

## Measures on Youth Mental Health used within Integrated Youth Services

Jigsaw		
Indicator/Measure	Data Source	Details
<b>Presenting issue</b>	HEADSS Framework	n/a
<b>Consultation or referral pathway</b>	Weekly referral meetings	n/a
<b>Type of support provided</b>	<i>Jigsaw</i> Data System	n/a
<b>Psychological distress</b>	Clinical Outcome Routine Evaluation (CORE) questionnaires : - CORE-10 for 17-25 year olds - YP-Core for 12-16 year olds	<ul style="list-style-type: none"> <li>- "Assesses commonly experienced symptoms of anxiety and depression, and associated aspects of social functioning."</li> <li>- "Items are scored on a four-point Likert scale, and the range on both measures is 0-40 with higher scores indicating higher levels of distress."</li> <li>- "The CORE-10 has established cut-off points for levels of psychological distress, with a score below 10 representing non-clinical levels of distress and a score of 11 or above denoting clinical distress."</li> <li>- "Within the non-clinical range, there are two categories representing healthy and low levels of distress, while scores in the clinical range of distress can be further subdivided into mild, moderate, moderate/severe, and severe categories."</li> <li>- "It is not currently possible to determine clinically significant change on the TP-Core, but rates of reliable change can be measured."</li> <li>- "The CORE-10 and YP-CORE have been widely used in evaluation of counselling services, and the psychometric properties of these scales are well-established."</li> </ul>

### References:

O'keeffe L, O'Reilly A, O'Brien G, Buckley R, Illback R. Description and outcome evaluation of Jigsaw: an emergent Irish mental health early intervention programme for young people. Irish Journal of Psychological Medicine. 2015 Mar;32(1):71-7.

Headspace		
Indicator/Measure	Data Source	Details
<b>Clinical presentation characteristics</b>	1. Self-reported reason for presentation 2. Clinician diagnosis according to relevant WHO ICD-10 classifications of mental and behavioural disorders	n/a
<b>Psychological distress</b>	Self-report using Kessler Psychological Distress Scale K-10	n/a
<b>Stage of illness</b>	Clinician estimate using categories	Categories: - No mental disorder - Mild to moderate symptoms - Subthreshold symptoms not reaching full diagnosis - Diagnosed disorder - Periods of remission - Serious and ongoing disorder without periods of remission
<b>Days out of role &amp; Days cut back</b>	Self-reported	Number of days incapacitated because of psychological distress gauged based on two questions: - "In the last 4 weeks, how many days were you totally unable to work, study, or manage your day-to-day activities because of these feelings" - "Aside from those days in the last 4 weeks, how many days were you able to work or study or manage your day to day activities, but had to cut down on what you did because of these feelings".
<b>Social Inclusion</b>	Self-reported	Feelings of being socially supported, or included, was gauged using the question: - "Do you feel like there are people who are there for you"  Responses recorded on a 5-point scale from "never" to "all of the time".

<b>Physical health</b>	Self-reported	<p>Measure assesses the frequency by which physical health problems are the primary cause of psychological distress in the last four weeks. This measurement was based on responses to the question:</p> <ul style="list-style-type: none"> <li>- "In the last 3 weeks, how often have physical health problems been the main cause of these feelings"</li> </ul> <p>Rated on a 5-point scale from "none of the time" to "all of the time".</p>
<b>Binge Drinking</b>	Self-reported	<p>Binge drinking classified as excessive consumption of alcohol on a single occasion. Binge drinking was gauged using responses to question:</p> <ul style="list-style-type: none"> <li>- "During the last 30 days, on how many days did you have 4 or more standard drinks of alcohol in a row, that is, within a couple of hours"</li> </ul> <p>Responses were recorded on a scale from 0 days to 20 or more days.</p>
<b>Cannabis use</b>	Self-reported	Cannabis consumption related to whether or not the young person has used cannabis during the last 30 days.
<b>Overall functioning</b>	Social and Occupational Functioning Assessment Scale (SOFAS)	n/a
<b>Treatment services provided</b>	Clinician recording	<ul style="list-style-type: none"> <li>- CBT</li> <li>- Interpersonal therapy</li> <li>- Acceptance and commitment therapy</li> <li>- Psychoeducation (including skills training and relaxation strategies)</li> <li>- General and supportive counselling</li> <li>- Mindfulness-based therapies</li> <li>- Motivational interviewing</li> <li>- Problem-solving therapy</li> <li>- Other</li> </ul>
<b>Youth satisfaction</b>	Developed a scale	Through a rigorous and participatory process involving key experts, service providers and service users, this study has resulted in the development of a scale that can appropriately measure the level of user satisfaction with youth-friendly early intervention services. Scale items, domains,

		and their relation to WHO framework for youth friendly services and their results.
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**References:**

- Rickwood DJ, Telford NR, Parker AG, Tanti CJ, McGorry PD. Headspace—Australia's innovation in youth mental health: who are the clients and why are they presenting. *Med J Aust.* 2014 Feb 3;200(2):108-1.
- Rickwood DJ, Mazzer KR, Telford NR, Parker AG, Tanti CJ, McGorry PD. Changes in psychological distress and psychosocial functioning in young people visiting headspace centres for mental health problems. *Medical journal of Australia.* 2015 Jun;202(10):537-42.
- Hilferty F, Cassells R, Muir K, Duncan A, Christensen D, Mitrou F, Gao G, Mavisakalyan A, Hafeckost K, Tarverdimamaghani Y, Nguyen H. Is headspace making a difference to young people's lives? Final report of the independent evaluation of the headspace program.
- Simmons MB, Parker AG, Hetrick SE, Telford N, Bailey A, Rickwood D. Development of a satisfaction scale for young people attending youth mental health services. *Early intervention in psychiatry.* 2014 Nov;8(4):382-6.