

Transforming Access Pathways in the Yangah Adolescent Day Program

Gold Coast Health Child and Youth Mental Health Services

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Aim To create flexible, proportionate access to specialist adolescent mental health and education support - enabling earlier engagement, stronger formulation and safer transition across the recovery journey.

Early outcomes after four months

33%

increase in concurrent service capacity

80%

completion in Pathway 1 engagement cohort

100%

appropriate progression from Pathway 1 to next-stage care

0

additional staffing required for redesign

3

clear stages: engage, intensify, transition

Yangah ADP is a jointly run and funded Queensland Health and Department of Education service for young people aged 12-18 on the Gold Coast whose mental health has contributed to significant disengagement from education.

The established six-month program combines education and mental health support: classroom engagement, group therapy, 1:1 therapy and systemic family work. The access redesign added earlier engagement and transition pathways around this core program, so support is better matched to readiness and need.

What changed

Yangah retained established intake, triage and clinical governance, then added staged access points matched to readiness and complexity.

A structured Intake MDT supports consistent pathway decisions, bringing together health clinicians and a Department of Education Guidance Officer.

The core six-month program remains intact - but families can now enter and exit care more safely.

The staged pathway model

1 Pathway 1: Early specialist engagement

Brief health-led formulation, family engagement, readiness work and barrier reduction.

2 Pathway 2: Integrated program

Six-month integrated health-education program: classroom engagement, group therapy, 1:1 therapy and systemic family work.

3 Pathway 3: Transition support

Consolidation, school reintegration, relapse prevention and planned discharge.

Proportionate support matched to readiness - keeping the core health-education program intact

Improvement method

Planning commenced in September 2024 and pilot implementation began in September 2025. The redesign used iterative PDSA-style testing, MDT feedback loops and staged rollout to refine safety, progression and communication processes.

Governance, risk review and intake safety structures were retained throughout.

Measurement approach

Outcome measures were embedded at pathway commencement and completion to monitor symptom change, functional improvement and educational engagement.

RCADS | SRAS-R | HoNOSCA | SDQ | FISC

The model makes previously informal collaboration more visible as clinical activity.

Key learning

Earlier, proportionate engagement helps build trust, clarify avoidance drivers and determine whether an adolescent is ready for intensive group-based care. Structured MDT thresholds improved fairness, transparency and confidence in pathway allocation.

The problem was not treatment quality - it was access design.

Transferability and next steps

The model is transferrable to adolescent day programs, youth step-up/step-down settings and community CYMHS teams seeking alternatives to single-point entry systems.

Next: complete the 12-month evaluation cycle, refine progression criteria and strengthen referrer and education-partner communication.

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Contact: Lisa du Plessis, Yangah Adolescent Day Program, Gold Coast Health CYMHS

References: Queensland Health. Statewide Review of Adolescent Day Programs (2023-2024). The W. Edwards Deming Institute. The PDSA Cycle (Plan-Do-Study-Act).