

Adolescent early intervention services: better mental health for rural adolescents

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Introduction

Alpine Health have been supporting youth in the Alpine Shire through service development and delivery since 2001. This support has been through a combination of initiatives which has included:

- Adolescent Health Program – early mental health intervention
- Youth Service – advocacy and support
- Health Promotion – promoting positive behaviour and lifestyle

These initiatives have had a significant impact at a local level, individually and also as a collective strategy to address the health and wellbeing of youth in the Alpine Shire.

Funds/time frames and duration

Alpine Health receives no direct funding for these services from any source and commits to them with funding of \$230,000 per annum that is found from the organization's own resources.

Executive summary

Within the current economic environment Alpine Health like many other health services are struggling to stretch the Health dollar far enough to meet the local needs.

The Rural Adolescent Program is an innovative and effective youth program that has been developed as a consequence of Alpine Health's strategic planning and identified community need.

These services have been developed and delivered without an additional funding source.

The outcomes that have been achieved through the combined delivery of these services over the past ten years have included:

- No teenage suicides in the Alpine Shire;
- Increased access to specialist services;
- Reduced waiting times for those who need to access specialist mental health services;
- Reduced risk factors and delays in responding to young people's needs in the Alpine Shire through greater access to professional and local services;
- Supporting young people through local service provision that keeps them out of the "Mental Health System" and being labelled as having a Mental Health issue;
- Reduction of intentional self-harm in young people as evidence through the data reporting of VCAMS Portal;
- Reduction in Psychiatric Hospital separations for young people aged 10 – 17 years who reside in the Alpine Shire. (VCAMS Portal);
- Between 2005 and 2010 the Psychiatric Hospitalisation rate for young people has reduced from 10.2% per 1000 adolescent population to 6.5% per 1000 adolescent population. (VCAMS Portal);
- Full time school participation at aged 16 years in 2011 was 89.7% in the Alpine Shire which is an increase from 2006 of 81%

- Greater access to positive health and wellbeing advice which is evidence based and targeted;
- Greater responsiveness and earlier intervention which has reduced the escalation of issues and conditions;
- Increased engagement of young people in local activities and decision making e.g. Youth Council, Youth Clubs and Communities that Care;
- Reduced barriers to access service for example transport and costs;
- Improved coordination of services that support the health and wellbeing of young people;
- Capacity building within the schools and the community to identify and respond appropriately to health and wellbeing of young people;
- Greater engagement with schools through active participation in the school curriculum;
- Decreased stigma associated with engagement of local services and support.

The Alpine Shire

The Alpine Shire is a rural area of almost 5000 square kilometres in the North East of Victoria. The shire services approximately 12,000 residents and incorporates three main population centres being Bright, Mount Beauty and Myrtleford. These centres hold approximately 50 percent of the population while the remaining residents are located in smaller settlements scattered widely throughout the shire.

The shire is divided into two main valleys, which have a significant influence on the movement of the population in the area. The Ovens Valley population (comprising Bright and Myrtleford) mainly uses Wangaratta as its regional centre outside of the shire, while the Kiewa Valley population (comprising Mount Beauty) mainly travel to the Albury/Wodonga region for their specialist healthcare. These main centres are 50-100 kilometres outside the Alpine Shire

Alpine Shire adolescent population

According to the 2011 Census there are 1,426 ten to nineteen year olds residing in the Alpine Shire. These young people experience not only the same challenges and types of disadvantage as their regional and metropolitan counterparts, but also the compounding effects of rurality, drought, flood, bushfires, poor communications and lack of transport. These socio-economic challenges are associated with poorer health outcomes and significant health risk factors that are highly prevalent in the Alpine Shire, including high youth unemployment, high levels of psychological distress (ABS 2013).

Alpine health

As a Multi-Purpose Service, Alpine Health integrates the health, community and aged residential services for the residents of the Alpine Shire and visitors to the Shire. The Multi-Purpose Service model envisages that a full range of health, aged care and community support services will be provided to a range of townships and small, isolated communities across the municipality.

The Multi-Purpose Service approach was developed via a joint Commonwealth/State Government task force, established in March 1991, to address the problems of service provision in rural and remote communities.

Alpine Health was established in November 1996 with the amalgamation Bright District Hospital, Hawthorn Village, Myrtleford District War Memorial Hospital, Barwidgee Lodge Nursing Home, Tawonga District General Hospital and Kiewa Valley House.

The geographic spread of the Hume Region limits access to services for Alpine Shire residents, as outreach services are essentially inconsistent or non-existent.

Service history and description

The Rural Adolescent Program has been in operation since 2001 initially with a single position of an Adolescent Health Worker and is now made up of three components being:

1. Adolescent Health Worker
2. Health Promotion Office
3. Youth Worker

These three positions work closely together in addressing the health and wellbeing of young people in the Alpine Shire through a partnership approach with key stakeholders such as:

- young people themselves and their families
- local schools
- Alpine Shire
- local police
- general practitioners
- all other local and regional service providers.

Adolescent Health Worker

This program was developed as a consequence of a significant number of referrals being made to the regional Child and Adolescent Mental Health Service (CAMH Service). There were long delays between a young person being referred to the CAMH Service and being assessed, which often exacerbated the issues that were presenting for that young person.

At the time of developing this program:

- The Victorian Task Force Report on Suicide Prevention 1997 indicated that suicide rates, especially for young males, were particularly high in rural areas.
- Small, isolated country towns were and still are more vulnerable to high suicide rates. Data confirms that youth suicide rates are a particular problem for parts of Victoria with populations of less than 20,000 people.
- Remote settlements of fewer than 4,000 people were the worst affected.
- Analysis of those areas in rural Victoria experiencing high rates of youth suicide suggested that the Hume region had experienced even higher rates.
- Up to 24 % of young people will experience a clinical level of depression during their adolescent years. Furthermore, between 15% and 40% of young people report depressive symptoms.
- Only 1 in 5 depressed people received treatment. Moreover, there was a heightened risk of suicidal ideation and behaviour for the depressed young person.

The following points provided a local context:

- The Task Force highlighted that small rural communities, as opposed to their urban counterparts, face additional problems due to distance issues, greater social isolation and the relative lack of easily accessible supports and services.
- General Practitioners had highlighted the difficulty they faced in obtaining help from the existing mental health services.

- Many people were reluctant to be referred to the Mental Health System. This indicated a need for an alternative to fill this gap in service delivery.
- Alpine Shire required a youth sensitive mental health service. The Task Force Report recommends a need for an improved approach to accessible treatment for young people that would include a greater emphasis on the importance of the family.
- Depression during adolescent years can disrupt social and family life. It may affect school performance, reduces the young person's quality of life and heightens the risk for adult mental illness.
- There is a growing body of evidence to suggest that "Early Intervention" positively influences the outcome of some psychiatric disorders.
- The development and implementation of an "Early Intervention" program can reduce the suffering and psychological damage for young people as well as reducing the subsequent economic costs.
- Individuals are especially vulnerable when service systems are poorly integrated and coordinated. The Alpine Health Rural Adolescent Program delivered a partnership approach with other service providers in the region.
- This program has been a successful partnership between Alpine Health and North East Child and Adolescent Mental Health Service (NECAMHS) generating many benefits for the individual consumer and the community. In its first year of operation the program received 70 referrals which would normally have been made to the Regional CAMH Services.

Service outline

1. The Rural Adolescent Program provides primary mental health services to 12 – 18 year olds who are at risk of developing mental health disturbances.
2. The Program will detect early signs of mental health disturbances and guide young people back to a normal developmental pathways.
3. Provide formal and informal education and training to primary care providers to assist in the prevention and early recognition of mental health issues.
4. Provide effective preventive services through education and support to young people and their families through direct services or group activities as required.
5. The program is offered from settings that are community based in Myrtleford, Mount Beauty and Bright.
6. Deliver in a co-ordinated approach with other service providers within the Alpine Shire according to the Primary Care Partnership Strategy. This approach ensures that young people have access to the particular mix of services they require.

Service delivery

- The service includes a screening service for young people and their families, mobilising appropriate interventions across the spectrum at a primary care level and where necessary, facilitating the pathway to specialist services.
- The service has successfully overcome the stigma related to mental health provision by having an overt presence in the local primary care sector and by effectively managing mental health issues where preventative interventions are useful. The service is provided in low stigma settings by offering venue choice to the consumer and their family.

- It offers an assessment of the young person's psychological, biological and social strengths and vulnerabilities; it will provide an initial formulation, provide psycho-education and determine the most appropriate intervention strategy.
- Group programs are designed and delivered in partnership with other service providers to target young people with similar issues.
- Indirect contact through education, consultancy and collaboration with other service providers is an important aspect of the delivery of the service.
- Support, education and training to Primary Care providers especially General Practitioners, Youth Workers, School-based Student Welfare Co-coordinators, and Community Health Workers is a key component of the service activities.
- The Rural Adolescent Program is delivered through the engagement of a Psychologist at 0.6 EFT.

Health Promotion Officer

In addition to investing in direct service provision to support young people in the Alpine Shire, Alpine Health has also invested in upstream preventative and health promotion approaches for young people. A Health Promotion Officer (HPO) is employed at 0.6EFT to work with young people across the Alpine Shire. Currently a key aspect of the HPO's work is the coordination of Communities That Care Myrtleford (CTCM).

Communities That Care Myrtleford (CTCM) follows the evidence-based Communities That Care (CTC) process of community-change to promote healthy youth development and improve outcomes for children and adolescents in Myrtleford and surrounds. The CTC process is grounded in prevention science, and a number of community trials have demonstrated population-wide improvements in youth reports of community social environments and reductions in problems such as alcohol and drug use (Greenberg et al 2005; Hawkins et al 2008; Hawkins et al 2009; Kellock 2007). The process aims to build community capacity to plan and deliver effective child and adolescent health promotion, and prevention strategies, based on priority areas identified using local data.

Myrtleford and surrounds were chosen by Alpine Health as a CTC site in 2010 because they had, at that time, high unemployment rates (6.7%), low household weekly income (less than \$500 per week – 51%), low levels of Year 12 school completion and an Index of Social and Economic Disadvantage in the first-second decline (ABS 2006) indicating high levels of disadvantage. In addition, a local community group, Myrtleford Familysafe, approached Alpine Health with their concerns about high levels of alcohol use in young people and high levels of family violence in the community. To create long-term, sustainable improvements in these areas, Alpine Health invested available resources in the CTC model.

Baseline measurements of youth problem behaviours and associated risk and protective factors were obtained in 2009 by conducting the CTC Youth Survey with year 5, 7 and 9 students in all Myrtleford schools. This information, combined with archival data and an analysis of local services, formed a comprehensive Community Profile from which the priority areas for CTCM prevention work were identified, and targeted reductions in health outcomes and problem behaviours specified.

CTCM's vision of Myrtleford is "a healthy, safe, resilient community which values young people and supports educational choices and options". To achieve this, CTCM's goals are to:

1. Reduce adolescent alcohol use
2. Enhance youth road safety
3. Reduce family conflict
4. Increase school completion and commitment to school

To guide prevention work, CTCM have developed a Community Action Plan (CAP) detailing the implementation and evaluation of evidence-based programs in local settings.

CTCM is built on a process that promotes sustainability. It is governed by a Community Board and supported by a Key Leader Group. The Community Board is provided with extensive training throughout the CTC process. They are also the key decision-making body. Not only do these attributes increase the pool of knowledge and skills within the community in the area of prevention planning, they also increase ownership and 'buy-in' in the process, which in turn enhances the sustainability of CTCM.

Throughout the whole process, Alpine Health has provided leadership and support for the CTCM Coordinator role. The organisation has made strong gains by developing and strengthening partnerships between community, schools, families and service providers. This is evidenced through the inclusion of strategies within CTCM Community action plans in key strategic and planning documents such as the Alpine Shire Liveability plan, the Early Years plan, Alpine Health's Service Delivery Plan and the Preventing Violence Against Women & Children Hume Region Strategy.

Alpine Health believe that the CTC model is a both effective and cost-efficient. Cost-benefit analysis (in the United States) of the CTC prevention model has been undertaken and indicates that this system does provide significant returns on investment, with conservative measures demonstrating more that US\$5.00 return on every US\$1.00 invested (Kuklinski et al 2012). International trials have shown that the CTC model reduces community rates of delinquency and heavy alcohol and drug use by 30% (Kuklinski et al 2012).

In addition to the CTC process, the Health Promotion Officer also provides a broad range of health promotion programs including:

- Parenting programs such as Tuning into Teens;
- Programs to reduce youth alcohol consumption such as alcohol education, social marketing and community education forums;
- Family violence prevention strategies such as community and health service education and awareness raising activities, workplace gender equity auditing and support of the Hume Prevention of Violence against Women and Children Strategy;
- Youth road safety education such as Fit2Drive and Keys Please education sessions for young people; and
- Supporting schools audit their resources and build their capacity to support young people to engage in and complete school.

Youth Services

The Mt Beauty Community Youth had been for many years support by Upper Hume Community Health Service (now known as Gateway Health). In 2005 Upper Hume Community Health Service underwent an organisational review and as a consequence they withdrew the provision of youth services to the Mt Beauty Community.

Through community consultation and action Alpine Health agreed to employ a Youth Worker (part time 0.6 EFT) in January 2006, this position has been very successful, engaging youth in the community and through active participation at the local school. This position was expanded to include Myrtleford in 2007 to being 1 EFT as a consequence of a series of very negative media articles and social media postings about the youth in Myrtleford, this include issues around alcohol and substance use, school attendance and general community feedback.

Youth Worker Program Objectives:

- To provide advocacy and support through a community development service model to 12-18 year olds in the Myrtleford and Mt Beauty surrounding areas.
- To engage young people and support them to engage in the school and broader community.
- To provide referrals to appropriate services and support as necessary to ensure effective preventative services to young people and their families.
- To develop a coordinated approach which will ensure that young people have access to the particular mix of services they require.
- To offer a program from settings which are based in the community thereby ensuring accessibility for all young people.
- To create partnerships to improve the health and well-being of the target group, focusing on health promotion and community engagement.

The Youth Worker's work is based on a person centred approach- working in partnership with the young person towards achieving their goals. The Youth Worker has supported and continues to support young people in the following areas:

- Participation in the Alpine Shires L2P program;
- Organisation and running of the shires Blue Light events which includes discos, pool parties and trips to local and Melbourne events which would normally be out of the reach of the local youth due to distance and cost;
- Attend the Mount Beauty and Myrtleford Secondary schools a couple of days each week. Providing support to the schools, young people and their parents this may include help with transitions, changing school or class, moving to a new town, or leaving school to enter the workforce;
- Meet with students individually or in small groups. Students themselves often request to meet with the Youth Worker or can be referred by a teacher or parent. Students may need support with social skills, making and keeping friends, focussing on their future, class room behaviour, improving their communication with their teacher, taking responsibility for their own actions, problems at home, Centrelink assistance or just need someone to talk to. The support may result in a referral to other youth services;
- Establishment and operation of the Blue Light Youth Club in Mount Beauty. This is run as a partnership between Victoria Police and Alpine Health and aims to provide a place for social connection for high school aged students and safe supervised activities in a supportive environment where the young people can chat. The youth club runs twice a week after school and longer in the school holidays;
- Supporting local Youth to participate in our local Alpine Shire Council- Youth Council. The Youth Council meets once a month and has representatives from each of the high schools and wider community. Youth Council is a really valuable way for young people to have a voice about what is happening in their community and what should be done to address any concerns - in many ways a younger version of the senior council. The Youth Worker role at youth council is as a delegate, supporting the Youth Councillors in event planning and running, providing assistance with the meeting, information sharing and assisting with the process of decision making.

Policy recommendation

Early Intervention - Local Services for local people provides positive outcomes.

Presenter

Trevor Marshall has qualifications in youth, childcare and social work; he currently has responsibility for the management, planning, development and delivery of primary care services including aged care in the Alpine Shire. Trevor has worked in the health and community services industry in Victoria for nearly 30 years. He has held a number of senior management positions for organisations at a state government, Community Health and local government levels. Trevor has experience in the delivery and management of youth and family services, aged and disability services and community services in North Eastern Victoria. Trevor has extensive experience working with local, state and federal governments. He has a keen interest in organisational and service development and how that relates to the community wellbeing and community engagement. Having a long working history in the management and provision of services which has included working with young people, people with a disability, older people in the community. Trevor has recently returned to Alpine Health following a twelve month work exchange in Scotland with Perth and Kinross Community Health Partnership. As a member of the Senior Management Team this involved working on a number of strategies including service planning, community engagement and service development.