

Evaluation of the Frankston Youth Prevention and Recovery Care service 2015-2017

Executive summary

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Executive summary

“So, I honestly don’t know what we’d have done. So, she probably wouldn’t be here really, if YPARC wasn’t there.”
(Carer)

Overview

The Frankston Youth Prevention and Recovery Care (YPARC) is a partnership of Peninsula Health Mental Health Service (PHMHS), Mind Australia Limited and Mentis Assist (formerly Peninsula Support Services). Opened in Frankston in May 2012, the YPARC is a sub-acute residential service model based on a developmental and holistic approach to young people’s recovery. The model provides clinical and mental health support services, as well as links to services in the community and to the natural supports that exist in young people’s lives. The maximum length of stay is 28 days. Since the introduction of PARC services, only a few youth focused PARC services have been established in Victoria, none of which have been formally evaluated.

Aims

This evaluation has been conducted to assess whether the YPARC is meeting its objectives and to identify ways of improving the quality and effectiveness of the program. The evaluation has been a collaboration between researchers at the University of Melbourne, Peninsula Health, Mind Australia and Mentis Assist. It was anticipated that this evaluation would identify ways to:

- improve the provision of therapeutic, recovery focused treatment and care;
- strengthen family engagement and involvement;
- understand and evidence the impact that the YPARC is having on clients’ mental health status;
- understand and evidence the impact that the YPARC is having on reducing demand at other acute medical and other mental health service types; and,
- improve the partnership between Peninsula Health, Mind Australia and Mentis Assist.

Design

The design of the evaluation was initially influenced by the development of a logic model and the collaborative development of key research questions. A mixed methods design included interviews with YPARC residents and former residents, their carers, group interviews with staff, a file audit and analysis of secondary data and YPARC exit surveys. The work was enhanced by the involvement of two young people engaged as research team members.

Findings

The following provides a summary of the findings in relation to each evaluation question:

a. Is the YPARC providing treatment and care that is consistent with:

i. evidence of effectiveness?

The exit survey and interviews indicate very high levels of satisfaction with the service among young people, their carers and key stakeholders. There are also good indications from the analysis of the secondary data that the YPARC is contributing to clinical recovery due to the average decline in HoNOS and HoNOSCA scores that young people have after admission to it. There are also very encouraging indications that their use of the emergency department decreases after an admission to the YPARC. These findings are also strongly supported by the qualitative data, in which the YPARC is described as providing a valuable alternative to hospital admission, and by the fact that young people are achieving marked improvements in their awareness and use of skills to self-manage their mental health. A strong emphasis on risk assessment and safety planning was demonstrated in the file audit, and it would appear that considerable effort is made to provide a safe environment for young people. However, there was less indication that evidence-based interventions were occurring in either individual or group programs. Other potential gaps include addressing drug and alcohol issues.

ii. accepted principles of recovery focused care?

Recovery-oriented principles and practice were regarded by staff as a fundamental aspect of the service. There is also strong evidence from qualitative interviews with young people and carers that the YPARC provides a warm, safe and friendly environment as a result of the work of the staff, the supportive behaviour of the client group towards one another and the pleasant physical environment. Therapeutic relationships were described as being founded on choice, hope, empowerment, trust and respect. However, the YPARC could, with some adjustments, make better use of the psychiatrist's time and skills. In their interviews, staff reported being strongly person focused, tuned in to the process of goal-setting and responsive to young people's needs and preferences as individuals. In contrast, young people tended to report a lack of follow-up around goals that were developed early in their admission to YPARC. There are contradictory indications regarding how feedback from young people is influencing how the service is run, and there is potential for improvement in this area.

iii. being responsive to client and family preferences, and to client characteristics and needs?

The file audit and the interviews confirmed that the vast majority of young people at the YPARC participate in developing an Individual Recovery Plan (IRP) and Safety Plan. A developmentally appropriate, holistic focus was described as contributing to recovery by many participants. However, a substantial proportion of young people indicated that they would have appreciated a stronger focus on their stated goals, including more proactive assistance in identifying and implementing strategies to pursue those goals. Limitations in responses to identified needs and preferences at discharge raises questions about gaps in the wider service system. In their interviews, staff identified more resources for community-based supports as one of the four main changes that they would like to see.

b. Are carers/family members recognised, valued and supported for the vital role they play in clients' assessment, treatment and recovery?

Families were generally very positive about YPARC. Many would have appreciated more information and reassurance prior to their child's admission but did receive considerable information on arrival. Parents described relief at being able to share their caring with YPARC, knowing their child was in a safe and friendly place. Carers describe appreciating communication with them and attempts to involve them but also found it hard to navigate the different roles of staff at the YPARC. Some wanted more consultation with psychiatrists, especially around medication decisions. The most commonly described challenge for parents was negotiating appropriate involvement in the care of the young person, particularly when they were over 16 years of age, and for some this persists at the YPARC. They also believed that the service could improve in relation to the continuity of the young person's access to qualified mental health professionals.

c. Is the YPARC contributing positively to the ongoing wellbeing and recovery of its clients?

Analysis of secondary data (HoNOS and HoNOSCA scores) and comments by young people in both the exit survey and later in qualitative interviews confirm that the vast majority of young people who are admitted to the YPARC make gains in both their clinical (as measured by the HoNOS and HoNOSCA) and their personal recovery (as indicated by qualitative data and the observation of family carers and also other key stakeholders and staff). A few described profound benefits that may have saved their lives. Others reported more modest, incremental changes such as improvements in social skills and confidence. Carers described the YPARC as having a significant impact on their child's mental health and wellbeing. Improved relationships between parents and the young person as a result of a stay at the YPARC were reported.

d. What impact is the YPARC having on clients' use of other health and mental health services?

The findings of this evaluation suggest that the YPARC fills an important gap in service delivery for young people who have complex mental health needs and has a good reputation. There are positive indications from the secondary data analysis that young people admitted to the YPARC may subsequently have fewer presentations to the Peninsula Health Emergency Department. Staff discussed the importance of networking with other services and using a social model of health. In the qualitative interviews with young people, carers and staff, the YPARC was identified as a positive alternative to inpatient admission, while key stakeholder interviews suggested that it was reducing pressure on the inpatient unit through enabling a step-down option and also a sub-acute service that could prevent an admission to hospital. A carer described the YPARC as breaking a cycle of using psychiatric hospital services. The collaborative partnership between Frankston's YPARC and Peninsula Health Mental Health Service played a crucial role in the protection and maintenance of the therapeutic atmosphere.

Conclusion

We found that the YPARC has made an important contribution to the care of young people experiencing complex mental health needs. There are high levels of satisfaction with the service among both young people and their carers who describe a safe, warm, youth-friendly environment that contributes positively to their ongoing wellbeing and recovery. The YPARC fills a gap in service delivery that reduces reliance on crisis services. Participants described the YPARC as providing a valuable alternative to hospital admission. The collaborative partnership in service provision enhances the therapeutic environment and recovery-oriented care. Challenges include the consistent provision of evidence-based interventions. A potential risk for the future is maintaining the therapeutic environment in the context of system pressures.

Findings from the evaluation have contributed to work being done to improve the service's model of care, including the activities and therapeutic interventions offered.

Recommendations

Consistent with the aims of the evaluation, its findings have led to the following key recommendations to ensure ongoing quality and service improvement:

1. Develop a Frankston YPARC communication strategy that improves the understanding of the role and purpose of the YPARC among key stakeholders, including potential consumers, their families and other supporters, primary health providers (particularly general practitioners) and other health and welfare services.
2. Increase the capacity of all YPARC staff to communicate effectively on the subject of their role and skills, and to explain the YPARC partnership model and how it operates to young people and their families and other supporters.
3. Continue to build on the very positive therapeutic milieu that the YPARC has created, with an emphasis on safety, respect, caring and hope.
4. Provide clear explanations about YPARC rules and their rationale and ensure they are applied consistently. Continue to engage in co-design of the rules with young people who have direct experience of the YPARC, and with their families and other supporters.
5. Support the uptake and implementation of more evidence-based psychosocial interventions that are developmentally appropriate for young people and their families and other supporters.
6. Encourage young people to maintain contact with private and other service providers during their stay at YPARC, particularly GPs, private psychologists and psychiatrists.

7. Ensure that protocols are in place so that families and other supporters know how they can be involved in decisions relating to treatment of the young person when they enter YPARC. Proactively encourage this involvement, with the young person's agreement, especially in relation to the prescription of medication.
8. Ensure that carers are introduced to all staff at YPARC, including psychiatrists, clinical staff and mental health community support service staff, and are informed about the nature of their role. Encourage consideration being given to carers attending appointments with the young person's permission, especially appointments with psychiatrists.
9. Continue to promote engagement of families and carers by ensuring they are provided with relevant information and resources, and that communication is regular. Ensure families are made aware of family the engagement worker and other supports.
10. Continue to develop and evaluate an activities program that is co-designed with YPARC consumers, drawing on evidence-based interventions and consumer preferences.
11. Provide more opportunity for structured activity, with an emphasis on activities that build skills needed for ongoing wellbeing and recovery.
12. Support young people to be aware of the ways they can take an active role in service delivery and continue to develop innovative ways for young people to be involved in all levels of service provision.
13. Improve the service's ability to communicate information about the evidence-based interventions that are currently offered at YPARC. This includes ensuring that such interventions are discussed with young people in relation to developing their recovery plan and are also clearly documented in their files. This may be supported by having more text and audio-visual information about evidence-based interventions readily available to everyone at YPARC.
14. Consider how to improve the experience for young people participating in weekly clinical reviews by psychiatrists and psychiatric registrars at YPARC.
15. Consider employing a psychologist and occupational therapist at the YPARC to enhance access to a range of evidence-based individual and group interventions.
16. Provide additional funding for facility operations, maintenance and administration/office support duties to enable community mental health support staff to be more focused on therapeutic interventions.
17. Provide community mental health support staff with opportunities to undertake capacity-building activities and evidence-based training as a method to improve recognition and visibility of their roles within YPARC.
18. Further develop appropriate referral pathways for young people who have histories of trauma and/or have been diagnosed with borderline personality disorder.
19. Further develop referral pathways for young people whose recovery goals include further study or paid employment.
20. Consider other referral pathways that enable ongoing residential support for young people if this is required (without compromising the current 28-day stay at YPARC).
21. Consider revisions to the exit survey that include a rewording of the 'my cultural and spiritual needs have been met' statement and development of a question that addresses functioning.
22. Use an anonymous exit survey box that is emptied on a monthly basis. Regularly remind young people and carers about the importance of completing the exit survey to improving service provision.

Service improvement to date

This research project was conducted over a 30-month period, and there have been opportunities for the evaluation to inform service improvements that have not relied on the production of a final report.

Key examples are as follows:

1. The occupational therapy students who analysed the exit survey data went on to undertake another project to develop the YPARC Activities and Resources Guide. The guide outlines some of the groups, activities and outings available at YPARC, as well as some of the community services that may be helpful for young people. It also provides information on potentially useful resources such as websites and apps. Finally, the guide encourages young people at the YPARC to talk to a staff member if they have any ideas for activities, groups or outings they would like to participate in.
 2. Quarterly data from exit surveys and other routinely collected data are now sent to all staff and discussed in team meetings
 3. Peninsula Health, Mind Australia and Mentis Assist have been actively engaged in activities focused on improving and further developing the service's model of care.
 4. The YPARC has introduced cross-practice supervision to cross-pollinate, enhance skillsets and confidence and reduce any potentially problematic methodological differences between Peninsula Health and Mind staff.
 5. The service has introduced increased expectations regarding documentation in files, including clearer links between the activities undertaken and the young person's recovery plan and goals.
 - a. Stickers have been introduced for use in case files in order to more easily identify types of intervention and when they have been used, such as one-to-one counselling, group work and family liaison.
 - b. Case notes are now made after each group about the young person's level of participation and learning. A tracking sheet has also been introduced to record attendance at groups and reasons for non-attendance.
 6. In 2016 there was a review of participants' IRPs and Safety Plans. The findings were used in the development of a more structured group program, implemented in February 2017, with a fortnightly feedback system. There is now greater expectation of group program attendance, as well as more regular and systematic review of the group program itself, a move that is already prompting positive comments in the most recent exit surveys.
 - a. There is now group mediation, every evening from Monday to Friday.
 7. Mind Australia's website has been updated to improve how Mind programs are introduced to the general public.
 8. A further OT student project has focused on increasing the participation of young people and developing their opportunities to influence the service.
 9. There is now a weekly discussion about rights and responsibilities.
 10. Improvements have also been made to the handover process to improve communication between staff.
 11. The YPARC has made changes to the clinical review process undertaken by psychiatrists and registrars. There are now set appointment times for the clinical review, and in May 2017 staff began completing a clinical review document with young people to increase their participation in the clinical review process. The system has been monitored and feedback has identified improved satisfaction in relation to:
 - a. understanding the purpose of the weekly reviews
 - b. thoughts and feelings being respected
 - c. the level of comfort in participating in weekly reviews.
- There is also a plan to include a better system of feedback to young people who do not meet with the psychiatrist.

10-1030 AM

10-1030 AM

BODY

MINDFULNESS

WALK

RAINY; STRETCHING

11-12pm

BODY

STRETCHING

AND BODY

AWARENESS

11-12 PM

BODY

YOGA

(DISCUSS MINDFULNESS
TECHNIQUES)

11-12 PM

MIND

Depression

BT and action
on re motivation

4 pm

MIND

THERAPY

CAFE

1-3 PM

MIND

SLEEP

HYGIENE

11-

