-F99]-O5.2	6	6.8	-	ACT

Table 4 Non-acute residential services (youth)-NGO sector- workforce capacity

Provider	Name	FTE	Social professional
CAMHS/CatholicCare	STEPS	6.5	6.5
CAMHS/Wellways	Youth Step Up Step Down Program	6.8	6.8

Day care

We identified one health related day care service, provided by CAMHS (table 5). The Cottage Adolescent Day Program is a therapeutic group program for young people

between the ages of 12 to 18 years living within the ACT who are experiencing moderate to severe mental health issues. Its multidisciplinary team provides clinical, social and educational support to reduce the severity of their mental illness symptoms and to achieve functional gains in education, social functioning and life skills. Young people must be clinically managed by CAMHS community teams to be eligible for the program.

Table 5 Day care Services (youth) ACT 2020-public health sector

Provider	Name	Main DESDE Code	FTE	Town / Suburb	Area of Coverage
CAMHS	Cottage Day Program	CA[F00-F99]-D4.1 b	7.8	Bruce	ACT

Table 6 Day care services (youth)-public health sector-workforce capacity

Provider	Name	FTE	Allied health	Others
CAMHS	Cottage Day Program	7.8	5.8	2

Outpatient care

Acute mobile Outpatient

We did not identify any teams providing acute mobile outpatient care specifically to young people.

Acute non-mobile Outpatient

We identified three teams providing non-mobile care in an acute setting (table 7 and table 15). This included the CAMHS Hospital Liaison Team, which provides assessment to children and young people under 18 years of age who present to Canberra Hospital and Health Services with a medical condition, but also have mental health vulnerabilities. The multidisciplinary team includes mental health nurses, psychologists, occupational therapists, social workers, and medical officers. Two beds in the acute adolescent ward at Canberra Hospital are provided liaison consultancy care by a team including a psychiatrist and psychiatric registrar. The University of Canberra Medical and Counselling Centre (table 15) which provides non-acute non-

mobile outpatient care, is also able to provide acute non-mobile outpatient care to people in crisis.

Table 7 Acute non-mobile outpatient services (youth) ACT 2020-public health sector

Provider	Name	Main DESDE Code	FTE	Town / Suburb	Area of Coverage
CAMHS	Child and Adolescent Mental Health Service Hospital Liaison Team	CX[ICD][F00-F99]-O4.1h l	5.2	Garran	ACT
CAMHS	Adolescent ward psychiatrist team	CA[F00-F99]-O4.1h l	2.0	Garran	ACT

Table 8 Acute non-mobile outpatient services (youth)-public health sector-workforce capacity

Provider	Name	FTE	Psychiatrist/ registrar	Mental Nurse	Health	Allied Health
CAMHS	Child and Adolescent Mental Health Service Hospital Liaison Team	5.2	0.4	0.8		4
CAMHS	Adolescent ward psychiatrist team	2.0	2.0	0		0

Non-acute mobile Outpatient care

We identified two CAMHS teams providing non-acute mobile outpatient care (table 9). The Adolescent Mobile Outreach Service (AMOS) is a community mental health team providing assessment and treatment for adolescents aged 13 – 18 years with moderate to severe mental illness who experience barriers to accessing mainstream services, or require intensive outreach support. Referrals to AMOS are from the CAMHS community teams. The Specialist Youth Mental Health Outreach (SYMHO) team, also provided by CAMHS, provides face to face assessment and treatment using an assertive outreach model for young people aged 14 to 25 experiencing first episode psychosis, and for those aged 14 to 18 who are at ultra-high risk of developing first episode psychosis. Referrals for this service are also received from internal mental health services only

Table 9 Non-acute mobile outpatient services (youth) ACT 2020-public health sector

Provider	Name	Main DESDE Code	FTE	Town / Suburb	Area of Coverage
CAMHS	Adolescent Mobile Outreach Service	CA[F00-F99]-O5.1	6.3	Woden	ACT
CAMHS	Specialist Youth Mental Health Outreach (SYMHO)	CY[F20-F29]-O5.1	10.6	Woden	ACT

Table 10 Non-acute mobile outpatient services (youth)-public health sector-workforce capacity

Provider	Name	FTE	Psychiatrist	Psychologist	MH Nurse	Social Worker	Allied Health	Social professional
CAMHS	Adolescent Mobile Outreach Service	6.3	0.3	2.0	0	1	3	0
CAMHS	Specialist Youth Mental Health Outreach (SYMHO)	10.6	0.6	0	5.0	4.0		1.0

There are nine teams in the NGO sector providing ten non-acute mobile outpatient Main Types of Care (table 11). Additionally, the Wellways residential care team Youth Step-Up and Step-Down Program (table 3), also provide mobile outreach support for two months following discharge from the residential program.

Cyclops (Connecting Young Carers with Life Opportunities), provided by Anglicare, provides case management to support young carers (with the whole family if needed) to remain engaged with education, and to have respite time. It also provides support with accessing other supports required. CatholicCare's Youth Mental Health and Wellbeing Outreach is based in Braddon and delivers assertive outreach throughout the ACT. This multidisciplinary team delivers outreach based case management, support,

therapeutic intervention and advocacy for people aged 12-25 years with moderate to severe illness. The program supports young people to develop skills to better manage their mental health and wellbeing and can also assist in developing support networks, help with school or getting back into school, or gaining employment. CatholicCare also provide Stepping Stones, a therapeutic service for children aged 12 and under who have experienced trauma, supporting children and their families to recover from the impacts of adverse childhood experiences (trauma) with a particular focus on the child's mental health, well-being and development.

Marymead's New Horizons Program provides free confidential mental health early intervention outreach counselling support for children and young people up to the age of 18 years showing signs of, or at risk of, developing mental illness, and their families and carers. New Horizons works with children and with key people in their lives and can take an advocacy role for children at school. Gudan Gulwan Youth Aboriginal corporation provides outreach case management and advocacy for young Aboriginal and Torres Strait Islander people with mental health and drug and alcohol difficulties.

The Barnardos Intensive Intervention Service is an outreach family support program for families where children are at imminent risk of being removed from, or are being restored to, the family, including where this is due to mental health issues. The program works in partnership with children, young people and their families using a 'strength-based approach' to assist them in achieving sustainable attitudinal and / or behavioural change. The team provides support to two age groups: below 18 years of age, and 16-25 years. Woden Community Service provides New Path, a service focused on early intervention and aiming to support people before their condition becomes lifelong. The target population is 18-35 years with an average age of 24, but older people are not excluded. It is provided for people who are not eligible for the NDIS and for whom the NDIS is not the most appropriate pathway.

The Way Back, also provided by Woden Community Services, is an assertive outreach service to people aged 13 years and over, providing psychosocial support and co-ordination as well as linking support after hospital discharge following a suicide attempt. Support includes safety planning, problem solving, motivation support, co-ordination and linking to other supports in the first 12 weeks following discharge. Marathon Health provides Connected, which aims to improve the social and emotional wellbeing of young Aboriginal and Torres Strait Islander peoples, under 25 years old and living in the ACT.

Table 11 Non-acute mobile outpatient services (youth) ACT 2020- NGO sector

Provider	Name	Main DESDE Code	Other DESDE code(s)	FTE	Town / Suburb	Area of Coverage
Anglicare	Cyclops	CY[F00-F99][e310]-O6.2 m		3.0	Civic	ACT
Marymead Child and Family Centre	New Horizons	CX[F00-F99][e310]-O5.2 e g v		4.9	Narrabundah	ACT, also areas within an hour of Narrabundah, including Yass, Queanbeyan, Bungendore, Murrumbateman
Barnardos	Intensive Intervention Service	CX[F00-F99][e310]-O5.2 m	TA[F00-F99]-O5.2 m	8.0	Downer	ACT
CatholicCare	Youth and Wellbeing MH Outreach	CY[F00-F99]-O6.1 m		2.0	Braddon	ACT
Marathon Health	Connected	CY[IN][F00-F99]-O6.2 v		0.8	Braddon	ACT
Woden Community Service	New Path	AY[F00-F99]-O6.1 v		2.0	Woden	ACT
Woden Community Service	The Way Back	GXi[T14.91]-O6.2 b v		0.8	Woden	ACT
CatholicCare	Stepping Stones	CC[Z55-Z65]-O6.1 v		2.6	Braddon	ACT
Gugan Gulwan Youth Aboriginal Corporation	Drug and Alcohol/Mental Health Team	CY[IN][F10-F19][F00-F99]-O5.2 m	4.0		Wanniassa	ACT

Table 12 Non-acute mobile outpatient services (youth)-NGO sector-workforce capacity

Provider	Name	FTE	Psychologist	OT	Social worker	Social professional
Anglicare	Cyclops	3.0	1.0		1.0	2.0
Marymead Child and Family Centre	New Horizons	4.9	1.6		0	3.3
Barnardos	Intensive Intervention Service	8.0	0		1.0	7.0
CatholicCare	Youth and Wellbeing MH Outreach	2.0	1.0		1.0	0
Marathon Health	Connected	0.8	0		0	0.8
Woden Community Service	New Path	2.0	1.0		1.0	0
Woden Community Service	The Way Back	0.8	0.8		0	0
CatholicCare	Stepping Stones	2.6	1.2	0.6	0.8	0
Gugan Gulwan Youth Aboriginal Corporation	Drug and Alcohol/Mental Health Team	4.0	0	0	0	4

Non- acute non-mobile outpatient care

We have identified four non-acute and non-mobile teams provided by the public health sector (table 13). Northside and Southside Community Teams provide assessment and treatment for children and young people under 18 years with moderate to severe mental health issues. The Eating Disorders Program is a small specialist outpatient active therapy service working with consumers and their families across the lifespan whose primary presenting issue is an eating disorder. Psychological treatments include the Maudsley Family Based Therapy (FBT) for young people under 18 years of age. The Childhood Early Intervention Team focus on early intervention for children with emotional/ behavioural problems- children who have high potential for developing poor mental health leading to the need for mental health support later in life.

Table 13 Non-acute non-mobile outpatient services (youth) ACT 2020-public health sector

Provider	Name	Main DESDE Code	FTE	Town / Suburb	Area of Coverage
CAMHS	Community Team-Northside	CX[F00-F99]-O8.1	13.8	Belconnen	ACT
CAMHS	Community Team-Southside	CX[F00-F99]-O8.1	13.2	Woden	ACT
CAMHS	Eating Disorders Program	CA[F50]-O9.1	6.3	Woden	ACT
CAMHS	Childhood Early Intervention Team	CC[F00-F99]-O9.1 b g	5.5	-	ACT

Table 14 Non-acute non-mobile outpatient services (youth) -public health sector-workforce capacity

Provider	Name	FTE	Psych trist/reg	Psychol ogist	MH Nurse	Social Worker	Allied Health	Others
CAMHS	Community Team-Northside	13.8	2.4	3.8	2.0	2.6	3.8	0
CAMHS	Community Team-Southside	13.2	2.4	2	1.0	3.0	4.8	0
CAMHS	Eating Disorders Program	6.3	0.1	0	1.0	0	5.2	0
CAMHS	Childhood Early Intervention Team	5.5	0	1.0	0	2.5	1.0	1.0

Five non-acute non-mobile teams providing seven Main Types of Care were provided by the education sector (table 15). The Australian National University Counselling service provides psychological counselling, as well as support for people who have experienced sexual assault related trauma. Additionally, a Psychology Clinic which is part of the training program for student clinical psychologists is open to the community

at low cost. The University of Canberra Medical and Counselling Centre also provides crisis support. The WOKE program for young people aged 15-21 years is a pilot program available at the University of Canberra. This early intervention service provides Dialectical Behavioural Therapy (DBT) in an early intervention framework for people with emotional instability, and those with multiple social and emotional issues, including self-harming behaviour. The Education Directorate provide an Early Intervention Team for students who have been identified by the school psychologist. Existing programs are i) resilience building/coping and ii) a program targeted at parents- dealing with for example issues of school refusal. From next year, there will also be a program on self-regulation based on DBT, for students needing more specific support; and a program for students with violence in their home environment, involving parents as well, using a Non-Violent Resistance framework. Although not included in the mapping, we note that the Education Directorate also provides every public school in the ACT with a school psychologist for an average 2-3 days a week. These psychologists see school aged children for a range of issues including learning difficulties, relationship issues and school refusal. In-school counselling is also provided by CatholicCare for all children in the Catholic Education system in ACT and some other regions, for a range of issues including anxiety and depression.

Table 15 Non-acute non-mobile outpatient services (youth) ACT 2020-education sector

Provider	Name	Main DESDE Code	Other DESDE code(s)	FTE	Town / Suburb	Area of Coverage
Australian National University	ANU Counselling	GX[F00-F99]-O10.1	GX[T74]-O9.1	7.1	Acton	All enrolled ANU students within Australia
Australian National University	ANU Psychology Clinic	GX[F10-F19]-O9.1		NA	Acton	All enrolled ANU students within Australia
Education Directorate	Early Intervention Team	CA[F00-F99][e310x]-O9.1 g		1.6	Stirling	ACT
University of Canberra	Medical and Counselling Service	GX[F00-F99]-O8.1	GX[F00-F99]-O4.1	25	Bruce	ACT and regions
University of Canberra	WOKE	TA[F00-F99]-O9.1 b v		0.8	Bruce	

Table 16 Non-acute non-mobile outpatient services (youth) -education sector

Provider	Name	FTE	Psychi	GP	Psychologist	MHN	Social worker	Other
Australian National University	ANU Counselling	7.2	0	0	3.6	0	3.6	0
Australian National University	ANU Psychology Clinic	2.3	2.3	0	2.3	0	0	0
Education Directorate	Early Intervention Team	1.6	0	0	1.6	0	0	0
University of Canberra	Medical and Counselling Service	25	1	10	8	5	1	1
University of Canberra	WOKE	0.8	0	0	0.8	0	0	0

Melaleuca Place (table 17) is a “Step-up” service providing a therapeutic response to trauma for children under 13 years of age in out of home care as part of the Out of Home strategy. Support is relational and family/caregiver based, focused on healing in the context of relationships. A Therapeutic Assessment Team (see table 22) works alongside the team at Melaleuca Place, providing an initial assessment and recommendation to Melaleuca Place where indicated.

Table 17 Non-acute non-mobile outpatient services (youth) ACT 2020-community services sector

Provider	Name	Main DESDE Code	Town / Suburb	Area of Coverage
Child and Youth Protection Services	Melaleuca Place	CC[Z62.81]-O8.1 q	Dickson	ACT

Table 18 Non-acute non-mobile outpatient services (youth) -community services sector-workforce capacity

Provider	Name	FTE	Clinicians
Child and Youth Protection Services	Melaleuca Place	4	4

We identified nine non-acute non-mobile NGO outpatient services providing 10 Main Types of Care (table 19). Anglicare provide mental health support along with primary care at the Junction Youth Health Service for young people aged 12-25 years. Marathon Health deliver the headspace service in Canberra for young people aged 12-25 years. Next Step and Next Step Youth (CatholicCare) provide psychological interventions to children aged 0-12 and 13-25 years of age respectively. These teams are provided in three locations in the ACT. Woden Community Services provide Next Step Low Intensity, a short-term support program delivered by mental health coaches for people 16+ with mild-moderate mental health issues, with those delivering support to the younger age group (16+) undergoing specific training to do so. Counselling services for boys/young men aged 10-25 years for a range of issues, including suicidal ideation, anxiety, and distress caused by relationship breakdowns, is available at Menslink.

Psychological interventions are also available through Better Access for people of all ages from the age of 13. Early Life Matters is a service provided for situations where family circumstances may affect the mental health of children, and includes individual and family counselling using a Mary Ainsworth attachment styles approach. The Messengers Art Program, delivered at Tuggeranong Arts Centre and two other locations, is an arts based early support program for young people who are disengaging from their school/communities. The service is provided to young people aged 13-20 years of age, and a smaller cohort aged 10 – 12 years. The model is a collaboration between a team of professional artists with a youth support worker.

Table 19 Non-acute non-mobile outpatient services (youth) ACT 2020-NGO sector

Provider	Name	Main DESDE Code	Other DESDE code(s)	FTE	Town / Suburb	Area of Coverage
Anglicare	The Junction Youth Health Service- Outreach	CY[F00-F99]-O9.1		4.4	Civic	ACT
CatholicCare	Next Step	CC[F00-F99]-O9.1 b v		2.0	Braddon	ACT
<i>CatholicCare</i>	<i>Next Step (satellite)</i>	<i>CC[F00-F99]-o9.1 b t v</i>			<i>Red Hill</i>	<i>ACT</i>
<i>CatholicCare</i>	<i>Next Step (satellite)</i>	<i>CC[F00-F99]-o9.1 b t v</i>			<i>O'Connor</i>	<i>ACT</i>
CatholicCare	Next Step Youth	CY[F00-F99]-O9.1 b v		2.0	Braddon	ACT
<i>CatholicCare</i>	<i>Next Step Youth (satellite)</i>	<i>CY[F00-F99]-o9.1 b t v</i>			<i>Red Hill</i>	<i>ACT</i>
<i>CatholicCare</i>	<i>Next Step Youth (satellite)</i>	<i>CY[F00-F99]-o9.1 b t v</i>			<i>O'Connor</i>	<i>ACT</i>
CatholicCare	Better Access	GXi[F00-F99]-O9.1		2.0	Braddon	ACT
<i>CatholicCare</i>	<i>Better Access (satellite)</i>	<i>GXi[F00-F99]-o9.1 t</i>			<i>Red Hill</i>	<i>ACT</i>
<i>CatholicCare</i>	<i>Better Access (satellite)</i>	<i>GXi[F00-F99]-o9.1 t</i>			<i>O'Connor</i>	<i>ACT</i>
Marathon Health	headspace - Canberra	TA[F00-F99]-O9.1		5.4	Braddon	ACT
Marymead Child and Family Centre	Early Life Matters	CC[F00-F99][c310x]-O9.1 g v		2.8	Narrabundah	ACT
Menslink	Youth Counselling	CY[M][F00-F99]-O9.2 v		4.5	Holder	ACT
Tuggeranong Arts Centre	Messengers Art Program	CY[F00-F99]-O9.2 g v	CC[F00-F99]-O9.2 g v	4.1	Greenway	ACT
<i>Tuggeranong Arts Centre</i>	<i>Messengers Art Program (satellite)</i>	<i>CY[F00-F99]-o9.2 g t v</i>			<i>Taylor</i>	<i>ACT</i>
<i>Tuggeranong Arts Centre</i>	<i>Messengers Art Program (satellite)</i>	<i>CY[F00-F99]-o9.2 g t v</i>			<i>Belconnen</i>	<i>ACT</i>
Woden Community Service and Catholic Care	Next Step (Low Intensity)	AX[F00-F99]-O9.1 b e v		6.0	Woden	ACT

Table 20 Non-acute non-mobile outpatient services (youth) -NGO sector-workforce capacity

Provider	Name	FTE	GP	Psychol	MHN	Social worker	Others
Anglicare	The Junction Youth Service- Outreach	4.4	0.4	0	1.0	1.0	2.0
CatholicCare	Next Step	2.0	0	2.0	0	0	0
CatholicCare	Next Step Youth	2.0	0	2.0	0	0	0
CatholicCare	Better Access	2.0	0	2.0	0	0	0
Marathon Health	headspace - Canberra	5.4	0	2.0	0	0	3.4
Marymead Child and Family Centre	Early Life Matters	2.8	0	0.7	0	1.2	0.9
Menslink	Youth Counselling	4.5	0	0	0	0	4.5
Tuggeranong Arts Centre	Messengers Art Program	4.1	0	0	0	0	4.1
Woden Community Service and Catholic Care	Next Step (Low Intensity)	6.0	0	0	0	6.0	0

Accessibility Services

Carers ACT provide a Young Carers service for carers up to the age of 25 years. They provide young people with linkages to support, as well as support to remain in school through support with, for example, technology to study, school liaisons, with the school, as well as social connections (table 21).

Table 21 Accessibility services (youth)-NGO sector

Provider	Name	Main DESDE Code	FTE	Town / Suburb	Area of Coverage
Carers ACT	Young Carers	CY[F00-F99][e310x]-A5.2	NA	Holt	ACT

Information and Assessment Services

The Therapeutic Assessment Team (table 22) works alongside the team at Melaleuca Place (see table 17) providing initial assessment to children in the Out of Home service, with recommendation to Melaleuca Place where indicated.

Table 22 Information and Assessment services (youth)-community services sector

Provider	Name	Main DESDE Code	FTE	Town / Suburb	Area of Coverage
Child and Youth Protection Services	Therapeutic Assessment Team	CC[Z62.81]-I1.1	9.0	Dickson	ACT

Table 23 Information and Assessment services (youth)-community services sector-workforce capacity

Provider	Name	FTE	Clinicians
Child and Youth Protection Services	Therapeutic Assessment Team	9.0	9.0

Self-Help/Volunteer Services

The St. Nicholas Young Carers' program provides young carers aged 9 to 17 years with respite and recreation, including weekend activity days, and camps which are run for five days, twice a year during school holidays. This program is staffed, planned and facilitated by volunteers aged 20 years and older (table 24).

Table 24 Self-Help/Volunteer services (youth)-NGO sector

Provider	Name	Main DESDE Code	FTE	Town / Suburb	Area of Coverage
St Vincent de Paul Society	St.Nicholas Young Carers' program	CX[F00-F99][e310]-S1.3k	NA	Yarralumla	ACT

Services for young people in the justice system

We identified one service providing mental health care to young people in the justice system (table 25). The Forensic Mental Health Service provide on-site mental health care for all young people admitted to Bimberi Youth Justice Centre. Bimberi admits young people between the ages of 10-18, however, where the person is in custody in Bimberi beyond the age of 18, mental health support also continues.

Table 25 Services for youth offenders

Provider	Name	Main DESDE Code	FTE	Town / Suburb	Area of Coverage
ACT MH,Justice Health, Alcohol and Drug services-Justice Health Service	Bimberi Youth Justice Centre Mental Health Service	CY[F00-F99]-O8.1 i j	1.2	Mitchell	ACT

Table 26 Services for youth offenders-workforce capacity

Provider	Name	FTE	Psychologists
ACT MH,Justice Health, Alcohol and Drug services-Justice Health Service	Bimberi Youth Justice Centre Mental Health Service	1.2	1.2

Mapping the services

In this section we include a map showing the geographical location of the services included in this Atlas, according to the Main Type of Care (figure 14). Most teams are located in the North Canberra and Woden areas. Tuggeranong in the south and Gungahlin in the north of the territory are the areas where the lowest number of services are situated. We did not identify any services located in the Fyshwick-Pialligo-Hume region.

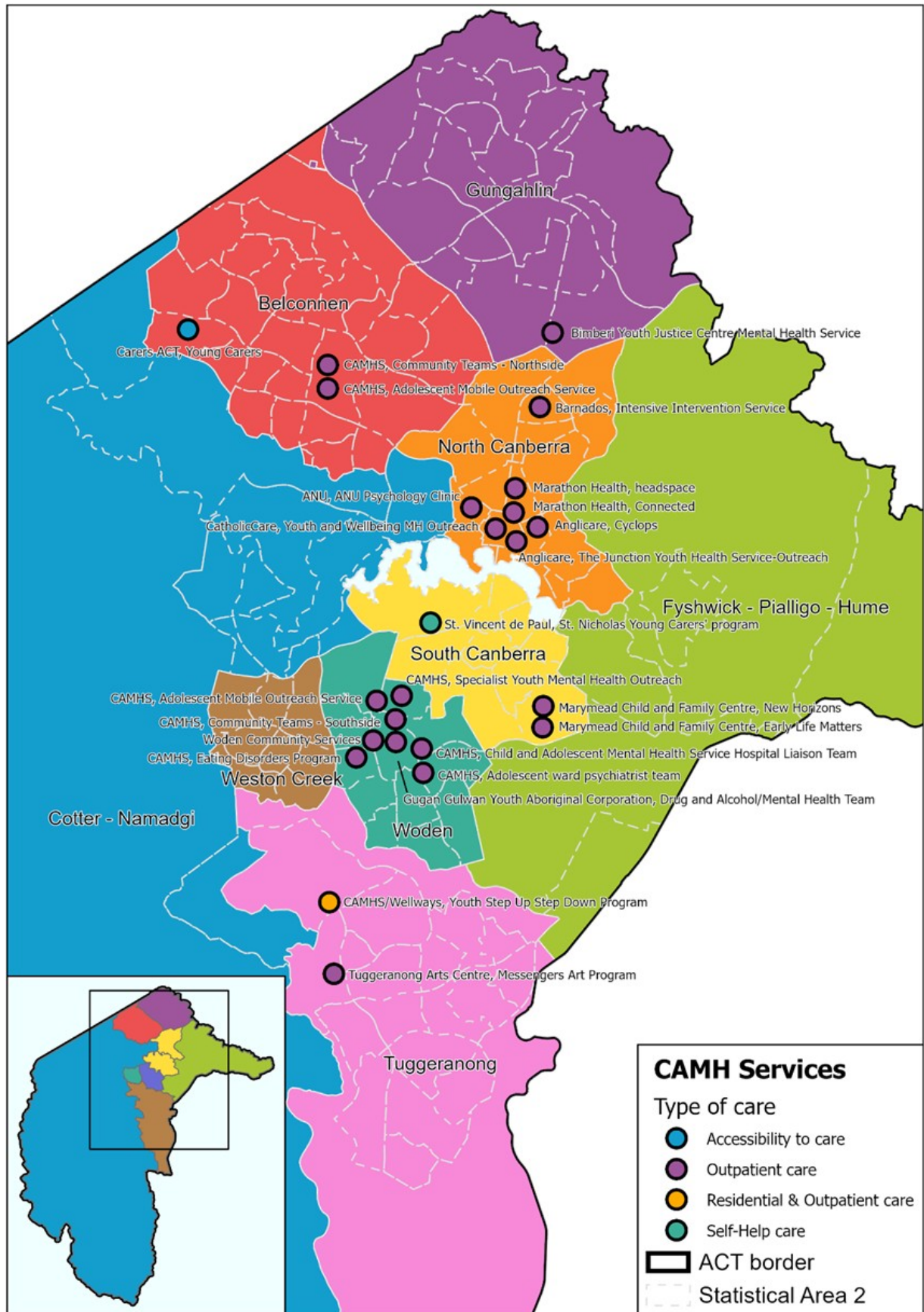


Figure 14 Location of services according to main branch of care

Description of the pattern of care

The figure below (figure 15) shows the pattern of mental health care availability for young people up to the age of 25 years in the ACT, according to the main branches of care. Each coloured sector represents a main branch of care in the DESDE classification system. This shows that health related outpatient services (those staffed by health professionals) are the most available type of care, followed by social outpatient services. While there is some community based residential care, there is a lack of acute care in a dedicated residential setting, little day care and no services specifically assisting young people in accessing other supports and services.

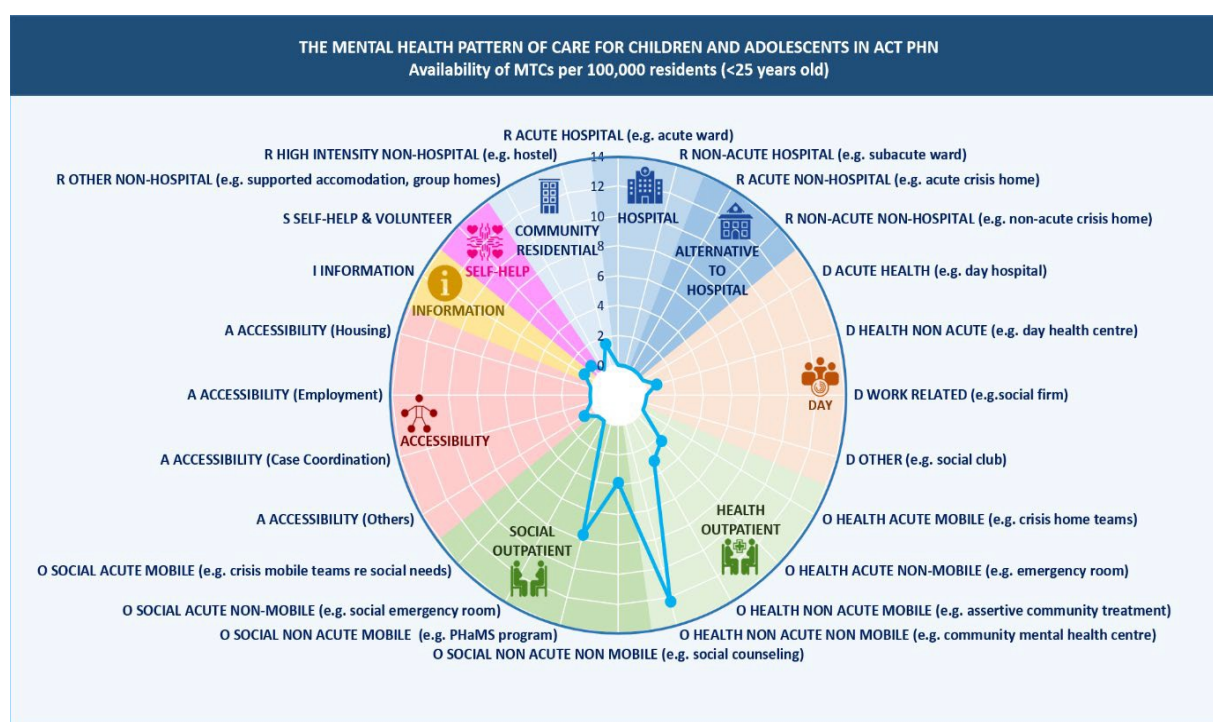


Figure 15 Pattern of care of mental health MTCs (youth) ACT 2020

NB: to enable a valid comparison, in the following comparisons with other regions we have included in the ACT data only services for young people up to the age of 18 years: ie those services classified with an Adult or General age code have been removed from the ACT comparison figures.

When compared to other regions in Australia (figure 16) we can see that the rate of service provision in ACT is generally higher, particularly in outpatient care, but also in day care, and community residential care. The ACT, however, is the only one of these regions not to have a dedicated residential service, although as noted above, it does provide a consultant liaison team to two designated mental health beds in the acute adolescent ward.

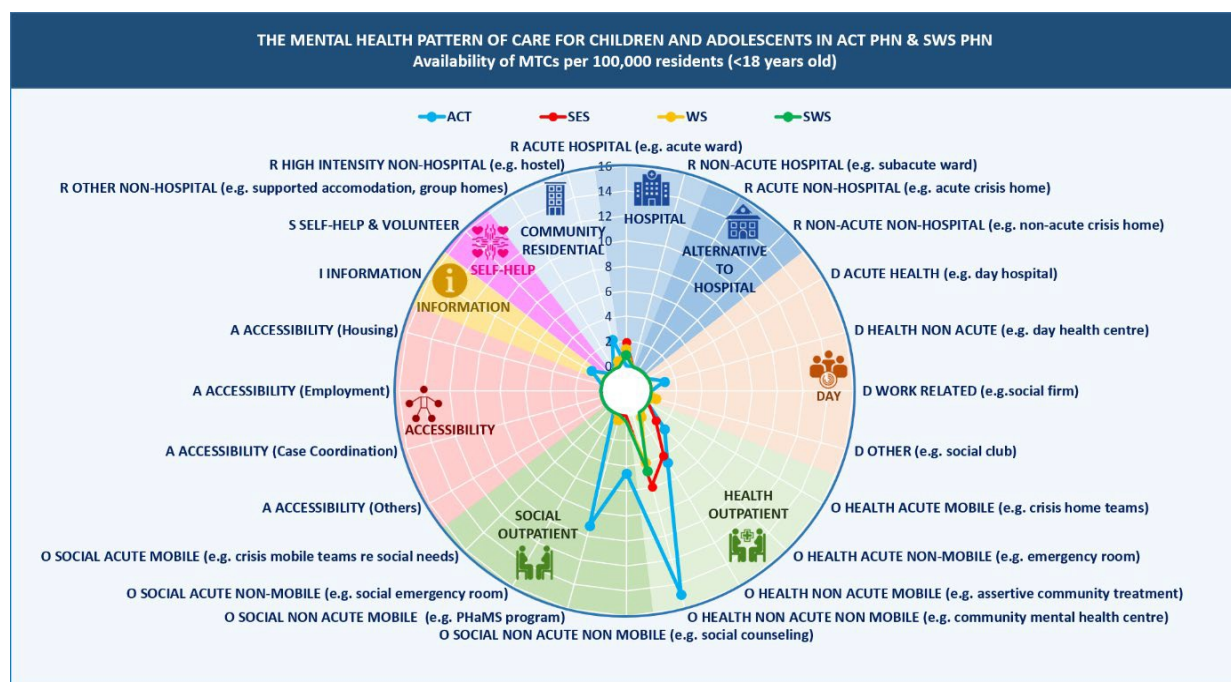


Figure 16 Pattern of care of mental health MTCs: comparison ACT with SES, WS and SWS (youth)

A comparison of the pattern of care of services for young people up to the age of 25 years with that for children and adolescents under 18 years and with that for adults (adult data from 2016) (figure 17) reveals a higher rate of services per head of population for younger people under 18 years than for the other two population cohorts, with the lowest rate per head being that for the adult population over the age of 18 years. However, the pattern of care is broadly similar, with a strong focus on health-related outpatient services, and low provision of day services. There is a higher rate of residential care for adults. The high rate of accessibility services identified in adult mental health provision was not mirrored in care for younger people.

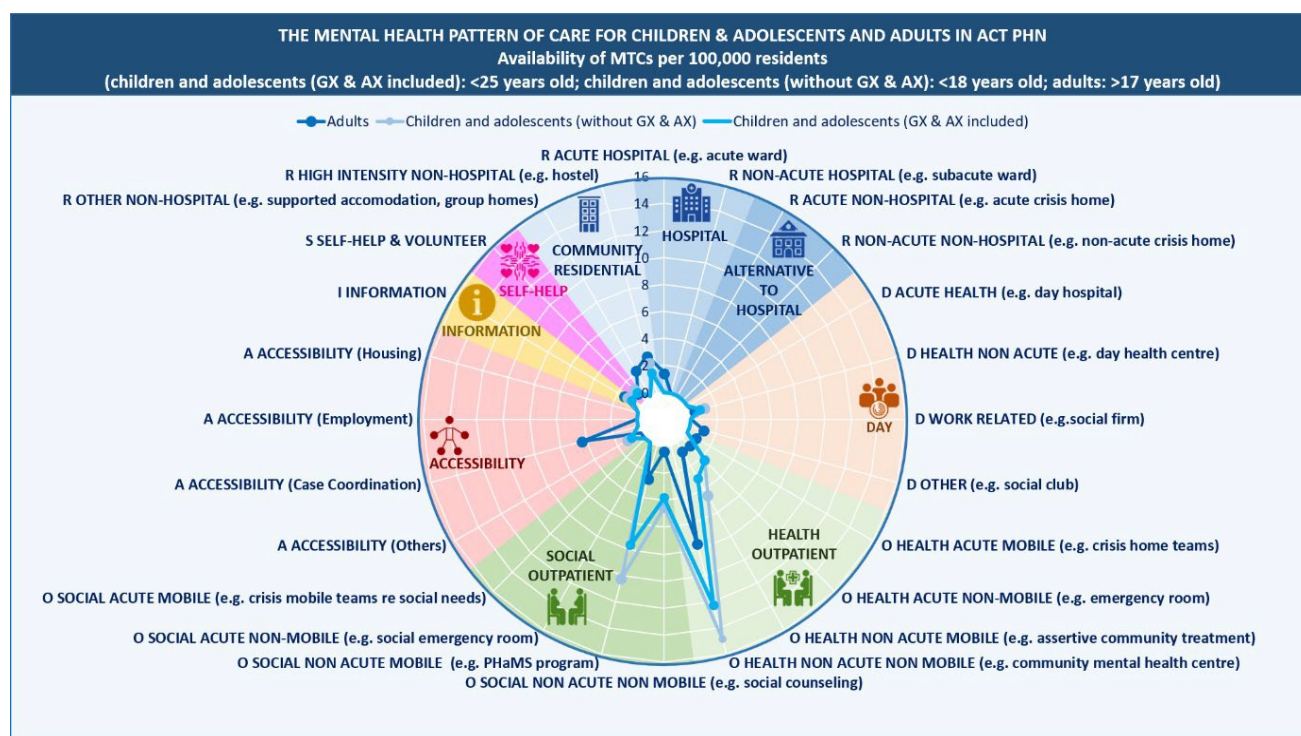


Figure 17 Pattern of care of mental health MTCs: comparison of youth services ACT (2020) with adult services ACT (2016)

A comparison of service distribution according to target age of service (figure 18) shows that there is a greater degree of target age specialisation in ACT than is the case in Perth North and North Sydney. Both ACT and Perth North provide a significant proportion of care specifically for the age groups transitioning between child and adolescent services and adult services.

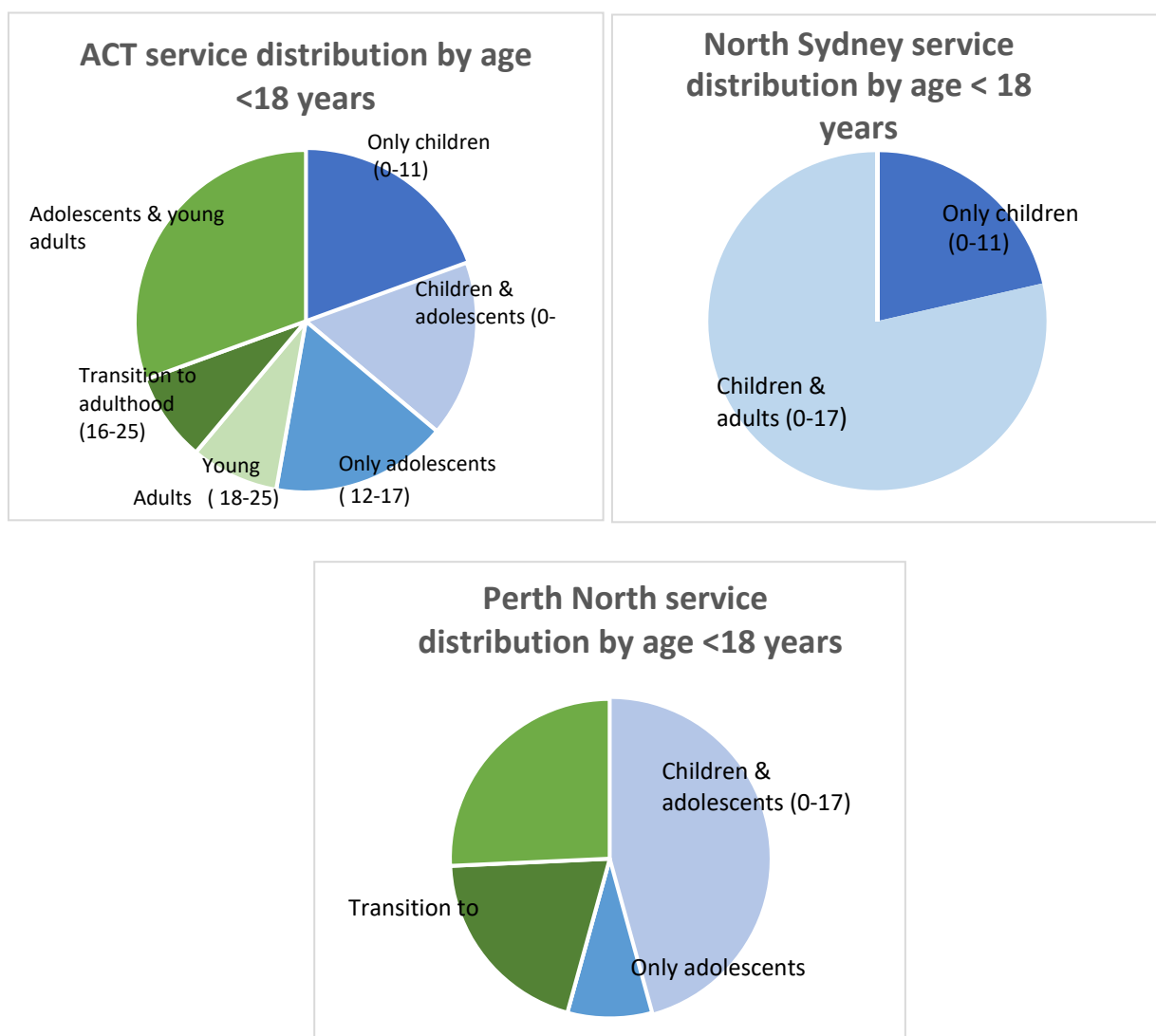


Figure 18 Comparison of service distribution according to target age: ACT, PN & NS (youth services)

Non-Government Organisations (NGOs) provide a greater proportion of care in ACT and Perth North than in North Sydney, where most care is provided by the public health sector, Sydney Local Health District (SLHD) and South West Sydney (SWS) (figure 19). More services were also provided by other public sector areas such as Education, Justice and Community Services in ACT than was the case in these other regions.

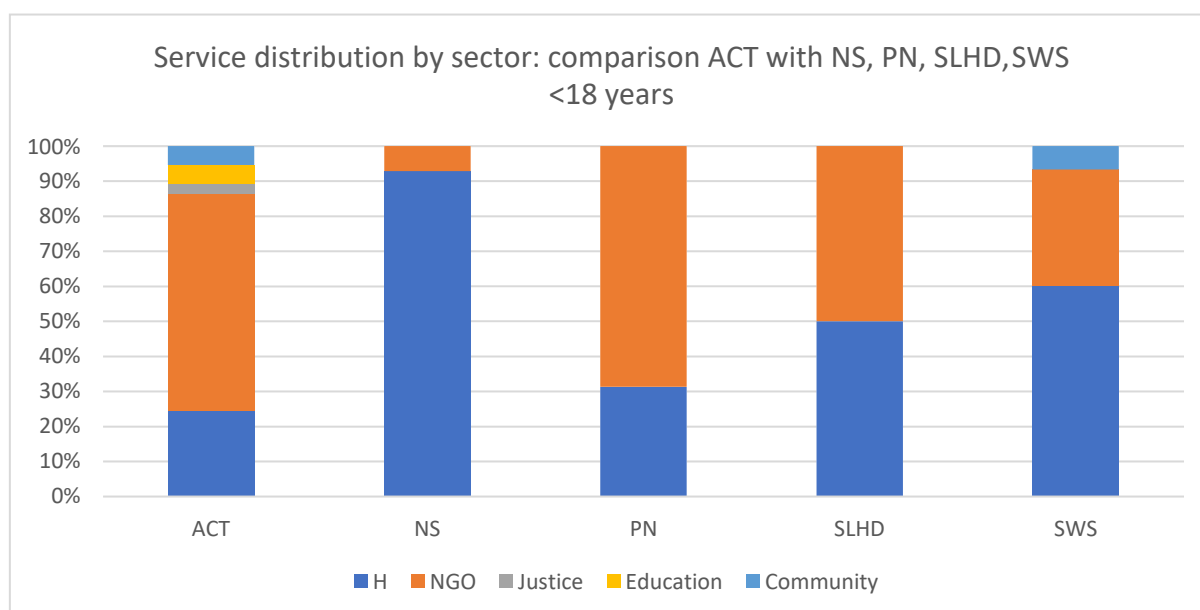


Figure 19 Comparison of service distribution according to sector: ACT, PN, NS (youth services)

Limitations

Comparisons between patterns of care are limited by the difference in age between the target population of this Atlas and that of the regions under comparison. The wider scope of this Atlas, including services for young people beyond the age of 18 years and up to the age of 25, thus includes some services which would have been considered ineligible for the target population in the other regions.

We have not included primary care services or services requiring a significant out of pocket cost. The inclusion of private providers in the mapping of universally accessible services could distort the results. These services could be included in a future analysis. We have also not included those whose primary target population was not mental health.

Some services may be missing because we did not reach them. Additionally, a small number of services did not respond to our invitation to participate. However, we have sought feedback both from the PHN during the course of the project and from individual

providers when interviewed, and we believe the majority of services in the region have been included.

The assessment of the services was made through interviews with the managers of the services. Some information may not be accurate and should be objectively confirmed (e.g. the percentage of activities made outside the office in order to be classified as a mobile service).

We have only included services within the boundaries of the ACT PHN region. We acknowledge that some services outside the area may also be used by people in the ACT PHN region.

The comprehensiveness and accuracy of workforce capacity data are limited by the availability of this data and by the lack of reliable and standardised data to categorise the various roles, particularly in the non-registered professional workforce. These results however provide a baseline of workforce capacity from which analyses of future need can be monitored.

Discussion

This Atlas has identified 39 care teams (BSICs) providing 44 Main Types of Care across 13 different types of care to young people up to the age of 25 with, or caring for someone with, a lived experience of mental ill health. Additionally, we identified ten “satellite” services, or services provided at additional locations by the same care team.

Outpatient care was the most available type of care by a significant margin, particularly health related outpatient care, with a small number available of each of the other types of care. Twenty-three services, providing 25 Main Types of Care (56.8%) were provided by the NGO sector, which also had the greatest diversity of care types. Other providers included CAMHS (nine services, providing nine Main Types of Care (20.5%), the Community Services Directorate (two services providing two Main Types of Care or 4.5%), and Justice Mental Health (one service or 2.3%). Five teams (providing seven Main Types of Care, or 15.9%) were available in the education sector, with the Education Directorate providing one service (2.3%) and the two universities providing

the other four services and six Main Types of Care.

Non-Government Organisations comprised a greater proportion of overall service delivery in ACT than in other areas we have studied, with the exception of Perth North. This was quite different to the pattern of care in North Sydney, where services for this age group were almost exclusively provided by the public health sector. The relatively high percentage of NGOs raises questions about the stability of service provision in the region, particularly as 13 (or 50%) of these services have a “v” qualifier in their DESDE code, which signifies that these services do not have the stability of long term funding. This lack of stability was cited by service providers as an area of concern at the time of the introduction of the NDIS in 2016 [18]. We have also identified a higher degree of age-related specialisation of services in ACT than in other areas, again with the exception of Perth North, the only other region identified to have a similarly high relative rate of NGO service provision. Another area of concern is the high number of services specifically for the transitional period from child and adolescent to adult care. This focus on supporting a transitional age group may suggest problems with the standard transition process between child and adult services, a transition process not without its challenges for young people and their families [21]. The degree of age specialisation, along with the need for so many transitional support services, and the relatively less stable NGO sector, increases system complexity, and raises questions about the robustness of the system and its ability to maintain delivery of core components of mental health service provision.

Health related services, or services employing registered health professionals such as psychologists, nurses or medical practitioners, comprised 62.7% of the care available, and included those for young people with incipient and/or established mental illness, with eating disorders, young people who have experienced trauma, who are developing early signs of psychosis, or who have attempted suicide. These services provide counselling and other forms of clinical therapy in health, educational, justice, and community settings. Several NGOs also provided health related care. Counselling was also provided by non-clinical professionals such as social workers and trained counsellors in other (non-health related) types of services, as well as therapies such as art therapy. Step-up and step-down residential services were available but acute

residential care was lacking. However, a psychiatry liaison service was available for young people admitted to hospital for acute general health related conditions, and two beds in the acute adolescent ward were provided for specific mental health admissions, supported by psychiatric medical staff. Services for specific populations included those for young people in the LGBTIQ or gender questioning community, a gender specific service for young men, two services for young Aboriginal and Torres Strait Islander peoples and three services for young carers.

When compared to our data on service provision for young people in the 2016 Atlas of Mental Health Care of the ACT, we found an overall increase in the number of services available for young people, particularly in health related non-mobile and non-acute outpatient care, such as counselling services. This included the suite of Next Step teams provided by Catholic Care and Woden Community Services, the new Stepping Stones service for young people who have experienced trauma, the CAMHS Childhood Early Intervention Team, and the WOKE program at the University of Canberra. We found a reduced service availability in day services, with the CAMHS Cottage Day program the only day service identified in 2020. Teams in this 2020 Atlas that were not identified as available in 2016 include the CAMHS Adolescent Mobile Outreach Service, CAMHS Specialised Youth Mental Health Outreach service, the WOKE program Next Step (youth), and New Path, and for younger, pre-adolescent children, the Childhood Early Intervention Team; Stepping Stones, and Next Step (children). Headspace is now provided by Marathon Health in the ACT, as well as a service for young Aboriginal and Torres Strait Islander peoples, Connected. However, the Bungee arts therapy and counselling program formerly provided by Capital Region Community Services (previously Belconnen Community Services), was no longer available. Providers that were identified in 2020, but not in 2016, include Tuggeranong Arts Centre, Marathon Health, the Education Directorate, Gugan Gulwan Aboriginal Health Corporation and the two universities. Providers identified in 2016 but no longer available for inclusion or meeting inclusion criteria in this Atlas for youth services include Belconnen Community Services (now Capital Region Community Services), and the YWCA.

Although the number of services has increased in recent years, several of these have a relatively small workforce capacity, or provide short term support only (those with a “b” qualifier), or in a number of others, as noted previously, ongoing funding is not assured. Some services also reported an increase in inappropriate presentations of young people with autism spectrum disorders, (ASD), with these young people not eligible for the NDIS, and a lack of adequate alternatives available.

A stepped care model assumes the availability of a range of supports for different levels of need, and the capacity for smooth transitions between them. For young people in the ACT, services providing support appropriate to people with mild or mild to moderate illness include Menslink, Next Step Low Intensity, the WOKE program, headspace, and the Messengers program at Tuggeranong Arts Centre: and for younger children, Marymead’s New Horizons and Early Life Matters. Higher intensity support for moderate and moderate to severe illness is available from CAMHS services, Next Step, Better Access (for ages 13+), Youth Mental Health and Wellbeing Outreach, and the step up/step down residential services: STEPS, and Youth Step UP and Step Down. CAMHS also provides this higher level of support for younger children. Support for specific populations includes the mental health support team at Bimberi Youth Justice Centre; and Connected, for Aboriginal and Torres Strait Islander peoples. Services providing support for children who have experienced trauma include Melaleuca Place as part of the Out of Home strategy, and the new service “Stepping Stones” provided by Catholic Care. However, the increase in number of services has not been accompanied by an increase in their diversity, with most services providing health related outpatient care.

Schools provide important gateways for more intensive support, with, nationally, 40% of service use being from school-based services, and schools providing the referral for 22% of young people using mental health services. In the ACT, school psychologists who are available to provide primary care in each school can also refer young people on to the Education Directorate’s Early Intervention Team where needed. CatholicCare also provide a student counselling service in Catholic schools in the region. Multidisciplinary “Wellness Hubs” are also available in the public school system. While not specifically providing mental health support, these teams include a psychologist along with other health professionals, and report that dealing with mental

health issues can be a significant part of their work. For students who have disengaged from school and/or their communities, the Messengers Arts Program, which is run during school hours, provides arts based therapeutic support, and is particularly experienced with young people with anxiety, depression, self-harming, and young people who are LGBTIQ+, especially young transgender people. Enhancing support for this young population at risk of, or who have disengaged from, education is a key focus of the Blueprint for Youth Justice Taskforce Final Report, including fostering long lasting educational pathways and tailored supports [22].

The Productivity Commission report (chapter 5) provides evidence suggesting that tertiary students have poorer mental health, particularly rates of psychological distress, than the general population [14]. At tertiary level, counselling services are available at both the University of Canberra and the Australian National University(ANU), including provision of crisis care at the University of Canberra Medical and Counselling Service, and a service at ANU for students who have been the victims of sexual assault. Although these services are not exclusively for young people, they provide accessible support for young tertiary students in the region.

Access to services, particularly for vulnerable children such as those in Out of Home care, or in child protection services has been identified as a significant issue in the ACT [11]. As part of the ACT government's Out of Home strategy, multidisciplinary teams provided by Child and Youth Protection at Melaleuca Place provide initial assessment of need of all children in the Out of Home system and therapy where indicated to those on Child Protection Orders who have experienced abuse and neglect.

Providing structured support for young people with mental illness to gain employment has been shown to improve employment outcomes and play a role in recovery [23–25]. However, as was the case in 2016, we did not identify any services providing employment or work-related activities, or education support specifically for young people with a lived experience of mental illness.

Bimberi Youth Justice Centre supports young people with mental health issues aged 10-18 years, and older if still in custody in Bimberi, on site. However, a fundamental gap identified within the ACT youth justice system is the absence of a forensic mental health facility for children and young people with mental health conditions, although

ACT's small size may require alternatives to a dedicated facility to be considered. Concerns have also been raised about Bimberi being often used for accommodation and/or to ensure the safety of young people due to the lack of alternatives for children with complex needs, and a better range of alternative supported accommodation recommended [26].

Mapping service provision is a vital prerequisite for understanding current patterns of care, including gaps in availability, and for informing policy and planning for future need. In the ACT we have identified that most mental health services for people aged 25 years and under in the ACT were outpatient type, in particular health related outpatient services such as counselling and case management. We have identified gaps in day services, particularly work and education related, and in acute residential care.

There has been a significant increase in the number of services available since 2016, but not in their diversity, and the gaps identified here are the same as those identified in 2016. Service availability in the ACT was higher than in other Australian regions, but the pattern of care, including identified gaps, was similar. NGOs provided more services than the public health sector, a pattern that differed to all other regions studied, except Perth North. Despite this, around two thirds of services were health related: that is they were provided by health professionals, particularly psychologists but also, although to a much lesser extent, nurses and psychiatrists. Around half of NGO provided services did not have an assurance of ongoing funding beyond 12 months. We identified a higher degree of specialisation of services by target age than was the case in other regions, again with the exception of Perth North. The system overall had a high level of complexity due to the number of unstable services, and the high degree of specialisation, particularly of services providing care across the transitional period of child to adult services.

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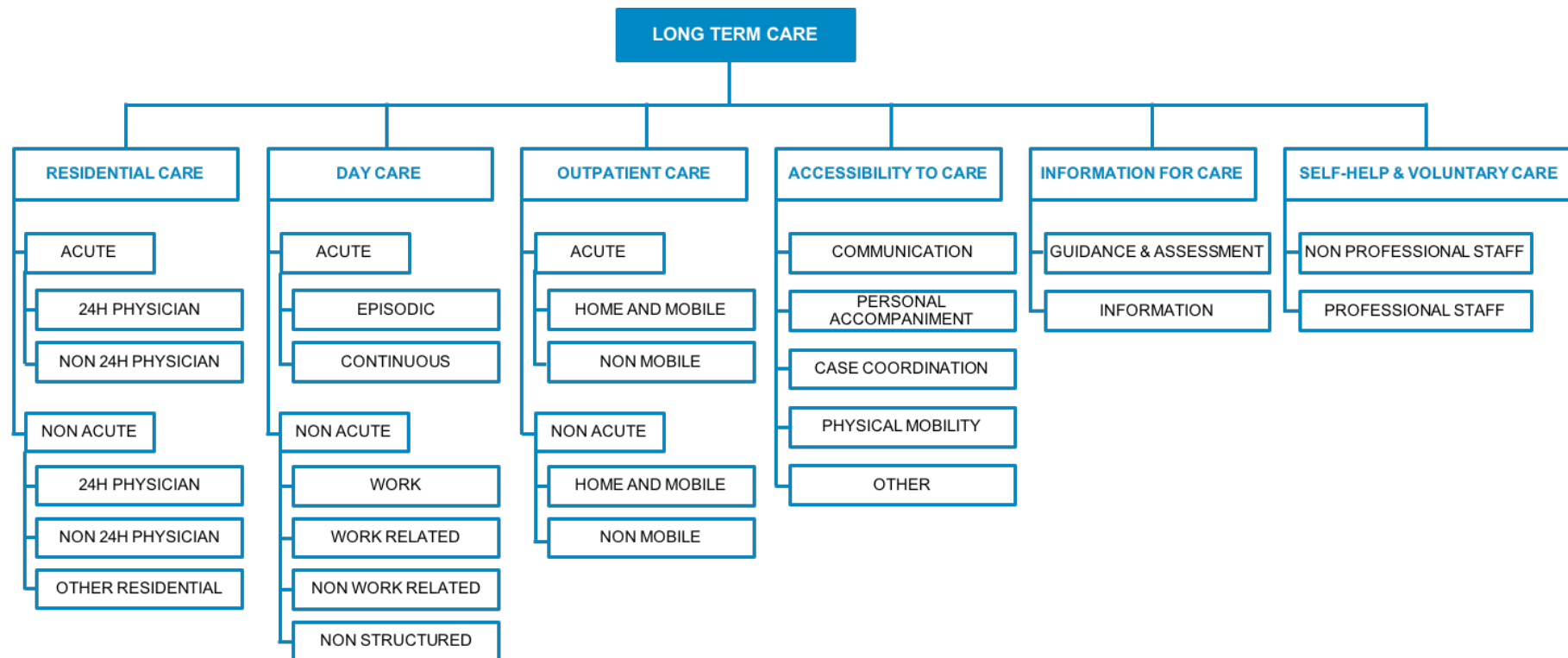
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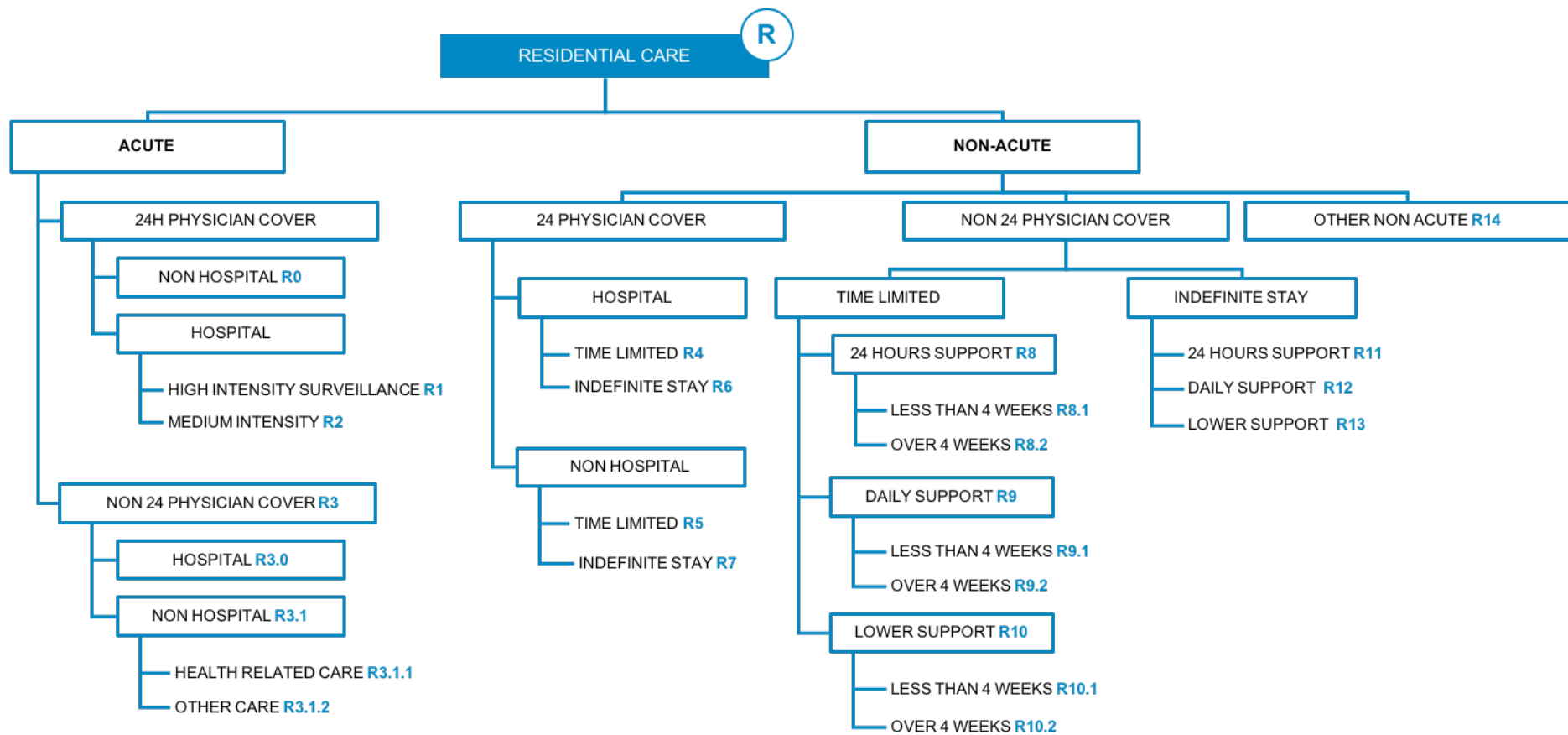
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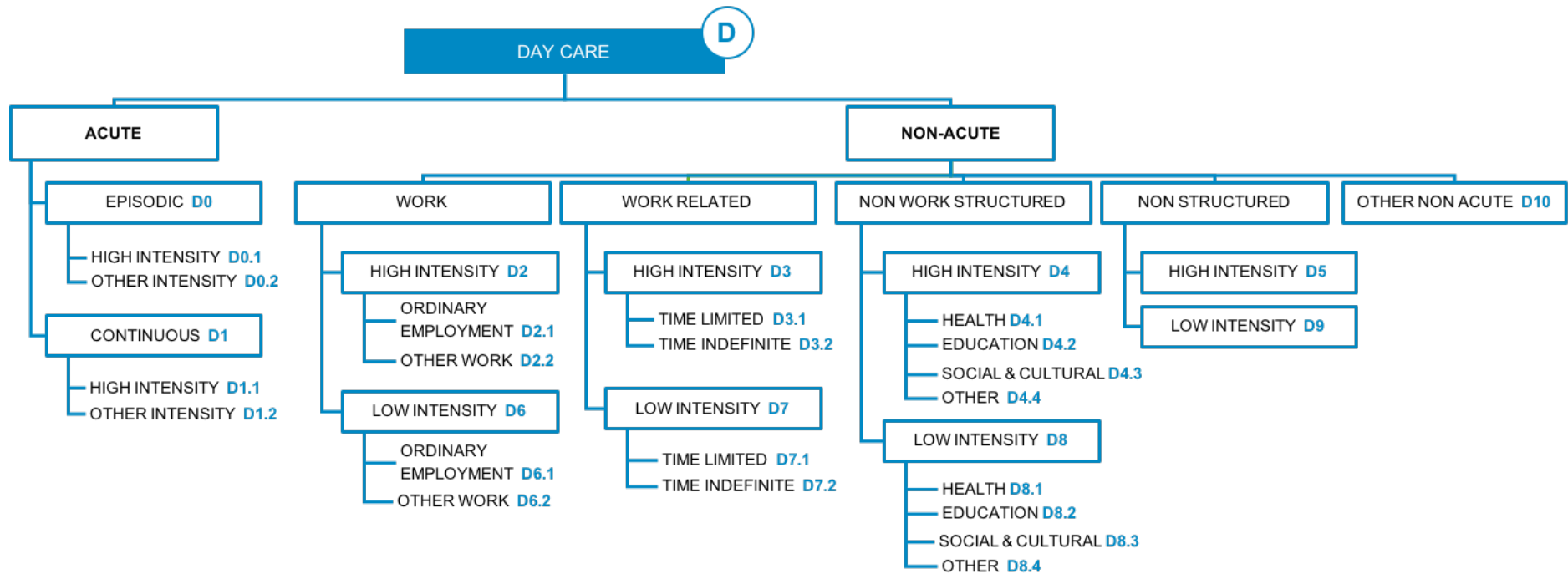
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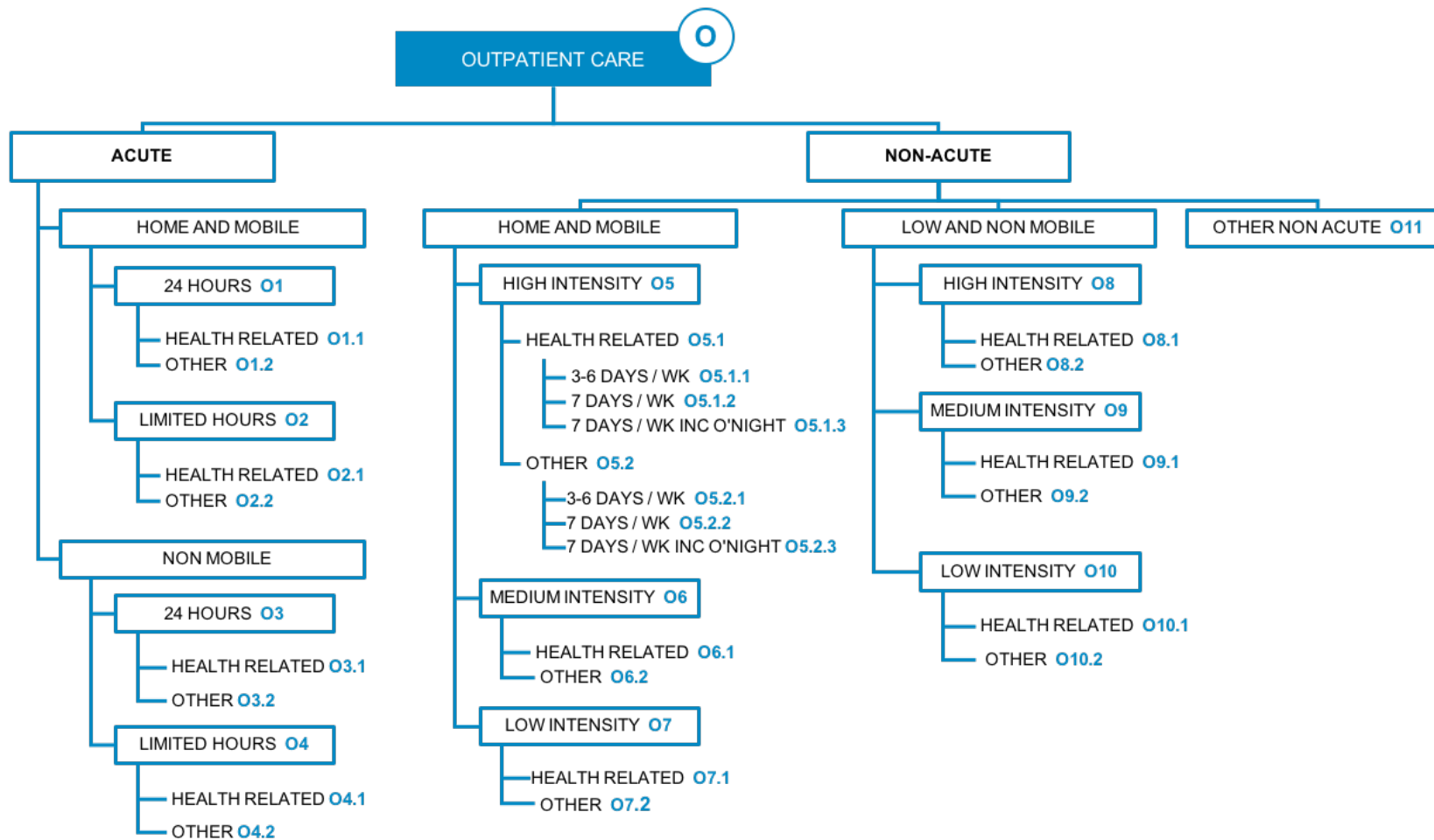
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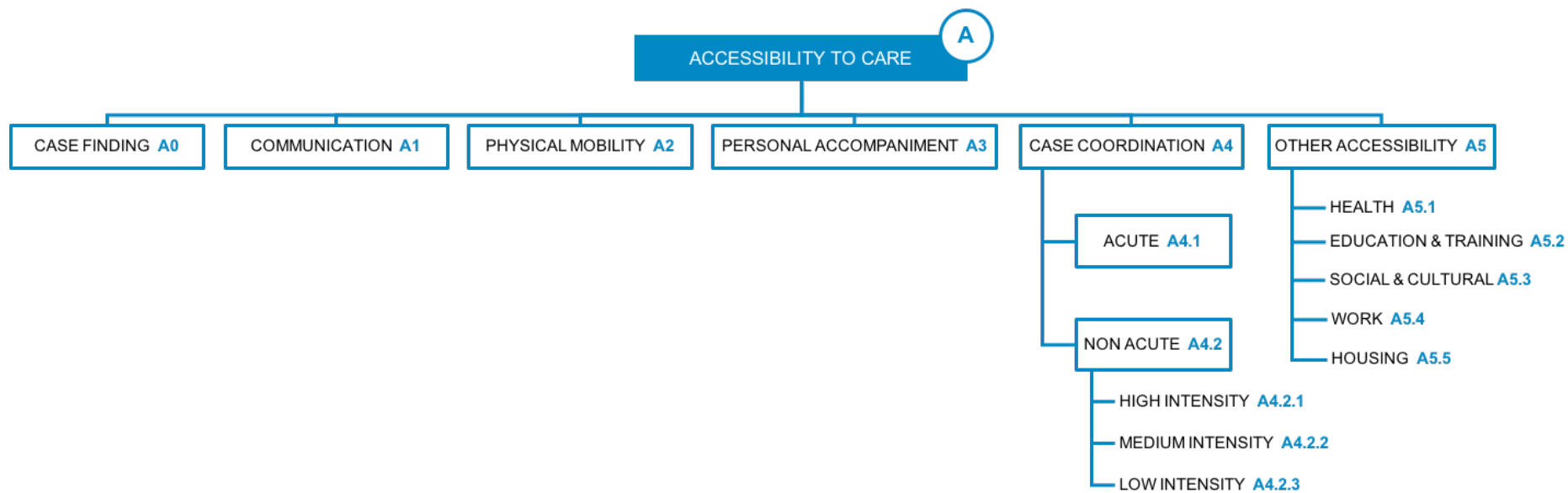
Appendix A DESDE-LTC Main branches of care

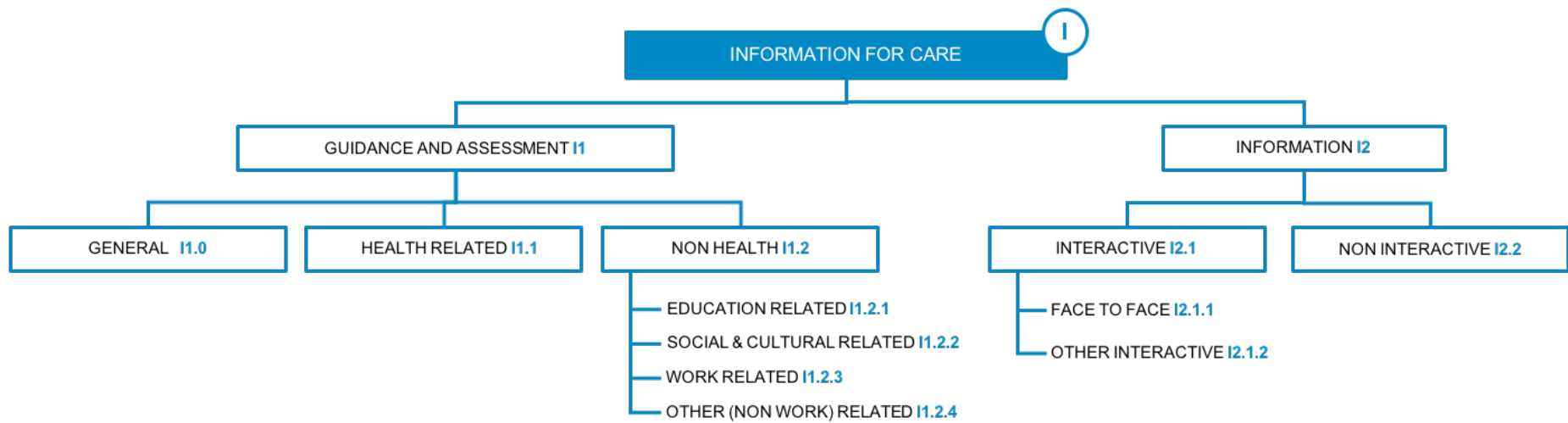


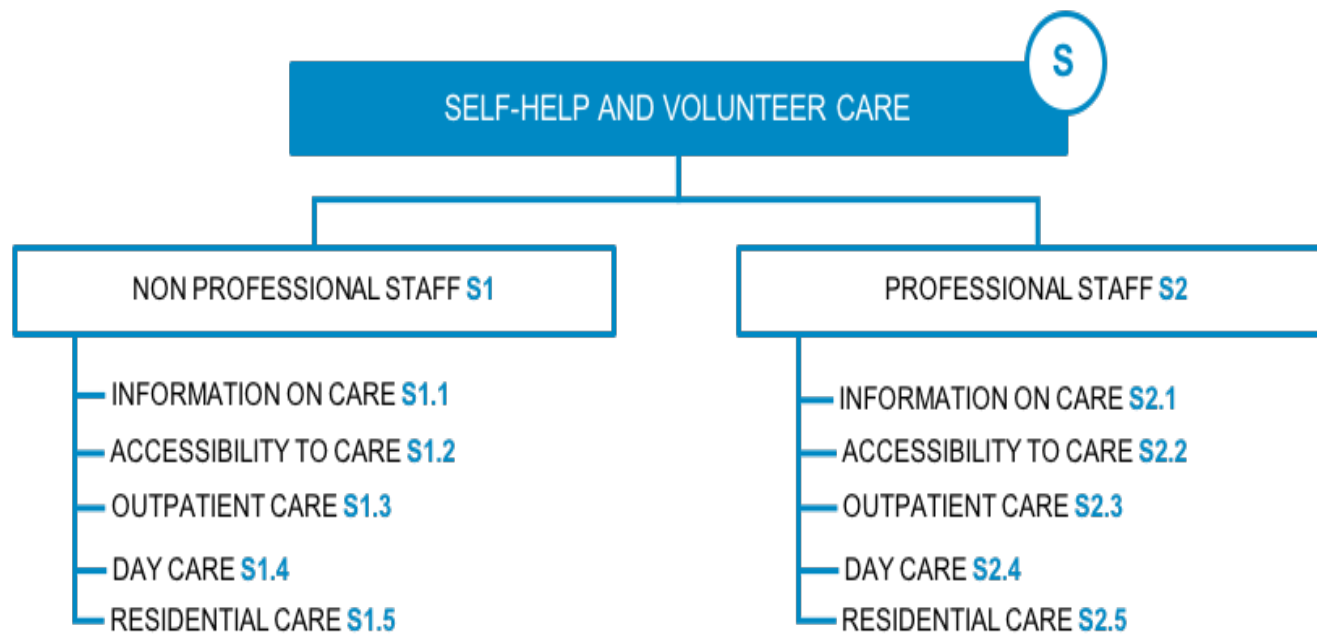












Appendix B Directory of services

Service Directory					
CAMHS Services					
Provider	Name	Suburb	Service Information	Website	Phone contact
CAMHS	Community Team-Northside	Belconnen	Assessment and treatment for children and young people under 18 years with moderate to severe mental health issues	https://www.health.act.gov.au/services-and-programs/mental-health/mental-health-services	CAMHS North Reception 02 5124 1407
CAMHS	Community Team-Southside	Woden	Assessment and treatment for children and young people under 18 years with moderate to severe mental health issues	https://www.health.act.gov.au/services-and-programs/mental-health/mental-health-services	CAMHS South Reception 02 5124 3133
CAMHS	Eating Disorders Program	Woden	Specialist outpatient active therapy service working with consumers and their families across the lifespan whose primary presenting issue is an eating disorder. Referrals must come from a GP only.	https://www.health.act.gov.au/services-and-programs/mental-health/mental-health-services	02 5124 1235
CAMHS	Cottage Day Program	Bruce	The Cottage Adolescent Day Program is a therapeutic group program for young people between the ages of 12 to 18 years living within the ACT who are experiencing moderate to severe mental health issues. Referrals to the Cottage are facilitated through the young person's CAMHS Clinical Manager.	https://www.health.act.gov.au/services-and-programs/mental-health/mental-health-services	

CAMHS	Adolescent Mobile Outreach Service	Woden	The Adolescent Mobile Outreach Service (AMOS) is a community mental health team providing assessment and treatment for adolescents aged 13 – 18 years with moderate to severe mental illness who experience barriers to accessing mainstream services, or require intensive outreach support. Referrals to AMOS are from the CAMHS Community teams.	https://www.health.act.gov.au/services-and-programs/mental-health/mental-health-services	
CAMHS	Specialist Youth Mental Health Outreach (SYMHO)	Woden	Assertive outreach model for young people aged 14 to 25 experiencing first episode psychosis, and for those aged 14 to 18 who are at ultra-high risk of developing first episode psychosis. Referrals from internal mental health services only.	https://www.health.act.gov.au/services-and-programs/mental-health/mental-health-services	
CAMHS	Child and Adolescent Mental Health Service Hospital Liaison Team	Garran	The CAMHS Hospital Liaison Team provides assessment to children and young people under 18 years of age who present to Canberra Hospital and Health Services with a medical condition but also have mental health vulnerabilities.	https://www.health.act.gov.au/services-and-programs/mental-health/mental-health-services	
CAMHS	Childhood Early Intervention Team	-	The Childhood Early Intervention Team focus on early intervention for children up to the age of 12 years with emotional/ behavioural problems. No direct referrals-all referrals are negotiated with the EDT and service provision provided within identified schools	https://www.health.act.gov.au/services-and-programs/mental-health/mental-health-services	

CAMHS	Adolescent ward psychiatrist team	Garran	This team provide care to designated mental health beds in the acute adolescent ward at Canberra Hospital	https://www.health.act.gov.au/services-and-programs/mental-health/mental-health-services	
Other Public Services					
Provider	Name	Suburb	Service Information	Website	Phone contact
ACT MH,Justice Health, Alcohol and Drug services-Justice Health Service	Bimberi Youth Justice Centre Mental Health Service-		The Forensic Mental Health Service provide on-site mental health care for all young people admitted to Bimberi Youth Justice Centre. Bimberi admits young people between the ages of 10-18.	https://www.communityservices.act.gov.au/youth/bimberi	
Child and Youth Protection Services	Melaleuca Place	Dickson	Melaleuca Place is a "Step-up" service providing a therapeutic response to trauma for children under 13 years of age in out of home care as part of the Out of Home strategy. Melaleuca Place has a closed referral system through the CYPS Assessment and Support team.	https://www.communityservices.act.gov.au/ocyfs/children/child-and-youth-protection-services/trauma-recovery-centre	(02) 6207 1842
Child and Youth Protection Services	Therapeutic Assessment Team	Dickson	The Therapeutic Assessment Team works alongside the team at Melaleuca Place, providing an initial assessment and recommendation to Melaleuca Place where indicated.	https://www.communityservices.act.gov.au/ocyfs/children/child-and-youth-protection-services/trauma-recovery-centre	
Education Directorate	Early Intervention Team		The Education Directorate provide an Early Intervention Team for students who have been identified by the school psychologist.	https://www.education.act.gov.au/	

University of Canberra	University of Canberra Medical and Counselling Service	Bruce	The University of Canberra Medical and Counselling Centre provides medical and psychological support, including some crisis support, for all ages.	https://www.canberra.edu.au/on-campus/health-and-support/medical-counselling	6201 2351
University of Canberra	WOKE	Bruce	This early intervention service for young people aged 15-21 years provides Dialectical Behavioural Therapy (DBT) in an early intervention framework for people with emotional instability, and those with multiple social and emotional issues, including self-harming behaviour. Referral is from other health professionals.	https://www.canberra.edu.au/about-uc/faculties/health/research/applied-behaviour-change/early-intervention-in-psychological-distress	
Australian National University	ANU Counselling	Acton	General psychological support as well as support for people who have experienced sexual assault related trauma. For all enrolled students at ANU	https://www.anu.edu.au/students/health-safety-wellbeing/counselling	6178 0455
Australian National University	ANU Psychology Clinic	Acton	The ANU Psychology Clinic is part of the training program for student clinical psychologists and is open to the community at low cost.	https://psychology.anu.edu.au/clinic/an-u-psychology-clinic	
Services provided by NGOs					
Provider	Name	Suburb	Service Information	Website	Phone contact

CAMHS/ Catholic Care	STEPS		Step-up and step-down 24 hour supported accommodation for up to five months for young people between 13-18 years of age with moderate to severe mental illness. Referrals for this program are managed by Child and Adolescent Mental Health Services (CAMHS)	https://catholiccare.qg.org.au/services/steps-supporting-young-people-through-early-intervention-and-prevention-strategies/	
CAMHS/ Wellways	Youth Step - Up Step- Down Program	Kambah	The Youth Step-Up and Step-Down program (Wellways/CAMHS) provides 24- hour residential support to young adults aged 18-25 years for up to five months, with an additional two months of outreach follow up support available on discharge. Must be receiving clinical management through ACT Mental Health, Justice Health and Alcohol and Drug Services, Referrals are made by clinical manager.	https://www.wellways.org/our-services/youth-step-step-down	1300 111 400.
Anglicare	The Junction Youth Health Service- Outreach	Civic	Anglicare provide mental health support along with primary care at the Junction Youth Health Service for young people aged 12-25 years	https://www.anglicare.com.au/services/youth-family/health/	(02) 6232 2423.

Barnardos	Intensive Intervention Service	Downer	Outreach family support program for families where children are at imminent risk of being removed from, or are being restored to, the family, including where this is due to mental health issues. The team provides support to two age groups: below 18 years of age, and 16-25 years. Referrals are only from Child and Youth Protection Services.	https://www.barnardos.org.au/our-centres/canberra/	(02) 5134 6700
Catholic Care	Better Access	Braddon, Red Hill, O'Connor	Psychological interventions are available through Better Access for people of all ages from the age of 13. A Mental Health Treatment Plan from GP is required to access service	https://catholiccare.cg.org.au/services/better-access-bulk-billing-counselling-service	6163 7600
Catholic Care	Next Step	Braddon, Red Hill, O'Connor	Next Step and Next Step Youth (CatholicCare) provide psychological interventions to children aged 0-12 and 13-25 years of age respectively. High intensity services require GP referral and mental health plan.	https://catholiccare.cg.org.au/services/next-step/	62878090
Catholic Care	Next Step (Youth)	Braddon, Red Hill, O'Connor	Next Step and Next Step Youth provide psychological interventions to children aged 0-12 and 13-25 years of age respectively	https://catholiccare.cg.org.au/services/next-step/	62878090
Catholic Care	Stepping Stones	Braddon	Therapeutic service for children aged 12 and under who have experienced trauma, supporting children and their families to recover from the impacts of adverse childhood experiences. Professional or family referral .	https://catholiccare.cg.org.au/services/stepping-stones/	6163 7600

CatholicCare	Youth and Wellbeing MH Outreach	Braddon, Red Hill, O'Connor	This team delivers an Outreach case management service for people aged 12-25 years, with moderate to severe mental illness.	https://catholiccare.cg.org.au/services/youth-mental-health-services/	6163 7600
Marathon Health	headspace - Canberra	Braddon	Marathon Health deliver the headspace service in Canberra for young people aged 12-25 years.	https://headspace.org.au/headspace-centres/headspace-canberra/	(02) 5109 9700
Marymead Child and Family Centre	Early Life Matters	Narrabundah	Early intervention outreach counselling support for children and young people up to the age of 18 years who are showing signs of, or at risk of, developing mental illness, and their families and carers.	https://www.marymeadfamilyandrelationships.org.au/new-horizons/	1800 427 920
Marymead Child and Family Centre	New Horizons	Narrabundah	Early Life Matters is a service provided for situations where family circumstances may affect the mental health of children up to the age of 12 years, and includes individual and family counselling.	https://www.marymeadfamilyandrelationships.org.au/centre-for-early-life-matters/	1800 427 920
Menslink	Youth Counselling	Holder	Counselling services for boys/young men aged 10-25 years for a range of issues, including suicidal ideation, anxiety, and distress caused by relationship breakdowns.	https://menslink.org.au/	02 6287 2226
Tuggeranong Arts Centre	Messengers Art Program	Greenway, Taylor, Belconnen	Arts based early support program for young people who are disengaging from their school/communities. The service is provided to young people aged 13-20 years of age, and a smaller cohort aged 10 – 12 years.	https://www.tuggeranongarts.com/our-programs/messengers/	Penny on 6293 2212 and Kelsey on 0456 859 252

Woden Community Service	New Path	Woden	Woden Community Service provides New Path, which is a service focused on early intervention, aiming to support people before their condition becomes lifelong. The target population is 18-35 years with an average age of 24, but older people are not excluded.	https://www.wcs.org.au/services/mental-health/new-path	02 6282 2644
Woden Community Service and Catholic Care	Next Step (Low Intensity)	Woden	Short term support program delivered by mental health coaches for people 16+ with mild-moderate mental health issues, with those delivering support to the younger age group (16+) undergoing specific training to do so. The Low Intensity services does not require a GP referral and mental health plan	https://www.wcs.org.au/services/mental-health/next-step	6287 8066
Woden Community Service	The Way Back	Woden	The Way Back is an assertive outreach service to people aged 13 years and over, providing direct psychosocial support and co-ordination as well as linking support after hospital discharge following a suicide attempt. A clinical referral is required	https://www.wcs.org.au/services/mental-health/the-way-back-support-service	1800 929 222
Services for Carers					

Carers ACT	Young Carers	Holt	Carers ACT provide a Young Carers service for carers up to the age of 25 years. They provide young people with linkages to support, as well as support to remain in school through support with, for example, technology to study, school liaisons, with the school, as well as social connections.	https://www.carersact.org.au/young-carer-supports/	1800 960 990 or 6296 9900
Anglicare	Cyclops	Civic	Cyclops (Connecting Young Carers with Life Opportunities) provides case management to support young carers, with the whole family if needed) to remain engaged with education, have respite time, and provides support with accessing other supports required	https://www.anglicare.com.au/services/youth-family/young-carers/	(02) 6232 2488
St Vincent de Paul Society	St.Nicholas Young Carers' program	Deakin	Young carers aged 9 to 17 years with respite and recreation, including weekend activity days, and camps which are run for five days, twice a year during school holidays. This program is staffed, planned and facilitated by volunteers aged 20 years and older.	https://www.vinnies.org.au/page/Find_Help/ACT/Child_Services/St_Nicholas_Young_Carers_Conference_St_Nick/	6234 7321.
Services for Aboriginal and Torres Strait Islanders					
Marathon Health	Connected	Braddon	Connected aims to improve the social and emotional wellbeing of young Aboriginal and Torres Strait Islander peoples, under 25 years old and living in the ACT.	https://www.marathonhealth.com.au/connected	02 5109 9750

Gugan Gulwan Youth Aboriginal Corporation	Drug and Alcohol/ Mental Health Team	Wanniassa	Gugan Gulwan Youth Aboriginal corporation provides outreach case management and advocacy for young Aboriginal and Torres Strait Islander people with mental health and drug and alcohol difficulties.	https://gugan-gulwan.com.au/services/	(02) 6296 8900
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Appendix C Glossary

Broad category	Description	Other common terms	Main Type of Care (MTC)
RESIDENTIAL	Facilities which provide beds overnight for users for a purpose related to the clinical and social management of their health condition	Accommodation, Hospital, Residential	R
Hospital	ACUTE. Users are admitted to hospital typically within 24h because of their crisis condition. Surveillance level and length of stay varies depending on the code	High Dependency Inpatient; Acute Care Unit; Intensive Care Unit; Psychiatric Assessment and Planning Unit	R1-R3.0
Hospital	NON-ACUTE. Facilities which do not satisfy acute conditions. It can be time limited or indefinite depending on the code.	Sub-acute; Community Care Units; Extended Care Mental Health Rehabilitation Unit; Extended Treatment	R4,R6
Alternative to hospital	ACUTE. Facilities with 24-hours physician cover outside the location of a registered hospital	Crisis homes;	R0, R3.1
Alternative to hospital	NON-ACUTE. Facilities with 24h medical support on site. It can be time limited or indefinite depending on the code	Therapeutic Communities	R5, R7
Community	HIGH INTENSITY. Facilities with 24h (non-medical) support. Length of stay (4weeks to indefinite) varies depending on the code.	Step up-Step Down (SUSD); Prevention and Recovery Care (PARC); Rehabilitation residences; Supported accommodation	R8,R11
Community	MEDIUM AND LOW INTENSITY. Facilities with a range of support that varies from daily to fewer to 5 days a week depending on the code. Length of stay (4weeks to indefinite) varies depending on the code.	Psychiatric Hostel; Group Houses; Supported Accommodation	R9;R10,R12,R13

DAY SERVICES	Facilities available to several users at a time that provide some combination of planned treatment for users'	Day services	D
	needs, with regular opening hours during which they are normally available, and expect users to stay at the facilities beyond the periods during which they have face-to-face contact with staff.		
Day	ACUTE HEALTH. Users are admitted to the service to because of their crisis condition. Admittance varies typically from 72h to 4 weeks, depending on the code	Day Hospital services (non-existent in Australia)	D0-D1
Day	NON-ACUTE HEALTH. Typically, at least 20% of staff are qualified health professionals with at least a four year university degree. Depending on the code it can be high (equivalent to 4 half days) or low intensity	Recovery Services; Rehabilitation Services, Therapeutic Day services (eg education services with clinical support)	D4.1,D8.1
Day	WORK RELATED. Facilities which provide users with the opportunity to work. The salary varies depending on the code: normal wage; 50% of typical wage; not paid or symbolic pay.	Disability Enterprises; Social firms; Workers Coop; Occupational centres; Integration workplace; sheltered work	D2-D3, D6-D7
Day	OTHER. Facilities providing education, social or other non-health related care. Depending on the code it can be high (equivalent to 4 half days) or low intensity. Structured (activities available more than 25% o opening hours) or non-structured.	Social Clubs; Club Houses; Vocational training; psychiatric drop-in centre,Day centres	D4.2-D4.4; D8.2-D8.4; D5;D9; D10
OUTPATIENT	Facilities providing contact between staff and users for some purpose related to management of their condition that are not provided as a part of delivery of residential or day and structured activity care teams, as defined below.	Community or ambulatory care; psychosocial support	OUTPATIENT care
Health	ACUTE MOBILE. The service provides assessment and initial treatment in response to a health related crisis, typically same day response during working hours or at least within 72 hours after the care demand. At least 50% of contacts take place outside the service (eg user's home). Depending on the code it ca be 24h or limited hours.	Crisis and Assessment Teams; Assertive Community Treatment	O1.1, O2.1

Health	ACUTE NON MOBILE. The service provides assessment and initial treatment in response to a health related crisis, the purpose is to treat the user in the service, in no case mobile attention exceeds 50% of overall activity. Depending on the code it can be 24h or limited hours.	Emergency Units or Depts, Psychiatric Emergency; Psychiatric Liaison	O3.1, O4.1
Health	NON-ACUTE MOBILE. The service does not fulfil criteria for acute care. At least 50% of contacts take place outside the service (eg user's home). Depending on the code it can be high intensity (3times/week), medium intensity (once a fortnight), low intensity (once a month or less)	Mobile Support and Treatment Team; Community Outreach,	O5.1, O6.1, O7.1
Health	NON-ACUTE NON MOBILE. The service does not fulfil criteria for acute care. The purpose is to treat the user in the service, in no case mobile attention exceeds 50% of overall activity. Depending on the code it can be high intensity (3times/week), medium intensity (once a fortnight), low intensity (once a month or less)	Outpatients; Clinic services, Dual Diagnosis; Community Care/Continuing Care,	O8.1, O9.1, O10.1
Social	NON-ACUTE NON MOBILE. As in non-acute non mobile health but providing other type of care different than health (social, work)	Daily Living ,Living Skills Development or Support eg:Art therapy classes, financial or budgeting support (centre based)	O8.2, O9.2, O10.2
Social	NON-ACUTE MOBILE. As in non-acute mobile health but providing other type of care different than health (social, work)	Personal Helpers and Mentors; Psychosocial outreach support	O5.2, O6.2, O7.2
Social	ACUTE NON MOBILE. As in acute non mobile health but providing other type of care different than health (social, work)	Family and sexual violence crisis services	O3.2, O4.2
Social	ACUTE MOBILE NON HEALTH. As in acute mobile health but providing other type of care different than health (social, work)		O1.2, O2.2
ACCESSIBILITY	Facilities which main aim is to facilitate accessibility to care for users with a specific condition		ACCESSIBILITY

	Services that facilitates the access to information; Services that facilitates physical mobility; services that facilitates personal accompaniment; Services that facilitates case coordination; Services that facilitates access to employment or housing.	Partners In Recovery (now ceased), Access to Employment services; Tenancy Support	A1-A5
INFORMATION	Facilities that provide users from the defined target group with information and/or an assessment of their needs. Does not entail subsequent monitoring/follow-up or direct care provision		INFORMATION
	Guidance and assessment. Information	Telephone triage; Intake & Assessment; Support helplines; Lifeline; Hotline, Information services; Leaflets; Websites	I1-I2