

## Appendix 2: Supplementary figures and tables

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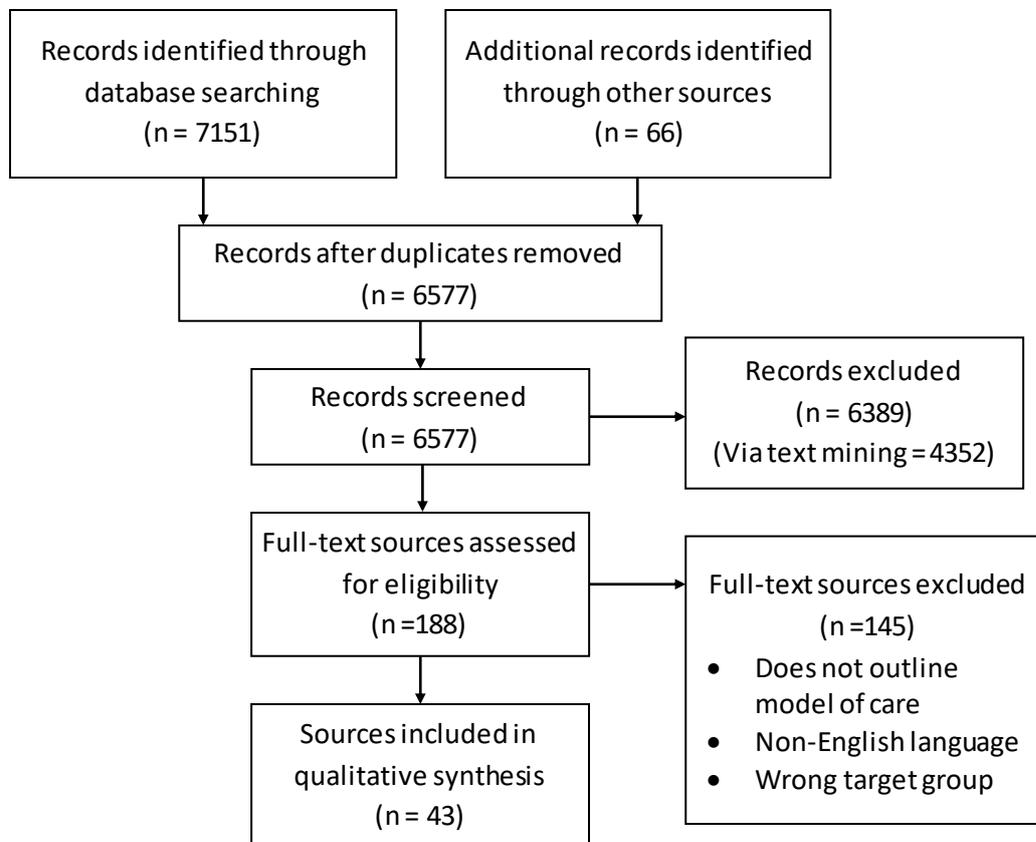


Figure S1: Flowchart of systematic review literature search

**Table S1. Systematic search inclusion and exclusion criteria**

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<b>Inclusion criteria</b>
1. Sources that evaluate, describe, or provide a qualitative or quantitative overview of a clinical framework or components of a framework. Clinical frameworks may include: models of care, transitional care models, service delivery models and service planning guidelines
2. Target population is adolescents and young adults with established cases of severe mental illness as their primary diagnosis who have complex mental healthcare needs
3. Source target populations must fall largely within the 12-25 year age group. Sources including samples overlapping this (e.g. 10-15 years) were included, so long as more than half of their sample was within our specified age range
4. Sources from high income countries with health systems comparable to Australia
5. Published since 2000 in English

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<b>Exclusion criteria</b>
1. Early intervention service models
2. Descriptions of single treatments (e.g. psychotherapy)

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**Table S2: Summary of sources meeting inclusion criteria that outlined services or service factors**

Author	Country	Source type	Category	Service context	Purpose	Target group
Adrian & Smith (2015)	UK	Cohort study	Service outline	Inpatient; community	To report on clinical outcomes from an Adolescent Outreach team, obtained from prospective recording of outcome measures pre- and post-treatment.	Ages 12-17 with serious mental illness presenting in crisis (not including first episode psychosis).
Ahrens et al. (2007)	USA	Cohort study	Service outline	Community	To determine if PACT services receipt reduces inpatient psychiatric treatment and forensic treatment and incarceration, in adolescents and young adults with severe and persistent mental illness.	Ages 15-21 with severe and persistent mental illnesses. Must have a primary diagnosis of a psychotic disorder, bipolar disorder, or OCD, with at least four functional limitations indicating a need for intensive community support.
Assan et al. (2008)	Australia	Service description	Service outline	Community	To describe a unique model of intensive outreach service with high-risk and difficult-to-engage adolescents and describe the profile of clients referred to it.	Ages 12-18 years, difficult-to-engage adolescents with extreme risk behaviours, difficult-to-manage behaviours and multiple residential placements. These adolescents were frequently and typically admitted to inpatient services through a accident and emergency departments of general hospitals. Young people typically have little community connectedness, past history of difficulty engaging with the service and severe comorbid clinical presentation.
Blizzard et al. (2016)	USA	Case-control study	Service outline	Community	To examine participation over time in mental health services for youth diverted or transitioned from residential care to a Medicaid wraparound demonstration program.	Ages 5-21 with treatment needs for severe emotional and behavioural problems equivalent to those met through residential care, for whom wraparound services would enable living in the community, as designated by a psychiatrist.
Chia et al. (2013)	Australia	Evaluation	Service outline	Community	To analyse outcomes in an assertive outreach team working with adolescents within a multifaceted framework, utilising outcome measures of developmental importance to and with face validity for adolescents and their families in addition to standard clinical outcome measures to provide additional clarification regarding outcomes.	Ages 12-18 years, difficult-to-engage adolescents with extreme risk behaviours, difficult-to-manage behaviours and multiple residential placements. These adolescents were frequently and typically admitted to inpatient services through a accident and emergency departments of general hospitals. Young people typically have little community connectedness, past history of difficulty engaging with the service and severe comorbid clinical presentation.
Conway & Clatworthy (2015)	UK	Cohort study	Service outline	Community	To provide a preliminary evaluation of an approach to engaging and working with young people with complex mental health needs.	Ages 14-25 with complex mental health needs.
Darwish et al. (2006)	UK	Service description	Service outline	Community	To discuss alternatives to traditional inpatient psychiatric facilities for children and young people.	Ages 5-18 whose needs are too diverse and complex to be met by Tier 2/3 CAMHS; such patients typically have a CGAS >50 and may present with psychosis, eating disorders, severe self-harm, or very complex presentations due to comorbid diagnoses.
Duffy & Skeldon (2013)	UK	Evaluation	Service outline	Community	To investigate the impact of a CAMH Intensive Treatment Service and service redesign on psychiatric admission rates.	Young people with severe mental health difficulties. The assessment or management of their risk or functioning requires appointments in excess of what Tier 3 CAMHS

Author	Country	Source type	Category	Service context	Purpose	Target group
						is able to provide.
Green et al. (2007)	UK	Cohort study	Specific factors	Residential	To study health gain during pre-admission, admission and post-admission periods, to study treatment processes and outcome predictors and to further develop an economic model for inpatient treatment in child and adolescent psychiatry.	Patients of child and adolescent NHS units ranging in admission policies. Patients commonly had severe problems in at least one area of functioning and diagnoses were MDD, ODD, ADHD, CD, PTSD, PDD and psychosis. Comorbidities were common.
Grimes et al. (2011)	USA	Case-control study	Service outline	Community	To examine the cost-effectiveness of an intensively integrated family and community-based clinical intervention for youth with mental health needs, in comparison to usual care.	Ages 3-19 with severe emotional disturbance (as evidenced by prolonged impairment, receipt of various state services and risk of out-of-home placement) and expectations of either frequent psychiatric hospitalization and/or long-term out-of-home placement.
*Henggeler et al. (1999)	USA	Randomised trial	Service outline	Community	To determine whether MST can serve as a clinically viable alternative to inpatient psychiatric hospitalisation.	*
Henggeler et al. (2003)	USA	Randomised trial	Service outline	Community	To present findings from a one-year follow-up to a randomised trial comparing multisystemic therapy with inpatient psychiatric hospitalisation.	*Ages 10-17 meeting AACAP level-of-care placement criteria for psychiatric illness, who are Medicare-funded or have no health insurance and have a non-institutional residential environment.
Hintikka et al. (2003)	Finland	Cohort study	Service outline	Residential	To examine psychosocial and cognitive functioning among adolescents with major depressive disorder and conduct disorder under comprehensive psychiatric inpatient care.	*Ages 14-18 with clinically significant mental disorders referred to inpatient unit requiring more than a brief intervention.
Hodges et al. (2013)	Australia	Discussion paper	Service outline	Residential	To discuss the theoretical approaches underpinning the Mind Youth Residential Rehabilitation model.	Ages 16-24 with complex mental health challenges who require additional support.
Kramer (2016)	USA	Evaluation	Specific factors	Residential	To present insights into how and why the Sanctuary and SELF models are effective in decreasing trauma symptoms with a population of court-committed male adolescents in a residential treatment program.	Male adolescents receiving court-ordered residential treatment with histories of trauma, loss and/or severe stress that interferes with social and personal functioning.
Kennair et al. (2011)	Australia	Evaluation	Service outline	Community/day program	To evaluate the improvement in mental health functioning of adolescents who had participated in an ADP in addition to their ongoing outpatient treatment (in comparison to matched controls who only received CAMHS outpatient treatment).	Ages 12-18 who present with a range of severe emotional, behavioural, social and psychiatric disorders.
Leichtman et al. (2001)	USA	Cohort study	Service outline	Residential	To describe distinctive features of the intensive short-term residential treatment program, to present follow-up data at three and twelve months post discharge and to examine the implications of these findings for treatment and further research.	Ages 11-18 who are severely disturbed with major affective disorders, psychoses and severe character pathology requiring longer term treatment.
Lyons et al. (2009)	USA	Cohort study	Specific factors	Residential	To investigate the clinical outcomes of residential treatment centres.	Patients had to be receiving services of at least one of the following: Youth Case Management; Care Management Organisation; Treatment Home; Group Home; Psychiatric

Author	Country	Source type	Category	Service context	Purpose	Target group
						Community Residence; Residential Treatment.
Mathai & Bourne (2009)	Australia	Cohort study	Service outline	Inpatient	To investigate whether patient characteristics (e.g. age, sex, length of stay) and reason for admission were related to positive or negative treatment outcome at an adolescent inpatient unit.	Ages 12-18 suffering from serious psychiatric problems.
McGrew & Danner (2009)	USA	Cohort study	Service outline	Community	To report on the evaluation of an innovative case management program which focused on providing early, intensive psychiatric and psychosocial intervention for transition aged youth with serious mental illness.	Ages 18-25 with serious mental illness, evidenced by significant functional impairment such as out-of-home placements, legal system involvement, substance abuse, etc.
McShane et al. (2006)	Australia	Cohort study	Specific factors	Inpatient	To evaluate the outcome of adolescents treated for unipolar, bipolar and psychotic disorders admitted to a tertiary child and adolescent mental health service.	All patients with unipolar, bipolar or psychotic disorders admitted to an acute child, adolescent and family psychiatry unit.
Mental Health Justice Health Alcohol and Drug Services (2013)	Australia	Model of care	Service outline	Inpatient; residential; community	To propose a model of care based on best practice guidelines, evidence based practice and workshops with key stakeholders.	Acute inpatient: Ages 13-25 experiencing severe mental illness (e.g. severe psychotic episode or mood disorder) and unable to be supported in an intensive community support environment. Others: Various teams, including adolescent community team (11-18), young adult community team (17-25), adolescent SUSD (13-18) and young adult SUSD (18-25), for patients with moderate to severe mental health presentations who can be managed in the community.
Murcott (2014)	UK	Review	Specific factors	N/R	To review the literature on the transition process from CAMHS to AMHS, with regard to service design and philosophy.	Adolescents and young adults receiving mental health services from CAMHS who will need continued support from AMHS as they transition into adulthood.
Nadkarni et al. (2012)	UK	Cohort study	Service outline	Residential	To investigate service utilisation and initial outcomes for the young people admitted to a forensic low secure unit for adolescents, as compared to young people accessing an open adolescent unit.	Ages 12-18 who have been detained under the appropriate section of the Mental Health Act (1983, 2007) with referrals mainly arising from regional and national community and inpatient based Child and Adolescent Mental Health Services (CAMHS).
N.S.W. Health (n.d.)	Australia	Model of care	Service outline	Residential	To outline the service model of the Rivendell Unit.	Ages 12-18 with persistent, severe and complex mental illness/es that lead to significant impairment. Those with primary developmental disability, homelessness, or excessive risk to others are ineligible.
Preyde et al. (2011)	Canada	Outcome study	Service outline	Community; residential	To report the long-term outcomes of children and youth with severe mental health problems receiving residential or intensive home-based treatment.	Ages 6-18. Not otherwise defined.
Rowland et al. (2005)	USA	Randomised trial	Service outline	Community	To examine the clinical and placement outcomes for youths with serious emotional disturbance who received multisystemic therapy or treatment as usual.	Ages 9-17, attending a public school and eligible to receive mental health services via a structured IEP. Youth with a primary diagnosis of autism, severe developmental disabilities, placement due to sexual offenses and youth without a permanent home were excluded.
Schley et al.	Australia	Service	Service	Community	To provide a description of the Orygen Youth Health	Ages 15-24 who present with complex and severe mental

Author	Country	Source type	Category	Service context	Purpose	Target group
(2011)		description	outline		IMYOS.	health problems, who are considered a 'high-risk' and who either have a history of poor engagement with office-based services or who require a level of support that cannot be sustained by mainstream outpatient services.
Schley et al. (2012)	Australia	Cohort study	Service outline	Community	To investigate improvements in client engagement and the relationship between engagement and treatment outcomes in a group of "high-risk" youth seen by the IMYOS service.	Ages 15-25 with severe mental health problems, who are considered "high-risk" and have a history of limited engagement with clinic-based services.
Simpson et al. (2010)	UK	Evaluation	Service outline	Community	To describe the Fife Intensive Therapy Team model and evaluate the effectiveness of the service.	Ages 11-18 who present with a range of severe and complex mental health difficulties, who are considered at very high risk of admission to a psychiatric inpatient ward or unit.
Styron et al. (2006)	USA	Cohort study	Service outline	Residential; community	To provide outcome data from the evaluation of a program for "high-risk" youth to inform the development of specialized services and supports for young adults with psychiatric disabilities.	Young adults (18+) with moderate to severe mental illness, who have a wide range of significant psychiatric, neurological, medical, developmental, cognitive, social, emotional and legal problems. Most have been in foster care or the residential care system.
Swadi & Bobier (2005)	NZ	Cohort study	Service outline	Inpatient	To determine the length of stay in hospital for youth with a acute psychiatric illness and the treatment outcome.	Ages 16-18 with a severe psychiatric disorder unable to be effectively treated or managed in other services. Patients with conduct disorder and/or substance abuse disorder are ineligible.
Thomas et al. (2012)	UK	Evaluation	Specific factors	Residential; community	To evaluate the introduction of a voluntary sector pilot project to develop innovative mental health services for young people.	Ages 14-25 experiencing, or at risk of developing, serious mental health difficulties (e.g. psychosis).
Underwood et al. (2004)	USA	Review	Service outline	Residential	To review critical treatment components currently used by both the treatment and juvenile justice systems and to describe an integrative program.	Males aged 12-21 with mental, behavioural, sexual and other specialized disorders coupled with involvement in the criminal justice system.
Vanderploeg et al. (2009)	USA	Model of care	Service outline	Community	To describe core components of the Extended Day Treatment model of care.	Ages 5-17 with complex emotional and behavioural disorders who often require multiple supports and services to prevent placement in more restrictive treatment settings.
Virani & Crown (2003)	Canada	Journal article	Specific factors	Inpatient	To evaluate the impact of a clinical pharmacist on patient and economic outcomes in a paediatric mental health setting.	Individuals up to 19 years old; common reasons for admission include depression, schizophrenia, substance abuse, bipolar disorder, developmental disorders and eating disorders.

\* Target group was described only as study sample inclusion criteria.

‡ Although outside of the publication dates of or inclusion criteria, Henggeler et al. (1999) was included as it provides a more detailed description of the target group and intervention than does Henggeler et al. (2003).

Note: PACT, Program of Assertive Community Treatment; OCD, obsessive compulsive disorder; ID, intellectual disability; NHS, National Health Service; ODD, oppositional defiant disorder; ADHD, attention deficit/hyperactivity disorder; CD, conduct disorder; PTSD, post-traumatic stress disorder; PDD, pervasive developmental disorder; SELF, Safety, Emotion management, Loss and Futures; SUSP, step up step down; CAMHS, Child and Adolescent Mental Health Service; AMHS, Adult Mental Health Service; IMYOS, Intensive Mobile Youth Outreach Services; AACAP, American Academy of Child and Adolescent Psychiatry.

**Table S3: Summary of sources meeting inclusion criteria that outlined theoretical aspects of service models**

Author	Country	Source type	Purpose
Fryer (2015)	Australia	Position statement	To provide the RANZCP statement position in relation to the closure of the Barrett Adolescent Centre.
Gruner (2014)	Australia	Grey literature	To review the services provided in SA, in response to recent adverse events of CAMHS clients.
McGorry (2007)	Australia	Service description	To propose a new service model for youth specialist mental health services with emerging, potentially severe or complex mental disorders, especially psychoses, mood, personality and substance use disorders.
Ministry of Health (2014)	New Zealand	Grey literature	To serve as a guideline in the development and implementation of efficient transition planning processes for young people who are transitioning from CAMHS and AOD services.
Orygen (2016)	Australia	Report	To consider service environment, needs, policy and funding for youth mental health services in the context of commissioning.
Scottish Executive (2004)	UK	Report	To provide recommendations for future services in response to a report highlighting an urgent need for investment in and expansion of psychiatric inpatient services for children and young people in Scotland.
Winters & Metz (2009)	USA	Service description	To describe the historical context, philosophy, procedures and evidence of effectiveness of the wraparound model.

Note: RANZCP, Royal Australian and New Zealand College of Psychiatrists; SA, South Australia; CAMHS, Child and Adolescent Mental Health Service; AOD, Alcohol and Other Drugs.

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