

Hospital to Home Transition Team: Stepping Stones. S.A.

Information submitted by:

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Background:

Aims and objectives

The primary goal of the HHTT program is to assist in the maintenance, recovery, development and acquisition of skills for young people with severe mental health issues.

“Stepping Stones” is one of the two programs offered at HHTT. The broad aim of the Stepping Stones Program is to support the recovery and prevention of relapse for young people experiencing psychosis.

The objectives of Stepping Stones are to provide opportunities for young people to:

- Engage with a group environment and experience the positive benefits available from group participation;
- Assist with the restoration / development of a wide range of skills to assist with recovery;
- Monitor symptoms and develop coping strategies around identifying early warning signs and relapse prevention skills;
- Become empowered to cope with illness through knowledge and understanding;
- Recover previous strengths and abilities and develop new skills of self worth and confidence; and
- Develop relationships in a safe environment in order to gain support from others sharing similar experiences, improve social/peer networks, improve social skills and prevent social isolation.

HHTT also offers consultancy and training to other CAMHS teams (including country) and external agencies regarding early psychosis.

Target group

The HHTT Stepping Stones Program provides services for young people aged 12 – 18 years who have experienced psychosis. Due to the nature of age of onset of psychosis, the majority of clients are aged 16 – 18. Additional significant complexities apply to the majority of the client population, in particular:

- Being from families that are culturally and linguistically diverse (including indigenous);
- Being children with a parent who suffers from significant mental health issues; or
- Clients experiencing significant co-morbid drug and alcohol issues.

HHTT is a state-wide program; however clients that directly access the program tend to live in metropolitan Adelaide. The consultancy and training to other CAMHS teams (including country) and external agencies regarding early psychosis enables clients and families of these services to indirectly benefit.

The Stepping Stones Program also assists the young person's family and carers and provides the community with information around psychosis. The program also works collaboratively with other support systems such as schools, vocational rehabilitation agencies, Child Youth and Family Services (CYFS), correctional services, drug and alcohol services and other non-government and primary health agencies.

Project Infrastructure

Lead agency

The service is based on an interagency partnership between Child and Adolescent Mental Health Services and Department of Education and Children's Services (DECS). CAMHS is the lead agency in the administration and

delivery of therapeutic programs at Adolescent Services Enfield Campus (ASEC) with support from DECS in relation to educational / vocational aspects of the program.

Sectors and settings

Liaison with:

- Boylan Ward and other CAMHS services (including After Hours Mental Health Services and Community CAMHS);
- Private Psychiatrists;
- General Practitioners;
- Adult Mental Health Services (where appropriate);
- Child, Youth and Family Services (CYFS);
- Metropolitan Aboriginal Youth Team (CYFS);
- DECS;
- Management & Assessment Panel / Exceptional Needs Unit;
- Second Story Health Services (Children, Youth and Women's Health Service);
- Magill & Cavan Youth Training Services (Correctional Services);
- CRS and other vocational rehabilitation programs; and
- Non-government agencies (including Service to Youth Council & Streetlink Youth Health Service).

Collaborations, partnerships, processes and protocols

- The partnership with DECS is the only formal partnership currently with a Memorandum of Understanding (MOU);
- An MOU addressing referral pathways with adult mental health services is currently in draft form;
- A range of other informal partnerships are continually taking place with the non CAMHS agencies (listed in the previous point);
- At times collaborations are formed with other agencies and services through the development of MOU's.

Consumer and/or carer involvement

ASEC is built upon a strong framework of partnership with young people and their community. The service aims to demonstrate respect in relationships with young people and to work in collaboration with them and significant others so that participation is a meaningful experience that acknowledges young peoples' input and contribution. Consumers and carers are involved in the Stepping Stones via:

- Giving feedback about services via questionnaires and feedback sessions;
- Weekly Partnership Meetings between all staff and young people;
- Case reviews/management plans and case conferences;
- Staff performance appraisals;
- Group activities and content;
- Regular family / carer support sessions;
- Staff training and presentations about experiences with the service;
- Opportunities for involvement in YouThink (youth advisory group that provides CAMHS with consultation about mental health services and processes based on personal experience);
- Involvement in accreditation review process; and
- Development of material (brochures/web sites) about services for young people with mental health disorders.

Staff/ personnel (including volunteers)

HHTT (Stepping Stones) has a multidisciplinary staffing structure consisting of:

- Coordinator (Allied Health or Nursing);
- Part time Consultant Psychiatrist and Registrar;
- Graduate officer in Psychology;
- Occupational Therapist; and
- Psychiatric Nurse.

There is also some access to assessment and consultancy from Social Workers and Speech Pathologists on the day program. There are also teaching staff from Department of Education who provide group and individual support, as well as support from an administrative team. At times young people from 'YouThink' have been involved in assisting with the delivery of group programs to other young people. There is no volunteer input at present.

Have the personnel involved needed any additional training to implement this initiative?

No

Funding details

The service is funded solely through the South Australian Department of Health on a permanent basis.

Implementation

Detailed description

Young people involved in the Stepping Stones Program are involved in a flexible, therapeutic group program through HHTT, offered up to 4 days per week. Other services include:

- Individual Assessment and Case Management;
- Group involvement specifically addressing psycho-education in relation to early psychosis;
- Psychiatric review and management (offered either through the program or in consultation with another community based psychiatrist, registrar or private psychiatrist);
- Family work including monthly family and carer support groups;
- Physical health monitoring of secondary problems related to psychosis (eg. weight gain);
- Liaison with schools and other youth agencies;
- Close links with the psychiatric inpatient unit and After Hours Mental Health Service based at the Women's and Children's Hospital, where appropriate; and
- Referral to appropriate adult mental health services where appropriate.

The Stepping Stones program provides therapeutic group and individual work that focusing on issues including:

- Relapse prevention
- Symptom management training
- Grief and loss
- Living skills
- Communication
- Medication management and compliance
- Drug and alcohol issues
- Vocational preparation
- Social and recreational skills.

Resources

Models

- **Positive Behaviour Support** provides the framework for therapeutic engagement with young people attending ASEC at both an individual and group level. The aim is to facilitate positive behavioural change and improve the ability to adapt to situations by: understanding behaviour; teaching new skills; and supporting success. For more information about Positive Behaviour Support see 'Frequently Asked Questions' on the Education Queensland's Learning Place website at http://www.learningplace.com.au/default_community.asp?orgid=19&suborgid=228)
- **Partnership model** used at ASEC to support youth participation is based on work from
 - Youth Partnership Accountability, K Stacey, in "Planning for Youth Participation: a resource kit" Gill Westhorpe (1987), Youth Sector Training Council of SA.
 - TAKING PARTicipation Seriously, NSW Commission for Young People <http://www.kids.nsw.gov.au/publications/taking.html>)
- **Transitional Rehabilitation Model of Practice**
The model is based extensively on the Model of Human Occupation, the psychiatric rehabilitation approach (Heras, Dion and Walsh, 1993) and from the EPPIC model of early intervention (McGorry, Edwards et al 1996). The transitional rehabilitation model goals are to assist in the maintenance, recovery, development and acquisition of skills for young people with a severe mental illness. It addresses individual's needs across the continuum of care from pre-admission and admission to hospital, to the gradual return to their wider system. It values the involvement of individual's in their

recovery process and aims to reduce the impact of mental health issues through early intervention. More information: <http://www.wch.sa.gov.au/services/az/divisions/mentalhealth/hhtt/hhttmod.html>

Tools

- **Brochure for service providers**
<http://www.wch.sa.gov.au/services/az/divisions/mentalhealth/hhtt/>
- **Feedback Sheets**
Consumer Satisfaction Survey: <http://www.auseinet.com/files/recovery/12feedback.pdf>
Parent/Carer Night Evaluation: <http://www.auseinet.com/files/recovery/12parentfeedback.pdf>
Staff Performance Appraisal: <http://www.auseinet.com/files/recovery/12staffappraisal.pdf>
- **Personal Plans**
Initial Management Plan: http://www.auseinet.com/files/recovery/12management_plan.pdf
Client Review Summary: <http://www.auseinet.com/files/recovery/12clientreview.pdf>
- **Program information on Headroom website:**
http://www.headroom.net.au/lounge/framejamming_been.html?..ASEC/hhtt.html~asec

Recovery Framework: the 4A's

The following information provides details of project outcomes as they relate to the 4As framework. This is a model developed by the Australian Government to support an understanding of recovery based approaches. (For more information about the 4As: go to summary sheet at http://www.auseinet.com/files/factsheets/recov_summary05.pdf)

Awareness: *involves developing an understanding of one's mental health needs, including specific knowledge of risk and protective factors. Includes education, stigma reduction.*

Individual Case Management and group psycho-education has a strong focus on increasing the young person's awareness and understanding of their own mental health and related needs. In addition to this families are encouraged to access monthly support groups with a particular focus on psycho-education in relation to psychosis. Families/carers are offered regular opportunities to meet with case managers and their young person's psychiatrist.

The Stepping Stones program actively promotes awareness within the young people's broader networks by providing education, advocacy, consultancy and by working in collaboration with mentors, youth workers, schools, exceptional needs, CYFS workers, accommodation services, correctional services, NGO's and other service providers involved in supporting young people.

The Stepping Stones program promotes broader community awareness by providing education, support and training to relevant community and agencies on request.

Anticipation: *processes which support people who have been seriously affected by mental illness to make their own decisions rather than to have decisions imposed eg: discharge, recovery, crisis plans.*

Young people involved in the Stepping Stones program are supported to take an active role in their own recovery, and as such develop a greater sense of control in their life. Staff work in partnership with young people and their families/carers at graded levels based on the awareness, insight and degree of "wellness".

Young people are involved at a case-management level with developing their initial management plans (including recovery goals, program involvement and future planning) and review these on a 3 monthly basis until discharge.

Through group and individual psycho-education, young people are also supported to identify their own early warning signs and develop a relapse prevention plan. They are encouraged to share this with families/carers and others who support them. HHTT is currently developing personal safety plans (including crisis management and relapse prevention strategies) that will be undertaken in collaboration with young people and their carers.

At times, due to the acute nature, severity, complexity and lack of insight, some clients are worked with in an involuntary capacity under relevant guardianship border orders for periods of time. Every attempt is made in the first instance to develop trust, engagement, insight and working in collaboration prior to proceeding down the path of involuntary treatment. On the occasions where young people have been managed in an involuntary capacity, the focus is on actively treating the psychotic illness, and as such aiming to increase the individual's insight, awareness and skills to take a more pro-active role in their own recovery.

Access: *timely access to the whole range of services that support wellbeing and early intervention in times of increased service need. Includes service collaboration and partnerships.*

Within a life continuum ASEC focuses on early intervention and provides flexible partnerships and service provision with the belief that every one has mental health and illness fluctuates rather than being life long.

The HHTT Stepping Stones program is closely linked with the psychiatric inpatient unit (Boylan Ward) and the After Hours Mental Health Service at the Women's and Children's Hospital. HHTT aims to provide a responsive and seamless service to Stepping Stones clients by commencing engagement with young people early in an inpatient stay, with most being able to access the group program prior to discharge. During this phase, comprehensive assessment and case conferences / family meetings take place, including pro-active discharge planning based on the young person needs, supports and goals.

At the time of discharge, appropriate crisis management strategies are developed with the young person and their family, ensuring that they have an awareness of how they access support both before and during crisis. Following discharge, young people continue to access the HHTT Stepping Stones program and these close links remain an important element of continuity of care. The 3 services utilise an "alert system" and are involved in regular meetings which identifies clients at risk of relapse or crisis where an increased service response may be indicated (including readmission if appropriate). HHTT is able to negotiate direct admissions to the inpatient unit both prior and during crisis where appropriate. HHTT also endeavours to increase their capacity to provide a responsive of service at times when clients are at risk of relapse by providing home visits and an increase in carer support.

Access to adult mental health services is a priority for HHTT for clients involved in the Stepping Stones Program as they approach 18 years of age. Although 18 is considered the point at which young people are no longer eligible to access the HHTT Stepping Stones Program, this has a degree of flexibility based on the allocation and engagement with the appropriate adult mental health team. A Memorandum of Understanding with adult mental health services is currently in draft form that addresses these transition issues.

Access to a range of other appropriate referral pathways are facilitated outside the mental health sector, including education, accommodation, carer support and general health and well-being. Access is facilitated through agreed pathways of care that are explicitly negotiated through multi-service collaborative agreements that prioritise the needs of the consumer and their family and carers. All parties must communicate, share information, and be prepared to act on the advice and requests of others.

Alternatives: *recognising the need for an expanded range of treatment and community support options for people who have experienced mental illness eg: housing, employment, holistic treatment.*

The HHTT Program develops a therapeutic team around the young person. It advocates that young people with significant and complex mental health issues require community support options that are holistic, developmentally appropriate and encompass all the life domains. At ASEC staff work collaboratively with a number of government and non-government services within the youth and adult sector. A particular focus is on supporting young people to access peer support (within Stepping Stones groups, AMIGOS, mentorship and YouThink); and supporting young people to access appropriate housing, education, employment, training and

other forms of psychiatric disability and community support. An important focus that we are developing is around the role of primary care, including general practice.

Evaluation / Outcomes

No formal evaluation has been undertaken to date, however clients are encouraged to provide feedback bi-annually around group and individual interventions.

What worked well

- Activity based group programs that are flexible and responsive to changing client group;
- Flexible and mobile case management approach;
- The interagency partnership with DECS around developmentally appropriate, recovery oriented, educational and pre-vocational goals;
- Working within a partnership framework recognising the impact of peers in the recovery process;
- Close working relationship with the psychiatric inpatient unit and After hours MH Service based at the Women's and Children's Hospital
- Close working relationships with onsite consultant psychiatrist and registrar; and
- Monthly support groups for carers.

Challenges or barriers

- The program is currently contingent on client involvement in group program: the challenge is to provide an effective service to clients who are difficult to engage in the group program. Difficulties include monitoring mental state, medication and managing treatment orders with such a complex client group, when the majority of staffing resources are committed in the group program. The program has recently received funding to expand the service to incorporate an assertive mobile outreach service to work with this complex client group who do not engage with the group program;
- Monitoring physical health and well-being;
- Effectively engaging primary health care providers;
- Providing a seamless transition from inpatient to the community for new clients especially when clinicians have "full" case loads;
- Developing rapport and engagement with clients on involuntary community treatment orders;
- Providing effective psycho-education to a client group with a high acuity, who are often exhibiting significant positive and negative symptoms of psychosis; and
- Effectively engaging carers with significant mental health issues.

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