

## DOCUMENT RESUME

ED 435 068

CG 029 529

AUTHOR Davis, Cathy; Martin, Graham; Kosky, Robert; O'Hanlon, Anne  
TITLE National Stocktake of Early Intervention Programs--July  
1998. AusEkit Number 1.  
INSTITUTION Australian Early Intervention Network for Mental Health in  
Young People, Bedford Park, South Australia.  
SPONS AGENCY Australian Commonwealth Dept. of Health and Family Services,  
Canberra.  
ISBN ISBN-0646360787  
PUB DATE 1997-00-00  
NOTE 393p.  
PUB TYPE Reference Materials - Directories/Catalogs (132) -- Reports  
- Descriptive (141) -- Tests/Questionnaires (160)  
EDRS PRICE MF01/PC16 Plus Postage.  
DESCRIPTORS \*Adolescents; \*Children; Clinical Diagnosis; \*Early  
Intervention; \*Emotional Problems; Foreign Countries;  
Intervention; Mental Disorders; \*Mental Health Programs;  
Program Effectiveness; \*Program Evaluation  
IDENTIFIERS Australia

## ABSTRACT

This project consists of three interrelated streams which aim to: (1) develop and maintain a national network of mental health service providers, and an easily accessible clearinghouse of relevant information, to facilitate the development of innovative early intervention services across Australia; (2) address challenges in reorienting service delivery in child and adolescent mental health toward an early intervention focus; and (3) promote the best practice in early intervention in priority mental disorders of children and adolescents. One of the strategies employed by the project is the conducting of a national stocktake of early intervention programs. This stocktake involves assessing the current situation by counting and valuing programs, and assessing progress and prospects. The national stocktake of early intervention programs includes identification of the population of programs to be studied by collecting information on the program type, target group, and coverage of the program. The AusEinet project team has provided some limited information to help evaluate the evidence of effectiveness provided by programs. (Contains 18 references and 5 appendixes.) (GCP)

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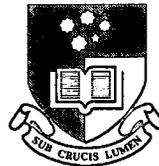
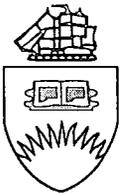
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# NATIONAL STOCKTAKE OF EARLY INTERVENTION PROGRAMS

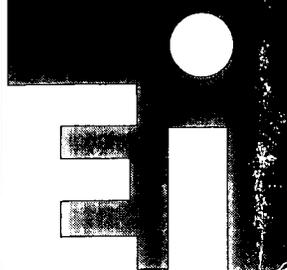


AusEkit Number 1

The Australian Early Intervention Network  
for Mental Health in Young People



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# **AUSEINET**

**The Australian Early Intervention  
Network for Mental Health in Young  
People**

***National Stocktake of Early  
Intervention Programs  
July 1998***

## ©AusEinet Project Team

Ms Cathy Davis  
Associate Professor Graham Martin  
Professor Robert Kosky  
Ms Anne O'Hanlon

AusEinet  
Southern CAMHS  
Flinders Medical Centre  
BEDFORD PARK SA 5042  
Ph: 08 8357 5788  
Fax: 08 8357 5484  
Email: [auseinet@flinders.edu.au](mailto:auseinet@flinders.edu.au)  
<http://auseinet.flinders.edu.au>

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**ISBN 0646360787**

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AusEinet, Southern CAMHS, Flinders Medical Centre, Bedford Park SA 5042  
Telephone: 08 8357 5788, Facsimile: 08 8357 5484, Email: [auseinet@flinders.edu.au](mailto:auseinet@flinders.edu.au)

Printed by Glenelg Press, 10 Regent Street, Melrose Park, SA, 5039

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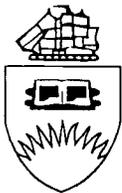
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# Acknowledgments

Many individuals participated and assisted in the development of this report. The members of the project team would like to acknowledge the service providers who provided information for this report and those whose contributions will appear in the Second Report of the National Stocktake, due for release in mid 1999. Special thanks are due to Ms Jill Knappstein who provided immense assistance with the formatting and editing of the report and Ms Linda Pettigrove of the Mental Health Branch, Commonwealth Department of Health and Family Services, for her helpful feedback.

This stocktake of Early Intervention in the Mental Health of Young People is dedicated to the memory of Charles Curran.

AusEinet gratefully acknowledges the financial support received from the Commonwealth Department of Health and Family Services through the National Mental Health Strategy and the Youth Suicide Prevention Initiative.



# **CHAPTER 1**

## **INTRODUCTION**

## NOTES

## **BACKGROUND**

Each year, about 100,000 Australian children and young people aged 5-25 years develop crippling emotional disorders. About a million more young people are seriously affected by emotional problems (Zubrick et al 1995). In many cases, the symptoms persist and progress leading to a burden of suffering and the need for ongoing care. The future of the young person affected by such conditions is placed in jeopardy, their families are stressed and there are ramifications at every level of society (Kosky and Hardy 1993). These disturbances are often the harbinger of life-long difficulties in mental health and social well-being. Of even more importance is the fact that most serious chronic psychiatric illnesses have their onset in the teenage and early adult years of life (Rey 1992).

One obvious way to reduce the impact of these emotional disorders is to identify people in distress at an early age, establish an early and accurate diagnosis and provide prompt, effective treatment. If we were able to do this, it may be possible perhaps to halve the burden of mental ill health and reverse the progression of symptoms. In broad terms, this is what is meant by early intervention. The challenge is how to do it.

To address some of these issues in June 1997, the Commonwealth of Australia provided funding of A\$1.95 million to The Flinders University and the University of Adelaide, both in South Australia. This funding, available until mid 1999, was drawn both from the National Mental Health Strategy and from the national Youth Suicide Prevention Strategy, and is dedicated to the establishment of a National Early Intervention Network to promote early intervention in mental health problems specifically with children and young people.

The AusEinet project consists of three interrelated streams which aim to:

- I develop and maintain a national network of mental health service providers, and an easily accessible clearinghouse of relevant information, to facilitate the development of innovative early intervention services across Australia
- II address challenges in re-orienting service delivery in child and adolescent mental health towards an early intervention focus
- III promote best practice in early intervention in priority mental disorders of children and adolescents

## **THE STOCKTAKE**

One of the strategies employed by the project to achieve its aims is the conducting of a national stocktake of early intervention programs. What is a stocktake? Essentially, undertaking a stocktake is about assessing a current situation – counting and valuing programs and assessing progress and prospects. Indeed, it is considered by members of the AusEinet project team that it is impossible to offer any comments upon what early intervention programs should be developed for the future and how much energy, time and money should be spent in this unless there is some understanding of how much early intervention is currently occurring. Specific goals of the national stocktake strategy are:

- to gain an appreciation of Australian early intervention programs for mental disorders in children and young people, currently operating or planned
- to inform research and the literature review

- to inform members of the AusEinet national network
- to identify good practice
- to assist those wanting to develop early intervention programs
- to identify barriers and constraints (thereby assisting with Stream II of the AusEinet project – reorientation process)
- to provide information about evaluation, and the use of an evidenced based approach

## **WHAT IS EARLY INTERVENTION?**

Definitional confusion abounds in relation to the concept of early intervention, as is illustrated by the following definitions.

*(1) Early intervention can be defined as some form of helpful input shortly after a need has arisen. Its aims are to reduce distress, shorten the episode of care, minimise the intervention required and to reduce costs. Beyond this, there are the issues of minimising dependency and enhancing hope. (Gardner 1996:143)*

*(2) Early intervention is an alternative to the traditional approach of offering interventions to individuals with established emotional disorders. That is, early intervention refers to the process of offering interventions to all individuals or to individuals who have been identified as showing minor signs of a problem or individuals who are known to be at risk of developing a disorder. Early intervention programs aim to prevent the development of a full-blown disorder by increasing the individual's resilience and positive coping skills. (Griffith Early Intervention Program)*

*(3) Early intervention is a term now used broadly to refer to a wide range of experiences and supports provided to children, parents and families during the pregnancy, infancy, and/or early childhood periods of development (Dunst 1996)*

*(4) Early intervention is defined as the early identification of cases of psychological disturbance and/or mental disorders followed by timely, effective and appropriate treatment (secondary prevention) aimed at preventing and diminishing disability. (Commonwealth Department of Health and Family Services 1997)*

The first of these definitions is extremely broad and the third and fourth definitions, very narrow, focusing only on activities with families and very young children (perhaps best called, 'the earliest intervention') and on secondary preventive strategies respectively.

La Greca and Varni (1993) have conceptualised that intervention related to prevention should include promoting health and health-related behaviours, as well as preventing illness and injury among children and youth. Similarly, the American Committee on Prevention of Mental Disorders (see Mrazek and Haggerty 1994) has developed a broad mental health intervention spectrum for mental disorders (mirrored in the definition of early intervention provided by the Griffith Early Intervention Program). Given this, it was decided to adopt as broad an approach as possible to the national stocktake of early intervention programs.

## **METHODOLOGY**

The national stocktake of early intervention programs was undertaken in three stages.

### *Stage I*

The first stage involved identification of the population to be studied. In order to obtain base line data on the number of programs utilising early intervention strategies in mental disorders in children and young people, the AusEinet project team sought ways to allow as many programs within Australia as possible to identify themselves to the project. This would enable a broad range of programs to be included. Given the existing definitional confusion in the literature related to the concept of early intervention, it was considered important for organisations themselves, to determine whether or not their activities constituted 'early intervention'. This was achieved by distributing a simple pro forma (See Appendix A), collecting information on the program type and name, contact person and address, target group and coverage of program, to a wide range of agencies/organisations in each State and Territory using snowball techniques. At the commencement of the national stocktake, coinciding with the launch of the AusEinet project, information was requested of participants at the Canberra launch. This generated a large number of contacts.

### *Stage II*

Drawing upon a literature review<sup>1</sup> and a preliminary analysis of returns from the first stage of the stocktake, a more detailed questionnaire was then developed. This was designed to elicit comprehensive information on each of the self identified early intervention programs. In part, this was influenced by the work of the Committee on Prevention of Mental Disorders (see Mrazek and Haggerty 1994:503-505) who developed a set of rigorous criteria for examining programs, including the use of randomised controlled trials (see Appendix B). The questionnaire (Appendix C) sought detailed information on the following dimensions:

- the aims and objectives of the program
- the target group
- risk factors and/or protective factors addressed by the program
- underlying theoretical frameworks/practice models employed
- the target group and selection criteria used
- strategies employed by the program
- program staffing
- the numbers of clients carried by the program
- average length of client stay in the program
- whether the program had a waiting list
- length of waiting list (if appropriate)
- the average frequency of contact
- the average time and duration for each client/intervention contact
- the program budget and source

---

<sup>1</sup> A comprehensive literature review is also being undertaken as part of the AusEinet project and will be published in the form of an AusEikit in October 1998.

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**National Stocktake of Early Intervention Programs – July 1998**

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- the duration of the program's funding
- type of referring agencies
- referral patterns
- evaluation strategies utilised
- program strengths
- program constraints

The questionnaire was piloted with four agencies and minor alterations made to the questionnaire in response to the feedback received.

*Stage III*

This involved mailing a detailed questionnaire to all programs who responded to the first stage of the stocktake and who identified themselves (or were reported by others through the snowball technique) as providing early intervention program(s) for mental disorders in children/young people. In addition, questionnaires were disseminated at a range of venues including the AusEinet workshops in Brisbane, Cairns, Hobart, Melbourne, Adelaide, Perth, Kalgoorlie, Darwin, Sydney and Newcastle and through to participants at several conferences including the Infant Mental Health Conference and the National Child Abuse Prevention Conference. As a result of this process, more than 1200 copies of the questionnaire have been distributed.

Copies of the stocktake questionnaire continue to be disseminated as a second national stocktake report will be developed in early-mid 1999.

***Information obtained from the pro forma***

Two hundred and fourteen (214) programs were reported or self-identified as conducting early intervention programs. One hundred and sixty (160) of these programs did not complete questionnaires<sup>2</sup>. The limited information obtained about these programs (as it appeared on the completed pro formas) is contained in Appendix D.

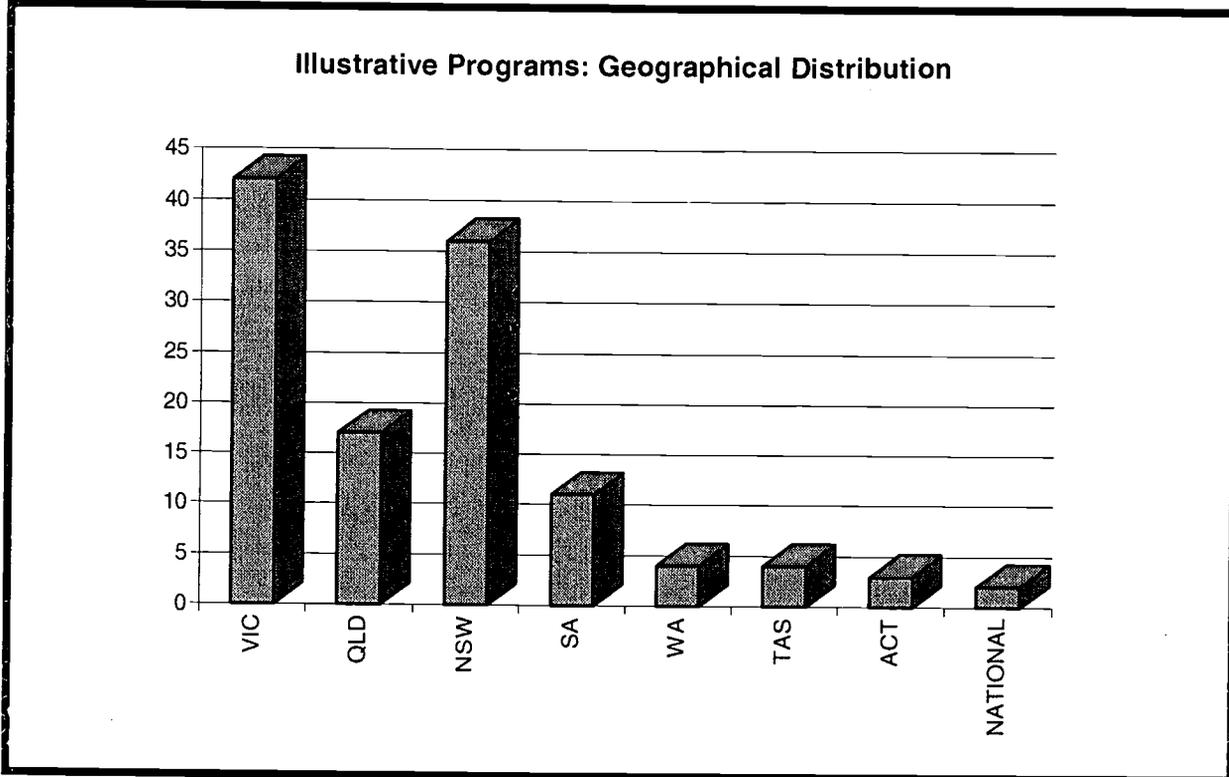
***Information obtained from the questionnaires***

The geographical distribution of the one hundred and nineteen (119) completed questionnaires received is as follows:

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<sup>2</sup> The 119 illustrative programs reported upon represent those programs responding to the proforma as well as those who completed questionnaires disseminated at AusEinet workshops and at various conferences.

**Figure 1**



NB "National" refers to programs which operate in more than one state/territory

The completed questionnaires varied in terms of the amount of information provided. Obviously, an eight page questionnaire requires a considerable amount of time to complete and this may have deterred some respondents. One letter was received in which the writer complained about the length of time taken to complete the questionnaire. As noted, however, the Project Team felt it was important to obtain comprehensive information where possible.

Some organisations provided very detailed information, including copies of assessment materials, literature reviews and evaluation reports. These provided invaluable information which assisted in gaining an understanding of the particular program. Other organisations provided copies of brochures or information sheets about their programs. These have been included in the report in the section of each chapter titled 'Brief Description of other Self-Identified Early Intervention Programs'.

It should be noted that all contributions received are included in this stocktake. Copy editing has occurred to ensure consistency of style and accuracy of spelling and grammar. However, entries appear essentially in the form in which they were received and have not been re-written or substantially edited. Where identification has been possible, the full name represented by the acronym has been listed.

*Categorisation of early intervention programs*

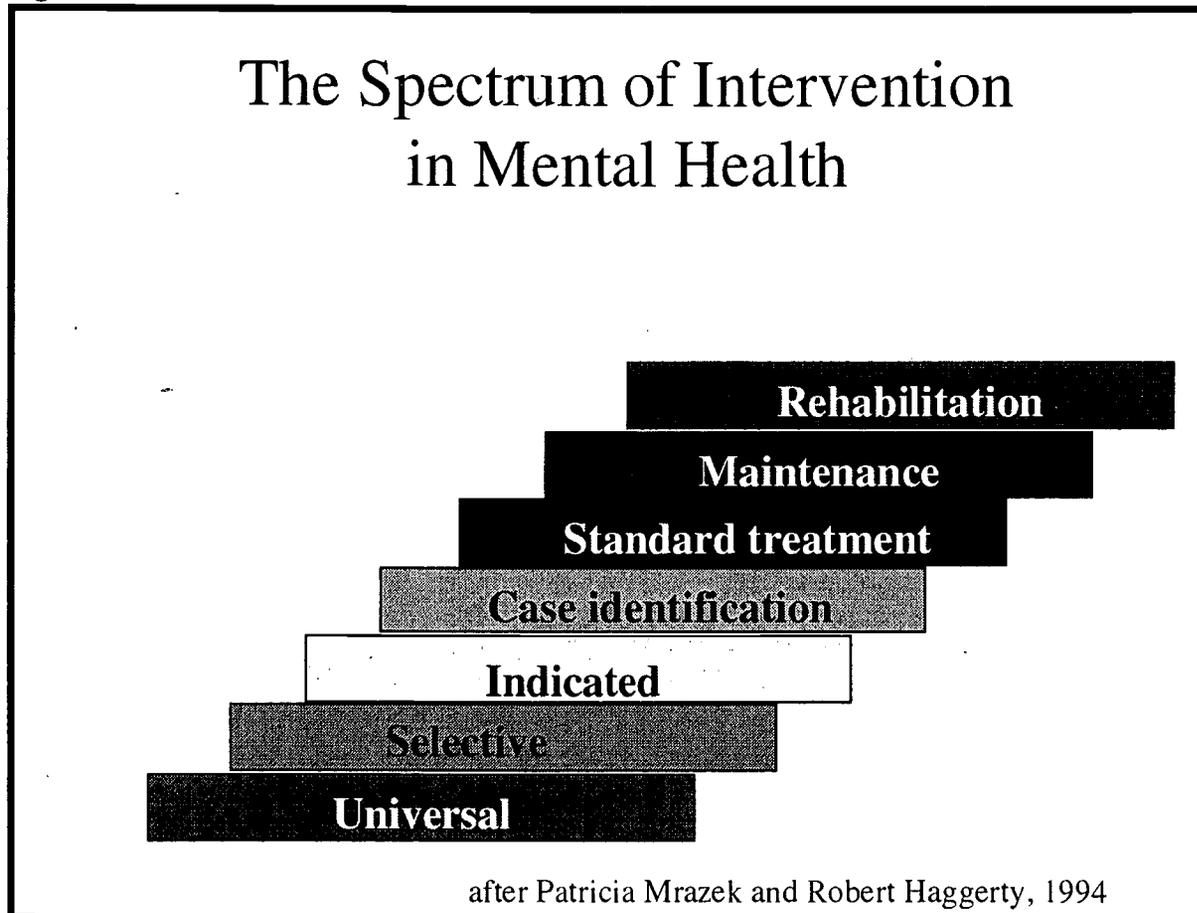
Given the diversity of the self identified early intervention programs, it proved difficult to develop a coherent means of categorisation. Within this report, programs have been classified in several ways:

- the program's target (preventive orientation)
- the age range of children/young people seen by the program
- problems/issues targeted
- geographical distribution of programs

*Preventive orientation*

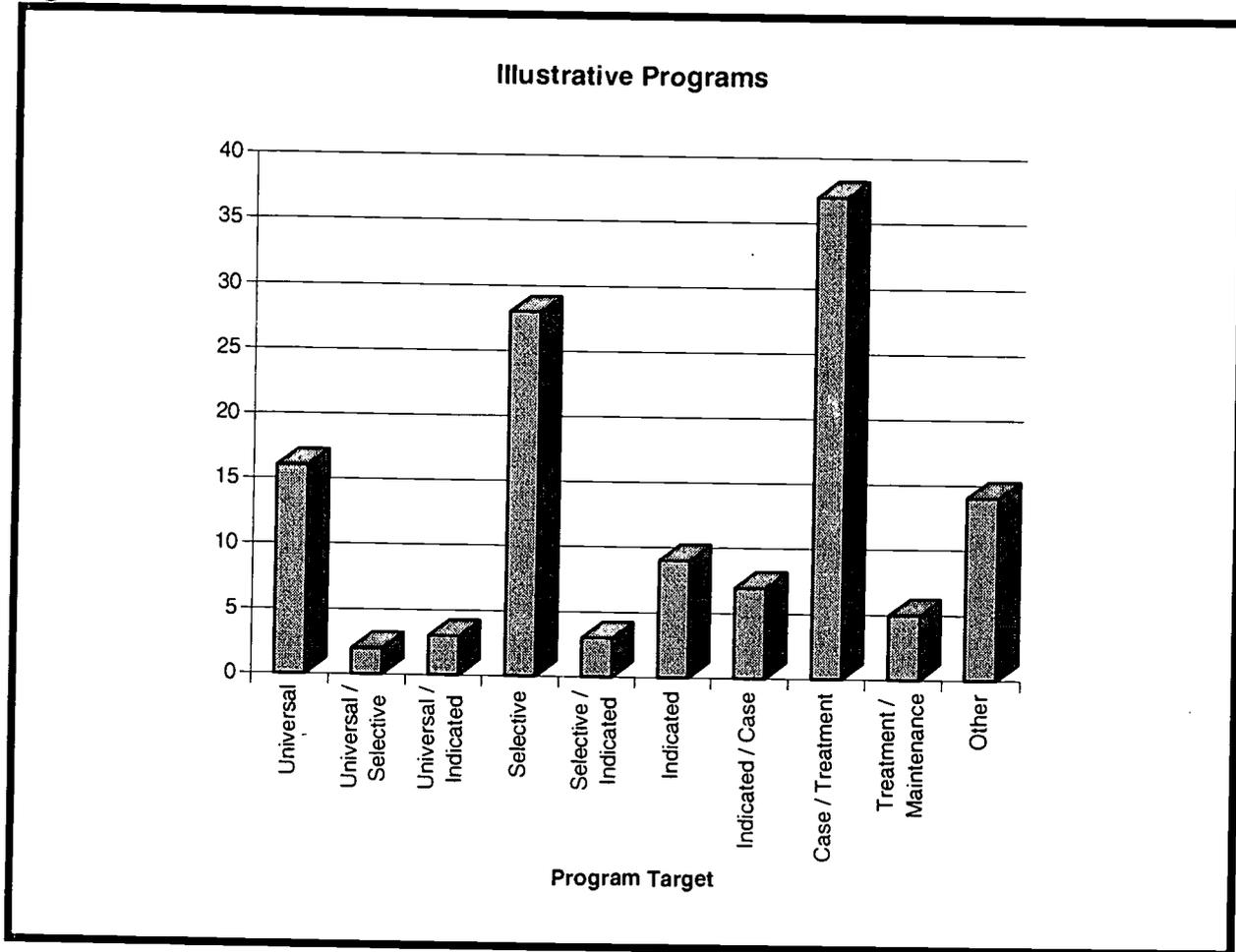
In terms of the program's target (preventive orientation), the mental health intervention spectrum for preventive disorders (Mrazek and Haggerty 1994:23) has been employed.

Figure 2



On the basis of this spectrum, the stocktake identified the one hundred and nineteen (119) illustrative early intervention programs described in this report as having the following program targets:

Figure 3



A number of the programs did not have a single preventive intervention program target but rather, spanned two or three categories.

**Age range of children seen by the program**

Each chapter of this report comprises illustrative programs for a specific age category:

- 0-5 years
- 6-12 years
- 13-24 years
- Other

A number of programs span these age categories; this has been noted in the relevant chapters. The 'other' chapter contains illustrative early intervention programs which can not readily be categorised into discrete age categories.

***Problems/issues targeted***

Where possible, illustrative programs have been categorised according to the problem/issue they focus upon. This information is contained in one of the three indexes.

***Geographical distribution of programs***

Figure 1 illustrates the geographical distribution of the early intervention programs described in this first report of the national stocktake. In addition, programs have been indexed geographically.

***Determining the effectiveness of programs***

Originally it was planned to utilise an evidence based approach in examining the effectiveness of each of the illustrative programs. It was decided that this was not feasible for a number of reasons. First, programs completing the questionnaire had not been advised of this – this raised ethical concerns. Second, preliminary analysis of the material being collated (along with concurrent work on the AusEinet project literature review on early intervention) highlighted the fact that research is not sufficiently advanced to enable any form of ‘benchmarking’. Third, it became increasingly evident that many programs have limited funding and resources and are unable to undertake major evaluations of their programs’ effectiveness. The length of the funding cycle means that many programs are funded for only short periods of time, a factor which impacts on the type and quality of evaluative research that can be conducted. Further, those programs which are undertaking more evidenced-based evaluation of their particular early intervention programs tend to be reliant on time limited research grants for this. A final factor related to some of the criticisms of evidenced based approaches (Weisz & Weisz 1989; Raw 1993). As Ammerman and Herson (1998:5) observe,

*It is a common complaint among clinicians...that the ‘experimental’ research literature has limited generalisability to actual clinic cases because of features inherent to laboratory studies that purportedly limit external validity.*

A meta- analysis conducted by Weisz et al (1987) revealed that research treatment differed from clinic treatment in that clinic samples were more pathologically disturbed, research settings had superior resources, and behaviour therapy (which was more likely to be part of research studies but is less likely to be employed by the clinical community as a whole) is more effective than nonbehavioural treatments<sup>3</sup>. Similarly, Seligman (1998:570), commented that the effectiveness method alone is seriously incomplete in that efficacy designs omit many of the crucial elements of real therapy, and introduces others *so alien to real therapy*, that they *mask, minimise and distort the actual benefits that actual therapy produces*.

Despite such criticisms, the AusEinet project team has provided some limited information to assist in ‘rating’ the evidence of effectiveness provided by programs. This is based on the material contained in Appendix E.

---

<sup>3</sup> The meta-analysis did not support other hypotheses (eg superior methodologies in recent research, research clinicians are superior to community clinicians, research therapists are more carefully trained, research psychotherapy is more circumscribed in terms of clinical presentations, and research therapy is more highly structured). Weisz and Weisz (1989).

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***Updating the Stocktake***

Since completing this report, a number of additional questionnaires containing information on early intervention programs have been received. The AusEinet project team welcomes such contributions and will develop these into a second national stocktake of early intervention programs report to be published in early-mid 1999. This report will also integrate some of the material from the international literature review.

## **CHAPTER 2**

### **0-5 YEARS INFANT MENTAL HEALTH AND EARLY CHILDHOOD PROGRAMS**

Includes:

PROGRAMS WHICH SPAN INFANT MENTAL  
HEALTH AND EARLY CHILDHOOD

PROGRAMS WHICH SPAN INFANCY AND  
CHILDHOOD

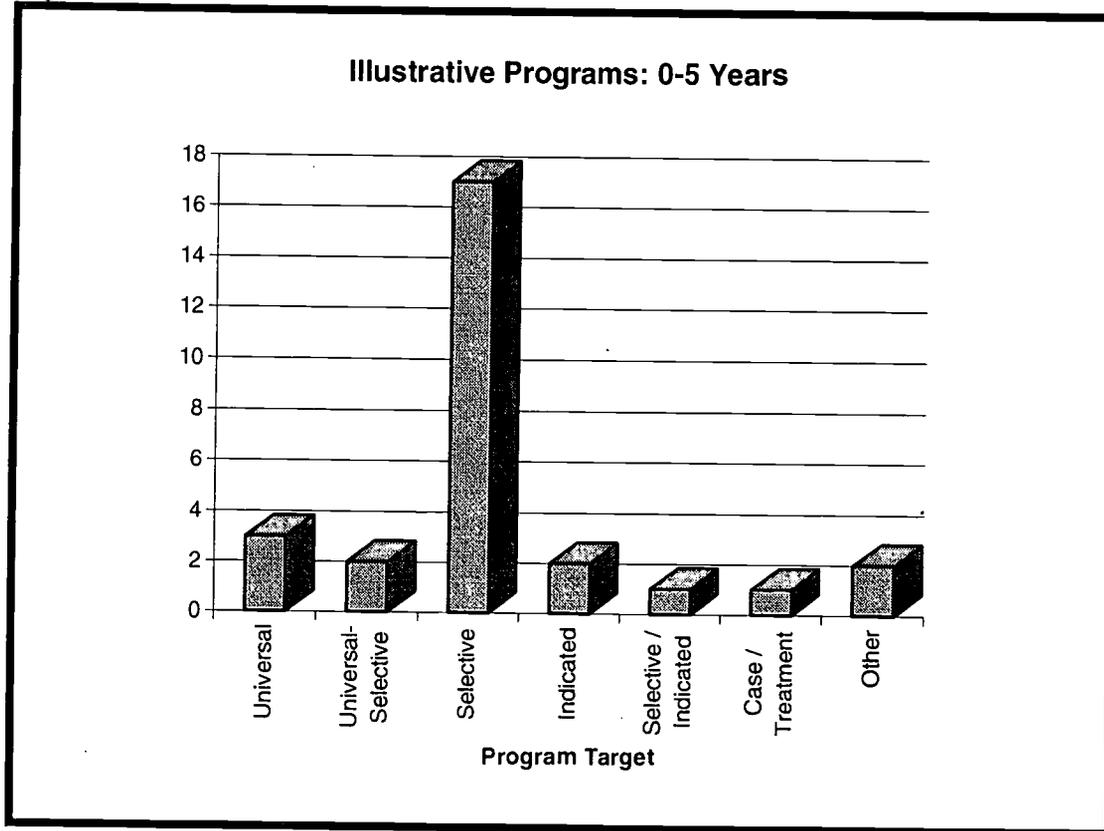
PROGRAMS WHICH SPAN INFANCY, CHILDHOOD  
AND EARLY ADOLESCENCE

BRIEF DESCRIPTIONS OF OTHER SELF-  
IDENTIFIED EARLY INTERVENTION PROGRAMS

**NOTES**

Twenty eight organisations self identified as providing early intervention programs for children aged 0-5 years. As Figure 4 illustrates, the majority of these programs can be classified as having a selective preventive intervention program target. That is, they are focussed on particular individuals or subgroups of the population whose risk of developing mental disorders is considered to be significantly higher than average (Mrazek and Haggerty 1994:494). Target groups addressed by the varied programs in this chapter include highly stressed families and infants of vulnerable parents. (This includes recently arrived refugees, people with a language other than English, disabled mothers, parents with chemical dependency problems, parents with a psychiatric illness, mothers with postnatal depression or distress and families experiencing crisis). Examples of these programs include *The Mothers and Infants – Mental Health Project*, *A Mother-Infant Interaction Treatment Program for Postnatal Distress and Depression* and the *Brimbank Infant and Family Support Program*. A group of four programs which can be considered to have a selective preventive intervention program target have been developed for children with special needs.

**Figure 4**



A number of early intervention programs with a 'universal'<sup>1</sup> preventive intervention target are also described in this chapter. These early intervention programs focus on new families and are generally seen as a possible means of supporting the development of healthy parenting, as a strategy to promote child

<sup>1</sup> Universal preventive interventions for mental disorders are targeted to the general public or a whole population group that has not been identified on the basis of individual risk. (Mrazek and Haggerty 1994:494).

health, and as an intervention to protect children from child abuse and neglect. An example is that of the *Northern Lakes Home Visiting Program* operated by Burnside. This program aims to 'make a positive difference in the lives of children and their families' living in a particular geographical area, 'by providing a home visiting service, driven by client needs, that offers direct support to new parents (usually first-time parents) as well as brokering effective and integrated access to a wide range of other early childhood and family and parenting services.'

As Figure 4 depicts, a much smaller number of early intervention programs with an indicated preventive intervention<sup>2</sup> target were identified. One such program is the *Macquarie University Anxiety Prevention Project* which aims to investigate a prevention program for the development of anxiety. In this program, the target group is 4 year old children at risk of anxiety, based upon a high anxious temperament. Screening for this program is via the Childhood Temperament Scale, then confirmed using direct behavioural observation.

One self identified early intervention program described in this chapter, the *Positive Parenting Program (Triple P)* is a multi-level system of parenting support and family intervention. As such, its program target includes universal, selective and indicated preventive interventions. It aims to enhance children's development, emotional well-being and social competence by promoting positive parenting practices and healthy parent-child interaction. Additionally, it aims to prevent serious behavioral or adjustment problems in children by teaching parents of pre-adolescent children, alternatives to harsh, inconsistent and coercive discipline practices. The long-term goal of Triple P is to reduce the number of children who are at risk for serious conduct disorders throughout Australia. The different levels of Triple P include low cost information programs (Level 1); brief therapist-assisted interventions (Level 2); brief focused parent training programs (Level 3); broad focused intensive parent training programs delivered individually or in groups (Level 4) and; intensive behavioural family intervention (Level 5).

#### ***Risk and protective factors addressed by the programs***

A range of risk/protective factors are addressed by the programs described in this chapter. Risk factors addressed include:

- maternal depression and postnatal depression
- child abuse
- parental mental illness
- children with an anxious temperament
- parental anxiety and over protection

Protective factors addressed include:

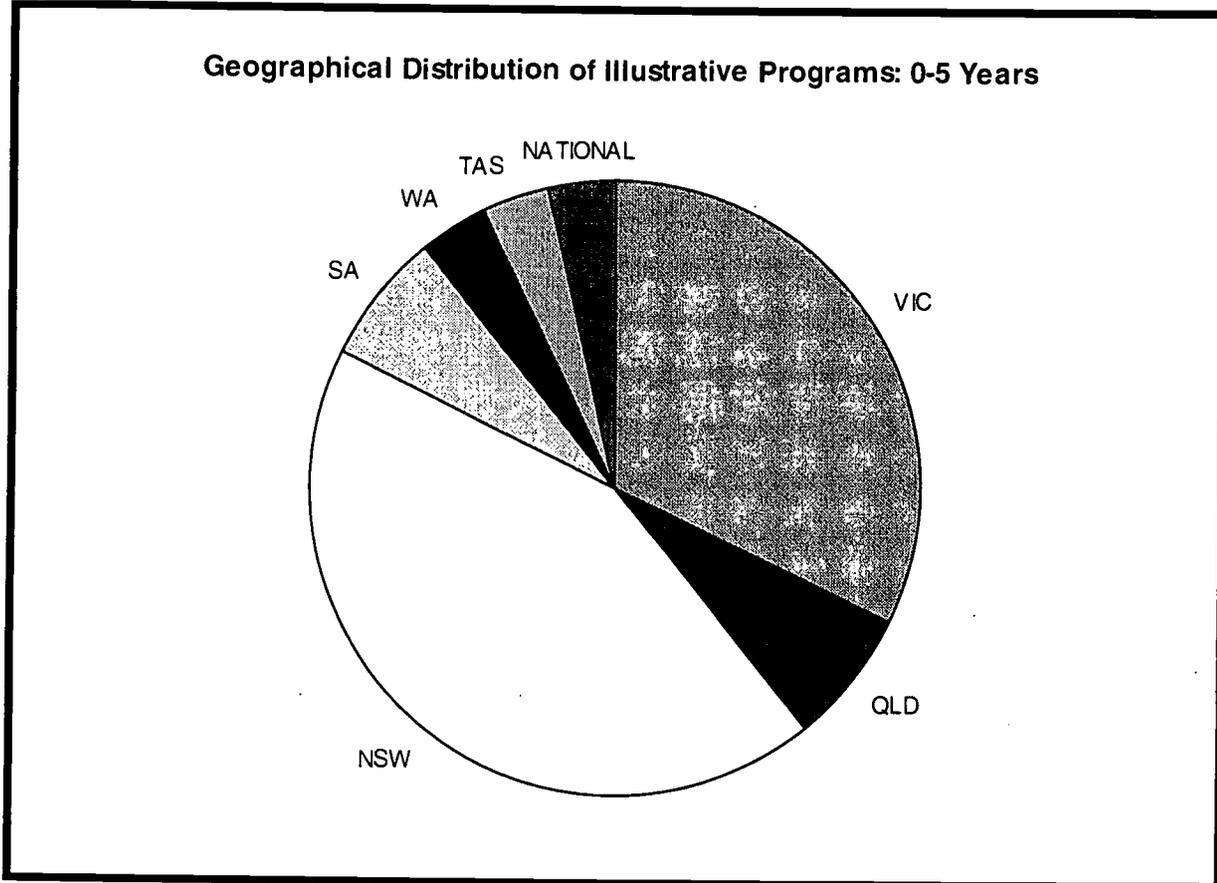
- the enhancement of parenting satisfaction and maternal coping skills
- the enhancement of attachment
- the strengthening of families and the building of social support networks (this was seen as a means of preventing child abuse and neglect)
- family resilience and ability to change

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<sup>2</sup> Indicated preventive interventions are targeted to high-risk individuals who are identified as having minimal but detectable signs or symptoms foreshadowing mental disorder, or biological markers indicating predisposition for the mental disorders, but who do not meet DSM-III-R diagnostic levels at the current time. (Mrazek and Haggerty 1994:494).

*Geographical distribution of programs*

Figure 5



As can be seen from Figure 5, the majority of the programs described in this chapter are located in either Victoria or NSW. A small number of programs have more of a national focus, operating in several states. One such program is *Good Beginnings: National Parenting Project*. This program is an initiative of the Lions Club of Greater Sydney. The pilot phase of the National project is being managed by the National Association for Prevention of Child Abuse and Neglect (NAPCAN) with financial assistance from the Commonwealth Department of Health and Family Services.

***Theoretical models/practice models utilised***

A number of programs presented in this chapter have articulated the theoretical bases or practice models that their programs utilise. In terms of those early intervention programs which focus on infant mental health, attachment theory, psychodynamic theory (in particular object-relations theory) and the work of Selma Fraiberg are identified as key influences along with, in some cases, behavioural theories and social learning paradigms. A number of programs which aim to build community networks, support families and/or prevent child abuse are influenced by socio-ecological models.

Other programs are described by informants as being based on literature reviews or anecdotal evidence. Several programs have provided copies of the literature reviews that have informed the genesis of their

respective programs.

### ***Strategies***

Strategies employed by the programs varied. *The Macquarie University Anxiety Prevention Project* offers a specific 6 session treatment program. Other programs presented in this chapter tend to employ a broader range of strategies. These include:

- psychosocial assessment and monitoring of child development
- home visiting
- psychiatric consultation and brief intervention
- support and empowerment of parents
- GP education
- provision of educational strategies and seminars
- phone support
- group support
- long-term intensive work
- direct therapy
- provision of practical support

### ***Staffing***

Staffing of the programs described varies, ranging from midwives, part time consultant child psychiatrists, social workers, family support workers, psychologists, medical officers and child care workers. Several programs which utilise home visiting as a key strategy utilise trained volunteers as part of their staffing profile.

### ***Infrastructure needed***

It is apparent from the reports of the early intervention programs described in this chapter that a range of infrastructure to support programs is essential. This includes:

- dedicated professionals
- intersectoral collaboration
- training resources
- administrative support
- cars and phones

Several programs highlight the importance of the program location. For example, *Northern Lakes Home Visiting Program* is nested within a Family Centre where a range of family support services are based (Child Health Clinic, immunisation services, speech development services, parenting groups, support groups, playgroups), as well as outreach services such as Legal Aid and financial counselling). Such a location assists with the provision of integrated access to a wide range of childhood and family and parenting services.

### *Other program characteristics*

The number of clients seen by the programs varies considerably. At one end of the continuum, services report seeing one - twelve families per month and two families per month respectively while at the other, forty five - fifty families are seen. While a number of programs report that they do not have a waiting list for their service, six programs report waiting lists ranging from two weeks to six months. A variety of referring agencies utilise the programs described.

Many of the programs reported upon in this chapter are flexible in terms of the duration of the early intervention program provided and the number of visits/sessions employed. A number of the programs designed to support and enhance parenting and vulnerable families provide services between three weeks and one and a half years. The duration of the program and its intensity may be negotiated with each family. Generally, however, programs provide weekly or fortnightly contact with clients. Several programs are of a fixed duration and intensity. These are the Macquarie University Anxiety Prevention Project which offers a program of six, two hourly sessions and the Maroondah Hospital Parent-Infant Intervention Program program which offers an eight weekly (two hours per week) group program.

### *Measuring effectiveness*

The complexities of evaluating human service programs are evidenced in the descriptions given of how programs measure their effectiveness. Not all of the programs described in this chapter have been/are being evaluated although several of the reported programs are currently planning program evaluations. A number of programs utilise pre and post measures such as changes in the EPDS (Edinburgh Postnatal Depression Scale – see A Mother-Infant Interaction Treatment Program for Postnatal Distress and Depression) or use batteries of instruments such as the Family Stress Checklist, Home Observation for Measurement of the Environment (HOME) and the Parenting Stress Index and Depression and Anxiety Scales (DAS). Other programs rely on indicators such as the referral rate and ‘appropriateness of referrals’, training needs analysis and evaluations of training. For those programs whose target group comprises children with special needs, individual service plans and client review feedback forms are commonly employed. A number of programs have engaged or are in the process of engaging external evaluation consultants to undertake reviews of their programs. Generally, however, formative and descriptive evaluations appear to be utilised. From the information provided, only one of the programs reported on in this chapter (Positive Parenting Program: The Triple P Program) could be described as providing a strong evidence base (Type 1) for the effectiveness of its program. The program has been extensively field tested in randomised controlled trails to establish the efficacy of the program. A number of the other programs reported in this chapter could be considered to offer Type 3 evidence in that they utilise before and after measures.

### *Strengths of the programs*

Programs described in this chapter see themselves as having a number of strengths. These include:

- accessibility
- outreach
- client advocacy
- flexibility
- the provision of early detection and management of perinatal disorders
- positive outcomes
- the ability to deal with practical issues as well as accessing intra-inter dynamics



- staff expertise
- involvement of parents in all review processes (programs for children with special needs)

***Constraints identified***

The lack of secure funding/resources is commonly identified as a major constraint. Several programs are dependent on research grants. One program reported that it is unable to provide its planned universal preventive intervention because of funding constraints while another is able to operate its program in only part of its catchment area. Further, the lack of secure funding leads to program uncertainty. Other constraints identified include:

- pressure to accept clients beyond the early intervention focus
- lack of structures for supervision

## ILLUSTRATIVE PROGRAMS

### 0-3 YEARS

#### 1: NORTHERN BIRTHING SUPPORT SERVICE

**Program Target:** Selective  
**Location:** East Preston Community Health Centre  
Cnr Blake and Crevelli Streets  
EAST RESERVOIR VIC 3073  
**Contacts:** Co-ordinator of NBSS

*Funding:* No information available

*Aims and Objectives:*

The Northern Birthing Support Service (NBSS) was established in February 1996 as a co-operative project between the Preston and Northcote Community Hospital (PANCH) and seven community health centres in the Northern Region of Melbourne.

It consists of three components:

- A domiciliary service for women giving birth at PANCH and choosing to be discharged before their baby is 4 days old
- A care co-ordination service provided to women and their families experiencing more complex needs in the ante and postnatal period. This service is provided by local community midwives
- Mapping of existing birthing services in the Northern Region

*Care co-ordination*

- The service is intended for families who have a complex set of needs and /or lack family/social support during pregnancy and in the postnatal period. The service is able to offer considerable assistance to such families. As resources are limited the service is restricted to 'those most in need'
- The decision for care co-ordination is made jointly by the client, the referring agency and the clinical co-ordinator of the NBSS based on the selection criteria and availability of a community midwife
- The community midwives attached to the service are experienced professionals who have an in-depth knowledge of resources in their local community
- Their role includes:
  - advocacy
  - practical assistance such as material and financial aid
  - childbirth education individually or in groups
  - parenting advice and support
  - breastfeeding support
  - assistance with funding in some cases, or referral to housing agencies
  - co-ordinating services to the client, linking into appropriate community supports, follow up, review and evaluation
  - providing accessibility to services, that is, home visiting, providing transport in some locations.

The Care Co-ordination component of the Northern Birthing Support Service aims to assist women and their families to achieve a positive birthing experience from a physical, emotional and cultural perspective.

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Home based care, both in the ante and postnatal period, is offered by a community midwife who can provide education, support, information and referral to appropriate agencies. Women are involved in the decision making process of all aspects of their care with particular sensitivity shown to women from culturally diverse backgrounds, with disabilities and special needs.

The Northern Birthing Support Service acknowledges that women and their families face many challenges during the time before and after the birth of a child. The Northern Birthing Support Service also recognises the strengths and resources that women and their families bring with them and at all times seeks to work appropriately to ensure the required support services are in place

**Risk/protective factors addressed:** Yes: risk factors are addressed. Program staff identify pregnant and/or early parenting women who are at risk of depression or social isolation. Many of the program's clients are young women

**Basis of program:** The program was informed by a literature search, anecdotal evidence, government report and community need. The model of midwife provided in-home care was developed upon case management/care co-ordination

**Target group/selection criteria:** Selection is made on the basis of need and the availability of community midwives. Factors which are taken into account are:

- New arrival refugees
- Women who speak languages other than English
- Women under the age of 20
- Women with a disability
- Families experiencing a recent perinatal death
- Families experiencing multiple births
- Women with a chemical dependency
- Women at risk of abuse
- Women at risk of homelessness or experiencing homelessness
- Women with lack of family/social support

Referrals are sought as early in the antenatal period as possible but are accepted at all stages of the ante and postnatal period

**Strategies:**

- Provide home visits
- Emphasis on emotional needs and provision of social support
- Co-ordination and introduction of other relevant services
- Introduction of clients to existing support groups e.g. young parents groups, playgroup, postnatal exercise groups
- Staff based in local community based community health centers

**Professional staff employed:** Midwives (7)

**Other infrastructure required:** Co-ordination hours; cars; phones; fax machines; administrative support

**Duration of the early intervention program:** 3 year pilot phase ends July 1998

**Average length of client stay in the program:** 3-6 months

**Average frequency of contact with clients:** Once to twice weekly: daily when mother and baby initially come home

**Average duration of each contact with client:** One hour

**Number of clients carried per program per month:** 60 – care co-ordination. 50 – routine domiciliary care

**Waiting list:** No

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**Referring agencies:** Hospital social workers and pre natal clinics; mental health services; Dept of Immigration; housing services; GPs; maternal and child health nurses; drug and alcohol counselling services; financial counselling; emergency relief

**Agencies clients referred to:** All of the above

**Effectiveness of program:** Copy of Evaluation report (undertaken 1997 by external evaluators Liaw et al) provided. The evaluation employed was formative and descriptive; interviews and questionnaires were used with clients, providers and stakeholders to judge the value of the service. The evaluators concluded that the NBSS has partially achieved its objectives:

**Strengths of program:**

- Accessible – in the home. Midwives are an acceptable part of the home service - can provide clinical, emotional and social support
- Sub regional service. A team of midwives has been developed across the community and acute sectors
- Service provided by community health centre based staff with an extensive knowledge of local services to refer to

**Constraints of program:**

- Insufficient resources
- Unacceptable waiting times for essential services, particularly mental health
- Limited midwifery hours

## **2: MOTHERS AND INFANTS - MENTAL HEALTH PROJECT**

**Program Target:** Selective  
**Location:** South Brisbane Child and Youth Mental Health  
C/- Management Unit Aubigny Place  
Mater Hospital Complex  
SOUTH BRISBANE QLD 4101  
**Contacts:** Dr Janet Rhind  
Phone: 07 3840 1640  
Fax: 07 3840 1644

**Funding:** No information available

**Aims and Objectives:** Develop early identification and early intervention programs with at-risk mothers

**Risk/protective factors addressed:**

**Risk factors:**

- parent with mental illness
- child abuse
- failure to thrive

**Protective factors:**

- attachment
- parenting enhancement

**Basis of program:**

- early detection and intervention with peri-natal mental health disorders
- consultation and training with primary health care services

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- infant mental health and attachment theory

Prince Charles Hospital, Qld: “Perinatal Mental Health Service for Women and their Families - A Model of Care” Infant Clinic - Austin Medical Centre, Victoria

**Target group/selection criteria:**

*Mothers of infants/children who:*

- become depressed or have a past history of depression with previous pregnancies
- have other psychiatric illness - current and/or past
- have a history of substance abuse
- have major personality disorders
- are adolescents
- have a past history of physical, sexual or emotional abuse - who are frequently in abusive or non-supportive relationships
- whose families have other major psychosocial stressors

*Child health primary care staff*

**Strategies:**

- psychiatric consultation and brief intervention located within Community Child, Youth and Family Program (CY & F Program)
- CY&F Program - Mental Health Training Needs Analysis
- secondary consultation and supervision with child health nurses
- development of case conferencing within CY&F Program to review complex cases
- collaborative provision of training to establish a case conference system
- planning and development of an “Infant Clinic”
- CYMHS staff training and establishment of an “under fives” interest group to reorientate service to an infant mental health perspective

**Professional staff employed:** Consultant Child Psychiatrist 6 hours per week

**Other infrastructure required:**

- referral protocol for psychiatric consultation
- training resources
- case conference referral and presentation protocols
- management level intersectoral collaboration

**Duration of the early Intervention program:** 6 hours per week - ongoing

**Average length of client stay in the program:** 3 sessions

**Average frequency of contact with clients:** fortnightly

**Average duration of each contact with client:** 1 hour

**Number of clients carried per program per month:** 2

**Waiting list:** No

**Referring agencies:** South Brisbane Community Child, Youth and Family Health Service; Riverton Centre; Mater Hospital Complex

**Agencies clients referred to:** Back to CY&F

**Effectiveness of program:**

- referral rate and appropriateness of referrals from CY&F Program staff is an indicator of training being successful in early detection

Other indicators include:

- training needs analysis and training evaluation conducted with CY&F staff
- outcomes for clients/better case management following introduction of case conferencing to CY&F program
- individual client outcomes in relation to psychiatric morbidity

**Strengths of program:**

- focus on mother-infant dyad, not simply maternal health or child health
- collaborative, integrated early intervention project located within CY&F Program early detection and management of perinatal disorders
- provides a mental health focus to training and supervision to CY&F Program staff

**Constraints of program:**

- limited hours of early intervention program (6 per week) creates difficulty in services liaising with/referring to worker
- time required to establish collaborative working relationships with CY&F staff
- lack of structures for supervision and case conferencing, plus limited awareness of necessity of these in working with complex cases by CY&F staff

### **3: A MOTHER-INFANT INTERACTION TREATMENT PROGRAM FOR POSTNATAL DISTRESS AND DEPRESSION (PND)**

**Program Target:** Selective  
**Location:** Royal North Shore Hospital  
Child & Adolescent Services  
Level 2/Block 4  
ST LEONARDS NSW 2065  
Arndell Children's Unit  
Macquarie Hospital  
Cnr of Twin & Badajoz Rds  
NORTH RYDE NSW 2113  
**Contacts:** Dr Nick Kowalenko  
Phone: (02) 9926 8905  
Fax: (02) 9906 8136  
Dr Bev Turner  
Phone: (02) 9887 5741  
Fax: (02) 9887 2941

**Funding:** 12 months only

**Aims and Objectives:** This program aims to treat Postnatal Depression, reduce the severity and duration of maternal depression, enhance mother-child interaction, and reduce parenting stress. It provides early intervention in a timely manner and is linked to a GP shared antenatal and postnatal shared care program in the Northern Sydney Division of General Practice.

*Specifically, it aims to:*

- enhance positive parenting skills in an at risk group

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- trial a group therapy approach
- evaluate program effectiveness
- provide effective treatment of PND
- recognise and provide timely intervention in postnatal mood disorders
- it also aims to reduce parenting stress and ameliorate child abuse risk

**Risk/protective factors addressed:** Yes

- enhances parenting satisfaction
- enhances maternal coping skills
- aims to enhance security of attachment
- targets the risk factor of maternal depression

**Basis of program:** The early intervention program has both behavioural and attachment theoretical orientations and a social learning paradigm. The behavioural model is used in treating maternal depression and encouraging contingent reinforcement in mother-infant interactions. There is some brief, focused opportunity to examine internal working models of attachment.

**Target group/selection criteria:** The target group is those with postnatal depression detected through screening in General Practice for postnatal depression with the Edinburgh Postnatal Depression Scale (EPDS). The early intervention program is a research evaluation program accepting referral from GPs. It also runs in conjunction with the General Practitioner multimodal management of maternal depression.

**Strategies:** GP education in a GP antenatal and postnatal shared care project with regular seminars and educational sessions. The antenatal and postnatal shared care program involves detailing to general practitioners and exploring the use of the depression screening instrument for the EPDS and monitoring its uptake by GPs.

**Professional staff employed:** Trainee child psychiatrists (2); research assistants (4)

**Other infrastructure required:** Required a researcher to structure physical facilities that can accommodate both parents and their infants

**Duration of the early Intervention program:** 10 weeks

**Average length of client stay in the program:** 10 weeks

**Average frequency of contact with clients:** Approximately weekly

**Average duration of each contact with client:** 90 minutes

**Number of clients carried per program per month:** 15

**Waiting list:** No waiting period for assessment - seen within 2 weeks. Yes-waiting list for group treatment - up to 3 months

**Referring agencies:** GPs

**Agencies clients referred to:** GPs; community mental health; family care centres; specialist mental health staff in public sector

**Effectiveness of program:** One of the aims of this early intervention program is to evaluate effectiveness (No further information provided)

**Strengths of program:**

- close relationship to the GP program
- uses a specific case finding instrument
- specific detailing of GPs and formal education program in postnatal mood disorders
- a particular focus is the mother infant dyad which aims to both treat postnatal depression and enhance resilience in the mother infant relationship

**Constraints of program:** The continued running of each program is currently based on the availability of funding from research grants. As a consequence, there is no guarantee that any program can be maintained.

#### **4: BRIMBANK INFANT AND FAMILY SUPPORT PROGRAM**

**Program Target:** Selective  
**Location:** PO Box 36  
DEER PARK VIC 3023  
**Contacts:** Vivienne Nelson  
Phone: 03 9296 1200  
Fax: 03 9331 7415

**Funding:** No information available

**Aims and Objectives:**

- to offer a flexible and responsive outreach service to families in Brimbank with a child under 12 months
- to be aware of cultural issues
- assessment of a child's developmental needs
- to optimise the development of a secure attachment for an infant to a primary care giver
- to offer a service to special needs families e.g. young mother, persons with a psychiatric intellectual disability
- to enhance the possibility of a child remaining with his/her parents, without neglect or abuse

**Risk/protective factors addressed:** Yes. The program aims to enhance the attachment process, leading to secure attachment.

**Basis of program:** The program is based on the Community Infant Project (Boulder, Colorado, USA)

It provides early outreach with infants based in client's homes. Theoretical models employed are:

- attachment theory
- crisis intervention
- infant mental health

**Target group/selection criteria:**

- families with a child under 12 months experiencing crisis, or where the referring agency has identified a particular need for intervention.
- all families meeting the above criteria are eligible; no special attention is given to specific groups (Brimbank is an area of diverse ethnic groups)
- particular identified vulnerable groups targeted by the program are:
  - adolescent mothers
  - women with a psychiatric or intellectual disability
  - substance abuse issues
  - domestic violence
  - children with a disability and/or prematurity

**Strategies:**

- assessment of present situation including supports, practical difficulties, values, information
- a psycho-social assessment, including family of origin

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- counselling, practical support, advocacy and utilisation of community resources
- liaison with Maternal and Child Health Service

**Professional staff employed:** Social workers; family support worker

**Other infrastructure required:** The Brimbank Infant and Family Support Program is located within the Maternal and Child Health Service - a generalist service monitoring early risk and developmental issues in young children.

**Duration of the early intervention program:** 18 months, (9 months until December 1997)

**Average length of client stay in the program:** 3 months, but no time limit operates

**Average frequency of contact with clients:** Weekly

**Average duration of each contact with client:** Social worker - 1 hours, Family support worker - 2 hours

**Number of clients carried per program per month:** 12 -20, depending on the intensity and needs of the clients

**Waiting list:** No

**Referring agencies:** Hospitals; Maternal and Child Health Service, Dept of Human Services

**Agencies clients referred to:** Housing agencies; GPs/psychiatrists; residential mother/baby support programs; generalist family support programs; community self-help/support groups

**Effectiveness of program:** The program is currently being evaluated by Associate Professor Gay Edgecombe, RMIT, Melbourne

**Strengths of program:**

- generalist service with the expertise to cater for higher needs families e.g. psychiatric problems, history of disadvantage
- deal with practical issues as well as accessing intra/inter dynamics
- the program also offers client advocacy

**Constraints of program:** Funding

## **5: EARLY INTERVENTION PROGRAM**

**Program Target:** Selective  
**Location:** 24a Ocean Street  
BONDI NSW 2026  
**Contacts:** Elke Andrees (Team leader)  
Phone: 02 9365 7999  
Fax: 02 9365 7937

**Funding:** No information available

**Aims and Objectives:** EIP is a secondary child abuse program, working with high risk families with a child under three or antenatally. Since child abuse is understood, in part, to be a breakdown in the parent-infant relationship, the aim of the program is to strengthen and enhance this relationship so that all aspects of the infant's development are facilitated and distortions in the parent/infant interaction, which may put the child at risk, are prevented.

**Risk/protective factors addressed:**

- physical safety
- attachment patterns

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- emotional availability of parent
- developmental delay

**Basis of program:** The program works on the basis of Selma Fraiberg's work; theories of attachment; object relations; socio-ecological model of child abuse and neglect

**Target group/selection criteria:** EIP works with high to moderate risk families with a child under three or antenatally if possible. Most work is done within the first 12 months, or antenatally.

**Selection criteria include:**

- living in the Eastern suburbs of Sydney
- history of depression and/or anxiety (in mother)
- history of child sexual abuse in parents
- history of drug and alcohol abuse (in parents)
- history of domestic violence (in family)
- personality disorders
- social isolation

**Strategies:**

- intervene as early as possible
- home visiting
- long-term/intensive work
- professional work blending therapy, developmental guidance and social support

**Professional staff employed:** Psychologists/psychotherapists (4); social workers (2); clinical nurse specialist (1)

**Other infrastructure required:** Administrative assistant

**Duration of the early intervention program:** Antenatal to 3 years

**Average length of client stay in the program:** 12 months

**Average frequency of contact with clients:** 1 visit per week

**Average duration of each contact with client:** 1-1.5 hours per visit

**Number of clients carried per program per month:** Approximately 40 families

**Waiting list:** Yes (5 weeks to 3 months)

**Referring agencies:** Royal Hospital for Women (Antenatal Clinic; Neonatal Care Centre; Social Work Dept; psychiatric services; GPs; Early Childhood Clinics; Self Referrals; Dept of Community Services; Community Health

**Agencies clients referred to:** Psychiatric Services; Karitane; Tresillian; Child Care Centre

**Effectiveness of program:** Evaluation commenced 6 months ago, using: Family Stress Checklist and Home Observation for the Measurement of the Environment (HOME) Inventory (completed by worker); Depression, Anxiety and Stress Scale; Parenting Stress Index (completed by family); Emotional Availability Scale (Video of parent/infant interaction)

**Strengths of program:**

The strengths of the program lie in the strategies used:

- a highly professional service taken into the houses of families, thus being accessible
- flexibility in staff's work
- early point of intervention
- long term intensive work possible
- multidisciplinary team

**Constraints of program:**

Staffing level does not match demand for services, have a waiting list, which at times means families are lost.

## **6: FAMILIES TOGETHER PROGRAM**

**Program Target:** Selective  
**Location:** 24a Ocean Street  
BONDI NSW 2026  
**Contacts:** Jane West, Team Leader  
Phone: 02 9365 7999

**Funding:** No information available

**Aims and Objectives:** Families Together is an innovative home visiting program which supports parents with long term mental illness to provide a secure, consistent environment for the child. The major aims of the program are to intervene antenatally or as soon after the birth of the infant as possible to:

- prevent or lessen the negative effects of a parent's mental illness on their infant's development, particularly given the risk of a psychotic episode is increased in the post partum period
- to maintain in the community, parents with a mental illness who are either expecting a baby or who have a child 0-3 years
- to monitor and maximise the child's development (i.e. to ensure that the child has normal developmental opportunities)
- to reduce the risk of abuse or neglect to the child as a consequence of the parent's mental illness
- to develop effective working relationships between the clients and staff of Families Together
- to maintain effective liaison and collaboration with mental health agencies so that the parent's mental illnesses are appropriately identified; and other agencies including other services within the Benevolent Society and the Department of Community Services to maximise appropriate care and protection of the child

**Risk/protective factors addressed:** In the past it has been noted that children of parents diagnosed with mental illnesses have been at greater risk of:

- multiple separations from their parents
- inconsistent responding and exposure to illogical thinking
- neglect of their needs, particularly when a parent is unwell
- multiple crises and financial stressors, sometimes poverty and economic instability

The Families Together program works with parents to assist them to care for their children within their homes and to work at securing their situation (housing, routines of care with children/infants, supports).

The major tenets of the program are to support parents so that the negative impacts of psychiatric diagnoses can be reduced with the effect of:

- reducing the risk of abuse and neglect to the infant
- facilitating a secure attachment

**Basis of program:** Up until fairly recently, many parents with psychiatric disabilities would have been institutionalised and their children placed in long-term care. With deinstitutionalisation and the coincidence of attitudinal changes in the child welfare field, there has been a growing emphasis on the importance of

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keeping children within their natural families wherever possible. In the context of these changes, the Benevolent Society of NSW applied for and received a one-off two year grant in 1994. Intervention, both of a therapeutic and practical nature is based on principles of attachment theory. Svarfe, while noting that “multiple factors beyond primary attachment influence development of psychopathology” says that “secure attachment history and consequent model of self as worthy of an effective in obtaining care” would be an important factor in buffering individuals with respect to stress and ability to cope with stress”. The Families Together Program then, sees facilitating positive attachments as paramount in this group of families.

**Target group/selection criteria:** Criteria for admission to the program:

- the family lives in the Eastern Sydney area
- the parent(s) give their consent to work with the program
- the parent(s) is expecting a baby or have a child under the age of 5 years.

*Preference will be given to families where there are babies*

- a parent has a mental illness which has been diagnosed by a psychiatrist and there is compliance with medication requirements
- there is ongoing contact with a mental health team or psychiatrist who is willing to liaise with the program

Families Together targets parents who have a diagnosis of schizophrenia or bi-polar disorder (or disorders on these spectrums) as there have been few services specifically designed to work with these parents and the impact of diagnosis on parenting.

**Strategies:** Case workers home visit families to put the service within their reach and make it accessible.

Following strategies employed:

- comprehensive assessment over a 4-6 week period
- encouraging and monitoring child development which involves transporting (where appropriate) families to early childhood centre etc, giving relevant information etc.
- supporting and empowering adults in their empowering role: workers positively reinforce parent’s attempts at interactions; give appropriate input/information
- supporting attachment and facilitating empathy in parent-child relationship: caseworkers assist parents to set up predictable routines of care for their children, environments etc.
- maintaining a collaborative multidisciplinary response
- helping parents experience emotional rewards of parenting
- monitoring infants’ care and safety

**Professional staff employed:** Social worker (team leader); psychologist with expertise in attachment (case worker); psychologist/art therapist (case worker). Consultant psychiatrist monthly. Currently working towards establishment of volunteer program

**Other infrastructure required:** Increased staff to run groups etc.

**Duration of the early intervention program:** Service provided to families as long as they have a pre-school age child in their care and the Program’s input is relevant.

**Average length of client stay in the program:** Varies. For some parents and families, support is utilised in higher risk period and then parents no longer need intervention. For others, it can be for the duration of their younger child’s pre-school years

**Average frequency of contact with clients:** Case workers visit weekly. Varies when there is a crisis or a parent has been admitted to hospital - visits may then increase to twice weekly (three times weekly rare)

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**Average duration of each contact with client:** 1-1.5 hours for a home visit. Duration of visit increased when transport offered (2-2.5 hours)

**Number of clients carried per program per month:** 12 families

**Waiting list:** Yes (5 weeks to 3 months)

**Referring agencies:** Area Mental Health Teams; Dept of Community Services; Tresillian and Karitane; Royal Hospital for Women; self referral; psychiatric units

**Agencies clients referred to:** Day Care Centre; Early Childhood Centre; local GPs; Area Mental Health team for case management, monitoring etc; Dept of Community Services; Home Help (rarely); specialist medical services; school counsellors; psychiatrists

**Effectiveness of program:** No response offered

**Strengths of program:**

- commitment, dedication and creativity of staff
- program is set up specifically for this group
- willingness of parents to work with the service
- skill of the team in engaging and building trust with parents in the program
- Benevolent Society's commitment to reaching out to the disadvantaged
- home visiting (outreach)
- work long term to promote change

**Constraints of program:**

- perennial lack of funding or secure source of funding and resources

## **7: FOCUS ON NEW FAMILIES**

**Program Target:** Selective-Universal  
**Location:** PO Box 357  
CAMPBELLTOWN NSW 2560  
**Contacts:** Jacquie Leabeater  
Phone: 02 4628 1182  
Fax: 02 4628 0463

**Funding:** No information available

**Aims and Objectives:** Home visitation by both lay volunteers and a variety of health professional workers has been strongly advocated as a possible means of supporting the development of healthy parenting, as a strategy to promote child health, and as an intervention to protect children from child abuse and neglect. Typically, home visiting programs target families who are considered to be "vulnerable" or "at risk" of later child abuse due to a variety of negative life circumstances including youth, low socio-economic status, and lack of significant social support. Focus provides a home visiting service using trained volunteers. The service aims to assist first time parents to:

- be aware of and sensitive to the needs of the infant and consistently respond to them
- achieve confidence and competence in parenting role
- develop a loving and intimate relationship with infant
- demonstrate age appropriate expectations and a flexible attitude to infant's achievements
- exhibit pride in their achievements as parents and as a result develop a healthy self image

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- develop positive and useful social networks and consistently use them
  - face conflicts and learn how to deal with them using appropriate resources/supports
  - maintain stability and realistic management in the provision of basic income and appropriate housing
- Focus aims to make available the service to as many first time parents of the Campbelltown LGA.

*Excludes:*

- anyone currently under mental health treatment (parents suffering from postnatal depression are not regarded as mental health patients)
- anyone currently involved in drug and alcohol counselling/rehabilitation
- anyone already registered with Dept of Community Services

**Risk/protective factors addressed:** Not stated

**Basis of program:** Focus (formally known as the Cottage Community Care pilot project) was developed in response to a child protection conference 1992. Detailed literature review undertaken (a summary of this was provided).

Based on values and beliefs that include the following: That all families:

- should have access to emotional and practical support
- have a right to participate in all decisions regarding any interventions or assistance offered to them
- should have access to information re knowledge, services and skills, that will assist in their growth and development as families and individuals

**Target group/selection criteria:** The program is available to as many first time families in the Campbelltown LGA as possible (with the exception of exclusion criteria). Main priority groups as those families who are referred to the service having been identified as “vulnerable” and in need of additional support, and young parents 19 years and under.

**Basic selection criteria:**

- first time parent (no age limit)
- at time of referral, infant less than 6 months of age
- living within LGA

Scale of Family Functioning used as is The Parents Readiness Checklist: the latter is used after referral to determine individual needs of parents.

**Strategies:**

- emotional support for the new family through a combination of services including home visits, phone support, group support
- distribution of educational materials and verbal information of child development, infant health and safety, infant stimulation, parenting and community services
- follow-up contact with the family through phone support

The level and duration of support is negotiated with the family and determined with the following assessments:

- level of family functioning as determined by the Scale of Family Functioning (Dean and Robinson 1984)
- level of need as determined by Parenting Skills form (adapted from Kung/Leventhal 1995)
- the family’s awareness of/knowledge of appropriate community services and how to utilise them

**Professional staff employed:** Program co-ordinator; administrative/project worker; 30-50 volunteers (recruited three times per year and participate in a 10 week, 40 hour training course)

**Other infrastructure required:** The Cottage Board of Management manages both the Cottage Family Care Centre (1981) and Focus (1993). Community based organisations sponsored by the Campbelltown Uniting Church and incorporated under the Uniting Church Australia.

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**Duration of the early intervention program:** No response

**Average length of client stay in the program:** Level and duration of the support is negotiated with the family.

**Average frequency of contact with clients:** No response

**Average duration of each contact with client:** Family Aides spend 2-3 hours with each family per week

**Number of clients carried per program per month:** 60+ referrals received over the past year and all families participated in the program

**Waiting list:** No

**Referring agencies:** Complements the Campbelltown Health Service initiative, "Pregnancy to Parenthood", a service available to all mothers, 19 years and under. Other referrals taken via:

- a needs assessment by the Social Work Dept at Campbelltown Hospital, or by Primary Health Nurses in Community Health facilities, local paediatricians and staff of residential stay programs
- general referral through the maternity ward

**Agencies clients referred to:** Specific counselling agencies; Mental Health; Dept of Housing; Women's Housing; Refuges; domestic violence groups; Sydney City Mission

**Effectiveness of program:** A completed evaluation of the pilot project (Cottage Community) is available. A comprehensive data base has been prepared and ongoing consumer feedback and volunteer feedback is used.

**Strengths of program:** Outcomes clearly show that the level of parent-child functioning improves child nutrition, health, social and cognitive goals and emotional development

**Constraints of program:** The current funding level hinders the program's ability to provide the service to all first time families as hoped. Able to respond to referrals but not to visit all new parents as originally hoped. Heavy reliance on and commitment of program co-ordinator.

## **8. NORTHERN LAKES HOME VISITING (BURNSIDE)**

**Program Target:** Universal  
**Location:** PO Box 6108  
LAKE MUNMORAH NSW 2259  
Phone: 02 4358 3566  
Fax: 02 4358 3538  
**Contacts:** Sue Jennings (Co-ordinator)

**Funding:** Funded by Burnside but very keen to secure external funding

**Aims and Objectives:**

**Mission:** To make a positive difference in the lives of children and their families living in the northern Wyong Shire by providing a home visiting service, driven by client needs, that offers direct support to new parents (initially first-time parents) as well as brokering effective and integrated access to a wide range of other early childhood and family and parenting services.

**Goals:**

- To access families who are isolated by distance and lack of transport in new growth and remote communities in northern Wyong Shire
- To maximise the opportunity that the birth of a new child presents by accessing families and offering

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them ongoing support appropriate to their needs and requests

- To assess, using qualified paid professionals, in non-threatening and non-invasive ways, the developmental, emotional, and social needs of parents and young children
- To offer needs driven assessment in consultation with all first-time parents, with voluntary uptake of ongoing home visiting support where a high degree of need is assessed
- To offer intensive services where appropriate – at least once a week for the first six months of the newborn's life, with a capacity for an extended home visiting service beyond that time
- To foster competence and independence in parents that is based on trust and social support
- To utilise non-paternalistic approaches that ultimately empowers parents in the provision of adequate care to their children, and which facilitates parent-infant attachment
- To maintain close collaborative links with the Early Childhood health care system in terms of program development and review, and to encourage families to also maintain health care monitoring of their babies
- To enhance the development of supportive community networks for new parents through linkages to local services and the promotion of a volunteer network that offers practical supports such as transport and respite care of children in the home
- To provide, either directly or through close integration with other Burnside and community outreach services, a range of appropriate parent craft education to families.
- To ensure that home visitors receive adequate training, supervision and support and are given manageable and realistic caseloads which maintain an early secondary prevention focus for their work
- To specifically address issues relating to transition to the parenting role

**Risk/protective factors addressed:** Yes

Without directly setting out to measure a reduction in abuse and neglect, the program is about strengthening families, building social support networks and therefore preventing child abuse and neglect – which is actually (by research) implicated in mental illness outcomes for children → young people → adults.

**Basis of program:** Program staff developed their own model based on current literature. (Literature review was provided. See Drielsma, P. (1998) Early intervention home visiting: a preventative model to strengthen isolated families. *Children Australia*. 23:1, pages 4-11).

**Target group/selection criteria:** All first time parents living in Northern Wyong (Central Coast). Families may self refer or be referred up to 6 months of age of the baby (and may enter the service pre-birth).

Targeting occurs re: ongoing intensive home visiting based on mutual needs-assessment between home visitors and parent(s)

**Strategies:** (Detailed strategic plan provided).

Families are accessed primarily through a 36 week hospital book-in (literature and fridge magnets) and early childhood network (including antenatal class).

**Professional staff employed:** Home visitors (3); volunteers (approximately 8). Category of 'home visitors' includes social workers, early childhood nurse and family support workers

**Other infrastructure required:** The infrastructure is very important. The NMHN is nested within a Family Centre where a range of family support services are based (Child Health Clinic, immunisation, speech development, parenting groups, support groups, playgroups), as well as outreach services such as Legal Aid, financial counselling etc

**Duration of the early intervention program:** Began mid 1997 – ongoing (pending a 3 year pilot evaluation). The program allows for the involvement with families up to school age of the first baby if this is needed/warranted



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**Average length of client stay in the program:** Too early to say – the first annual review of data will occur in September 1998

**Average frequency of contact with clients:** As above

**Average duration of each contact with client:** As above

**Number of clients carried per program per month:** Building to a 'caseload' of 50 families at any one time. Further analysis required

**Waiting list:** No

**Referring agencies:** Early childhood nurses; maternity wards (public and private); Department of Community Services; Family Support Service; Mobile Youth Krisis Service; Centrelink; women's health; general practitioners

**Agencies clients referred to:** All of the above plus: postnatal depression co-ordinator; parenting groups program; Northern Lakes Family Centre; neighbourhood centres

**Effectiveness of program:** The program will be evaluated following the annual review of data. To determine client outcomes, a range of pre and post measures are being used. Tools utilised include the HOME Inventory; anecdotal evidence collected by the home visitor; the Parenting Stress Index and Depression and Anxiety Scale (DASS); Edinburgh Postnatal Depression Scale (EPNDS); Experience of Motherhood Scale from 2 years post birth; action research interviews of home visitors and parent(s).

Additionally, program staff have engaged the University of Newcastle (Family Action Centre) to conduct a three year external evaluation funded by Financial Markets for children.

**Strengths of program:**

- universal access for first time parents, therefore, non-stigmatising
- dovetails with Family Centre
- strong functional partnership with Early Childhood Service
- experienced professionals

**Constraints of program:**

- pressures to accept referrals beyond our very early intervention focus and first baby criteria

## **9: MAROONDAH HOSPITAL PARENT-INFANT INTERVENTION PROGRAM**

**Program Target:** Selective  
**Location:** Wundeela  
Maroondah Hospital  
Child and Adolescent Mental Health Service  
21 Ware Crescent  
RINGWOOD EAST VIC 3135  
**Contacts:** Dr Sophia Constantindes, Anne Cumming  
Phone: 03 9870 9788  
Fax: 03 9870 7973

**Funding:** No information available

***Aims and Objectives:***

***Aim:***

- to promote the psychosocial well-being and development of infants within the context of the parent-infant relationship. The parent-infant early intervention program offers assessment of the parent-infant relationship, and intervention in the form of a mother and infant therapy group.

***Objectives of the mother and infant therapy group are:***

- to provide a safe forum for mothers to explore difficult or distressing experiences of pregnancy, childbirth, mothering and baby's early life (such as medical/surgical complications of pregnancy or birth, prematurity, distressed infants and postnatal depression)
- to help baby and mother to get to know each other better - to understand each other's signals, and ways of communicating and bonding
- to increase the confidence of mothers in handling their babies
- to facilitate the emotional development of the infant
- to respond to a need in the community and to forge links with the community based Maternal and Child Health Centres in co-operatively organising and staffing the Therapy Group Program

***Risk/protective factors addressed:*** Yes, risk factors are addressed.

- Maternal depression is known to be a risk factor for the development of infants. This program can assist in the detection and treatment of maternal depression, and aims to help minimise the negative impact of such an illness on the mother-infant relationship and on the development of the infant.
- Mothers suffering from adjustment disorders with depressed or anxious mood can also benefit from this program.

***Basis of program:*** Based on the work by Dr Jan Smith and co-workers at Monash Medical Centre, Dept of Child Psychiatry. The "P.A.I.R.S." Group Program (Parent and Infant Relationship Support) is informed by psychodynamic and group therapy principles.

***Target group/selection criteria:*** The Group is for mothers and their babies (up to 12 months of age) for whom the experience of pregnancy, birth, mothering or early life has been and/or still is in some way different from what was expected, and is somehow complicated, difficult or distressing. Mother-infant pairs are referred for assessment for inclusion in The Group by maternal and child health nurses and by general practitioners and paediatricians.

***Strategies:*** The program acknowledges the needs of both infants and parents, and the importance of the parent-infant relationship to the emotional health of both parties. The program offers assessment of the parent-infant relationship, and where appropriate intervention in the form of the mother-infant group.

***Professional staff employed:*** Maternal and child health nurse (1); medical officer with experience in assessment and treatment of mothers with peri-natal disorders (1); psychologist with experience in child development and community paediatrics (1); social worker who is a child psychotherapist (1)

***Other infrastructure required:*** Two adjoining rooms with seating to accommodate up to 12 adults and 8 babies. Venue needs to be easily accessible to clients and their babies in prams, and to be non-threatening and welcoming.

***Duration of the early intervention program:*** Pre-group interview and selection (several weeks), 8 week group therapy program, Follow-up interview

***Average length of client stay in the program:*** 8 weeks

***Average frequency of contact with clients:*** Weekly

***Average duration of each contact with client:*** 2 hours

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**Number of clients carried per program per month:** 6 clients over a 2 month group program in the initial pilot program

**Waiting list:** This was a pilot program

**Referring agencies:** Maternal and Child Health Centre nurses, medical practitioners

**Agencies clients referred to:** A variety of agencies and services according to need. For example, to residential mother and baby psychiatric units, to adult or child psychiatrists, to community support groups

**Effectiveness of program:**

- Edinburgh Postnatal Depression Scale (EPDS) showed an average score of 17 (pre-group, clinically depressed range) to 10 (post-group, non clinically depressed)
- Patient Satisfaction Questionnaire

**Strengths of program:**

- identification of the infant as an individual in his/her own right, and a focus on the mother-infant relationship
- the use of a Group Therapy Model allows participants enormous therapeutic benefit, and addresses the isolation which many new mothers find difficult in their new role
- liaison with maternal and child health staff makes the intervention more accessible to troubled mother-infant pairs, by virtue of the “normalising” impact of these Centres and Staff, and the ongoing supportive relationship in a community setting

**Constraints of program:** Manpower/funding constraints allowed program to operate only within a small part of the catchment area, with a relatively small proportion of mothers and infants in need

## **10: GOOD BEGINNINGS: NATIONAL PARENTING PROJECT**

**Program Target:** Universal (some selective)  
**Location:** PO Box 2018  
BONDI JUNCTION NSW 2022  
**Contacts:** Barbara Wellesley, National Project Director  
Phone: 02 9387 5278  
Fax: 02 9387 4160  
Email: goodbegn@magna.com.au

**Funding:** *Good Beginnings* is an initiative of the Lions Club of Greater Sydney. The pilot phase of the National *Good Beginnings* Parenting project is being managed by the National Association for Prevention of Child Abuse and Neglect (NAPCAN Inc) with financial assistance from the Commonwealth Department of Family Services

**Aims and Objectives:**

**Vision:**

To increase community awareness of the importance for all of us (families, neighbourhoods, governments, social service institutions, businesses) to work together to provide healthy, safe environments for all children and their families as the basis for creating and maintaining a strong, cohesive and compassionate society

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*Goal:*

The creation of a model of best practices to assist parents in building their self-confidence to raise healthier, happier children. The model will be based on family centred programs and initiatives which strengthen families and neighbourhoods and maximise the health and development of children

*Aims:*

- to develop and recommend models which enable easy access by parents and their children to the resources they need in their own neighbourhoods and ensure they have greater opportunities to make decisions which result in them being strong and healthy
- to develop and recommend models whereby communities *reinforce* the efforts of families to raise responsible, productive, confident, joyous children and where neighbours watch out for each other regardless of racial, ethnic, religious or socio-economic differences
- to facilitate the development of *strong linkages* between institutions that serve children and their families to ensure that all levels of government and community based organisations make children, youth and their families a priority
- to work to ensure an ongoing *commitment by the community*, for the community

**Benefits:**

*Children*

- Reduced uncertainty, anxiety and stress of parents will lead to more content babies and children who experience a *Good Beginning* to life.
- Children will be more likely to reach their potential (emotional, physical and spiritual well being) when they grow up feeling they are loved and worthwhile, and where their needs have been appropriately met.
- Children will enjoy their childhood knowing they are living in an environment which they can trust and depend upon

*Parents*

- Parents will enjoy parenting more because, as their self-confidence grows, they will be less anxious and stressed
- Parents will find there will be more choices in how to use their time as they relax into the role of parenting and 'share' the load with partners, friends and their increased network of support
- Parents' and children's levels of frustration will decrease when more of their needs are met
- Personal relationships will improve as parents experience the success of speaking openly and honestly about their needs, vulnerability and expectations – realising that we all learn from each other, that we all have weaknesses and strengths
- Parents will improve their ability to access the services and information they need, which will reduce their sense of isolation, and increase their ability to manage the ups and downs of life
- Parents will feel a greater sense of belonging to their community by experiencing the encouraging support of *Good Beginnings*, and their increased ability of knowledge about, and access to, services in their community
- Parents will be more willing to become involved in community activities once the boundaries of isolation and loneliness have softened and parents have experienced the joy of connection with other local people

*Community*

- A stronger, more cohesive community where people, including service providers, work together for the benefit of each other

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- Community resources will be better used, providing greater satisfaction to all

*Australia*

- Confident, happy adults and children who feel they can trust and connect with others and who are willing to lend a hand to others, will lead to a stronger society which values the contribution of each of its members

**Basis of program:** Child advocates around the world would agree that children, regardless of their family background, must receive a standard of care which provides them with the opportunities they need to achieve their true potential. The quality of family and community life has a profound influence on children's health and wellbeing. Local and international research shows that countless families today lack role models and support systems to encourage and guide them through the ever changing demands of raising children. Therefore, we see rapidly growing numbers of children who are raised with insufficient loving care and attention as over-stressed parents feel unable to cope with these demands. Many babies and children suffer needless emotional and physical ill health including inadequate nutrition and immunisation, poor stimulation of their language and social skills and learn the meaning of failure at an early age. Unhealthy, unhappy and emotionally deprived children often become unhealthy, unhappy emotionally deprived adults who are unable to properly manage their lives. At best, these adults cannot fulfil their true potential, at worse they may be involved in violence, crime, drug and other addictions. These adults become an added drain on the already overburdened welfare system. They are ill equipped to parent their children and so the negative cycle continues to grow.

This is not to blame today's parents. The stress many families are faced with is the result of social and emotional isolation. The loneliness of isolation is compounded when financial hardships exist. We live in a society which shows little appreciation of the demands, sacrifices and needs of parents, yet it is all too ready to criticise their failures. This is a formula for disaster, where parents' self esteem can plummet and lead to inappropriate care of their children.

Earlier generations of parents learnt the complex art of parenting from their extended families and long term trusted neighbours. On occasions, when the daily challenges become overwhelming, relief was gained by knowing that the load could be shared. Parents in today's society are rarely encircled by such a web of support. Therefore new encompassing forms of support and encouragement are needed so that we do not continue to fail our children and their parents.

While overall, the current situation sounds bleak, pockets of individuals and organisations around the world have been researching and testing ways to create new webs of support and encouragement to parents:

*It is important to recognise that parents are the principal carers for most children and as such should be supported in their role as providers of health care and education essential to sustain optimal growth and development (Vimpani et al 1996).*

Research has shown that support must be provided in ways that encourage parents' self confidence in their ability to look after their children.

Professionals and others who work with families must be actively aware of the important role they have in encouraging parents' self confidence. Otherwise parents fail to learn to trust their own decision making abilities and become overtly dependent on outside advice and intervention. Over-dependency can lead to families unknowingly giving their power to others, resulting in them having little experience of successful self generated decision making, so necessary to build self confidence.

Families are the basic building blocks of society. Families function best in communities where they are linked effectively with other families, and know about and trust the services available to them at the neighbourhood level. Decision makers who impact on the lives of families must be ever vigilant to ensure their decisions support families, not create additional conflicts and burdens.

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In 1994, public consultations were conducted across Australia to assist in the development of the National Health Policy for Children and Young People. Serious concerns were revealed about the health of children and young people. Community representatives, parents, child advocates, young people and health professionals all drew attention to the vulnerability of children and young people in general, and to the devastating impact on their health and well-being of problems such as child abuse and neglect.

The *Good Beginnings* National Parenting Project is designed to encourage parents self confidence to raise healthier, happier children.

*Good Beginnings* was developed following two years of extensive local and international research. Created in Australia, by Australians, to suit Australian conditions, the Project is strengthened by the involvement of two of Australia's most respected national non-government organisations: Lions and NAPCAN.

**Target group/selection criteria:** Four geographic areas have been selected to pilot the *Good Beginnings* volunteer home visiting programs. The areas:

- *Urban community* – inner western Sydney including parts of the following Municipals: South Sydney, Leichardt, Marrickville, Ashfield, Burwood, Drummoyne and City of Sydney – focusing on the Central Sydney Area Health Service – for all parents of new babies and young children
- *Rural community* – Moe in Latrobe Valley, Victoria – for all parents of new babies and young children
- *Remote community* – Katherine, Northern Territory – for all parents of newborn babies and young children, especially who are newly located in Katherine, with a particular emphasis on Defence Force families, Aboriginal families and families living in very remote areas
- *Remote urban* – Central Hobart and Clarence Plains area, Tasmania – for all parents of new babies and young children, especially parents who are newly located in the area

**Strategies:** To achieve its goal, the *Good Beginnings* National Parenting Project is researching, developing and testing a number of family centred programs and initiatives. If the project is to develop the strong family and community links identified in current literature as is necessary to strengthen families and neighbourhoods, the family centred approach (building on strengths, not weaknesses) is central to its success. Discussion with families in their home or their local neighbourhood about their needs is also critical to the Project's success. To this end, implementation and evaluation of the following initiatives have commenced:

- *Home visiting programs using volunteers* which will provide information regarding the effectiveness of a volunteer home visiting program in enhancing parenting skills
- *Professional home visiting* which will provide information and recommendations on the relationship between the integration of professional and volunteer home visiting programs and provide a model of inter-agency collaboration and case management
- *A report on community resources* currently available in the *Good beginnings* volunteer home visiting pilot areas which assist children and their parents access the services they need and make recommendations about more appropriate methods of providing that information
- *A package for professionals* and others who work with children and their families (these include professionals from government, non-government and community based organisations) which recommend approaches to familiarise them with more positive and creative ways to encourage self esteem and development of children and their parents
- *Media liaison initiatives* which will positively support the aims of the Project
- *Fundraising program* which seeks the financial and pro-bono involvement of individuals, corporations, community organisations and governments

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The following information is provided in respect of the home visiting component:

The *Good Beginnings* volunteer home visiting program aims to :

- Assist parents in building their self confidence to raise healthier, happier children
- Improve parent's ability to access the health, education, welfare and community services they may need
- Provide information about child development, health care, nutrition, home and general safety in a manner which is acceptable to the participants
- Encourage the utilisation of effective and appropriate services and resources
- Promote effective relationships with local general practitioners, health services and others who work with children

*How it works*

- A co-ordinator is appointed at each site with the responsibility for the selection, training, support and supervision of the volunteers. Secretarial support is also provided at each site
- Volunteers (known as 'community parents') work in a designated geographical area which is agreed upon with existing government and non-government agencies and workers working in the geographical location
- Volunteers are recruited from within the local community. Volunteers are parents themselves
- Recruitment of volunteers is via schools, shopping centres, libraries, playgroups, child care, health and community services, word of mouth and local print media or radio
- Each prospective community parent is interviewed on an individual basis, usually in their home. At the time of the interview, an assessment is made with the prospective community parent to ensure suitability for the home visiting program prior to joining the training program
- A group session with all prospective community parents is held prior to the commencement of the training program. This facilitates a sense of belonging and team spirit amongst the community parents, Community parents then commence the training program
- It is anticipated that there will be approximately 10 trainee community parents at any one time. Once fully operational, it is anticipated that one co-ordinator will supervise approximately 30-40 community parents
- Each community parent will visit up to four families every one or two weeks. Visits last for 1-2 hours over a period of up to 12 months. Therefore, providing there is a full complement of volunteers, there will be the potential for up to 160 families to be visited at any one time
- Home visiting will be offered to all families who meet the criteria for entering the program. Referrals come from child health services, maternity hospitals, community services, GPs, word of mouth or self-referral
- The co-ordinator meets with a family and then matches the family to a community parent. The co-ordinator will stress upon the family that they can decide when they want to join or leave the program and to change community parents if necessary
- The first visit the community parent makes to a family will be a joint visit with the co-ordinator
- At any stage, and for whatever reason, the family can choose to leave the program or ask for another community parent. Likewise, the community parent may also choose not to continue with a particular family. In these instances, it is the responsibility of the co-ordinator to interview both the family and the community parent so that alternative arrangements can be made

- Regular discussions take place between the community parent and the co-ordinator. The co-ordinator also makes regular, *but not too frequent*, visits with the community parent. This forms part of the regular community parent supervision and development process

## **11: HELEN MAYO HOUSE INTEGRATED SERVICE**

**Program Target:** Selective  
**Location:** 226 Fullarton Road  
PO Box 17  
EASTWOOD SA 5063  
**Contacts:** Dr Anne Sved-Williams  
Phone: 08 8303 1454  
Fax: 08 8357 9717

**Funding:** No information available

### ***Aims and Objectives:***

#### ***Aim:***

- to ensure that the children of mentally ill mothers are not disadvantaged by their mother's mental illnesses

#### ***Objectives:***

- to identify the 'at risk' group of infants and small children up to the age of 5 years, whose mothers have a mental illness
- to offer appropriate interventions particularly in the way of:
  - information to mothers and their families
  - mother-infant therapy etc. as necessary
- to educate the professionals who deal with our tertiary service i.e. personnel from primary and secondary services to ensure that they have this information

#### ***Risk/protective factors addressed:***

- postnatal depression in the mothers
- severe mental illness in mothers
- personality factors in mothers
- disruptive social factors in infants families

***Basis of program:*** This early intervention program was designed on the basis of literature scanned by team members over a ten year period, at Infant Mental Health conferences and seminars etc. particularly in relation to Attachment Theory. There is clear theoretical evidence that mental illness or depression in the mother has significant consequences for infants and small children, and that early intervention is likely to provide significant protection to children in such circumstances. There are a number of practice models developing throughout the world, but these are all at a relatively early stage where the effects of intervention are not yet entirely clear for this population.

#### ***Target group/selection criteria:***

- children less than 5 years of age
- children of women with significant mental illness including, depression
- includes people of all age groups, but particularly those from lower socio-economic circumstances or

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disrupted family background

**Selection criteria:**

All women who present to the services of Helen Mayo House are asked about their relationship with their infants. Where any suggestion of a troublesome interaction is made, interaction between mother and infant is screened and if the results of an interview are confirmative, the family is offered further therapy

**Strategies:**

- direct therapy. Currently individual therapy is offered to mothers and infants, in particular using:
  - interactional guidance
  - a group therapy program for mothers and infants is being initiated
- educational strategies. Periodic seminars, at least once a year, are offered to people in primary and secondary settings to update their knowledge
- a series of infant mental health seminars has been organised through the Women's and Children's Hospital to ensure ongoing focus for this group

**Professional staff employed:** Professional staff: psychiatrist (2 hours per week; trainee psychiatrist approx. 1 day per week; clinical psychologist approx. 1 day per week; social worker approx 1 day per week)

**Other infrastructure required:** Full time workers specialising in infant mental health would significantly impact on the unmet needs. In addition, two further community mental health nurses who can intervene early with mothers without using specific infant techniques would be of great advantage to this troubled population.

**Duration of the early intervention program:** Families continue in therapy depending on level of need, circumstances of contact e.g. whether inpatient or outpatient etc. Average number of contacts regarding mother-infant issues specifically perhaps averages 6-8 hours.

**Average length of client stay in the program:**

- Inpatients - average length of stay is approx. 2 weeks
- Outpatients - approximately 6-8 visits

**Average frequency of contact with clients:**

- Inpatients - daily
- Outpatients - weekly

**Average duration of each contact with client:**

- Inpatients - 30 minutes
- Outpatients - 1 hour

**Number of clients carried per program per month:** Inpatients - 15 - Outpatients - 15

**Waiting list:** Yes (up to 1 month)

**Referring agencies:** Obstetric hospitals; private psychiatrists; Family and Community Services; Child and Youth Health; GPs; Mental Health Services

**Agencies clients referred to:** Mental Health Services; Child and Youth Health; GPs; private psychiatrists; private clinical psychologists; church based support agencies

**Effectiveness of program:**

- Inpatient program: improvement in patient's mood and observed behaviour between herself and baby using improvements in Louis Macro Scale
- Day patient service: client's evaluation of their improvement

**Strengths of program:** Because staff have taken an interest in the mother-infant relationship, and ensuring best outcome for infant, several staff members have developed specific expertise in new mother-infant therapies which are gradually being used in Australia. These techniques are unique in SA to this service.

It is clearly emerging that women whose depression is treated and where specific attention is given to the

mother-infant relationship, improved better and quicker themselves, in addition to benefits to their infant.

**Constraints of program:**

- funding
- lack of expertise, particularly where staff members move on and new staff members must be trained
- lack of information in the referred community about the benefits of mother-infant therapy
- stigma of mental health services where this expertise exists

## **12: MACKILLOP FAMILY SERVICES - ST ANTHONY'S FAMILY PRESERVATION SERVICES: LOONGANA AVENUE**

**Program Target:** Selective  
**Location:** 118 Commercial Road  
FOOTSCRAY VIC 3011  
**Contacts:** Michael Girolami  
Phone: 03 9689 4799  
Fax: 03 9689 4873

**Funding:** NGO. The early intervention program is mainly self-funded by the agency. As such, its continuation is a year-to-year proposition. Loongana Ave receives some DHS annual funding. While the service is meeting a demonstrated need, it falls between State and Federal funding guidelines. Lack of ongoing Government funding restricts scope of service and capacity to provide an ongoing commitment.

**Aims and Objectives:**

*To:*

- provide an integrated model of support to vulnerable families who experience serious difficulties in providing adequate care and protection for their children
- build on and maximise parent, child and family strengths
- empower clients to develop a network of resources and supports
- prevent the placement of children in care
- maximise the quality of the parent-child relationship
- provide stimulatory social experiences for children
- provide parent skilling through teaching, modelling and direct practice
- provide referral to specialist services as appropriate

**Risk/protective factors addressed:** Yes

*Target group*

- infants of vulnerable parents

*Intervention program:* - preschool children. "Reflections" targets parents who have a psychiatric disability. Parents address issues relating to management of mental health, parenting, family and community issues. Children are involved in a parallel group focussing on stimulating children's developmental needs.

"Parenting Together" targets parents who have been referred by Protective Services. The group is run in 3 sections:

- parents and children participate in joint guided activities
- parents enter group discussion/children participate in developmental program

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- parents and children (infants) rejoin to share a meal  
*“Loongana Ave”*
- provides supported accommodation to vulnerable pregnant women
- provides support via a mother and baby unit for newborn babies
- provides post-birth follow-up and assessment and support to new mothers in the development of positive child-mother attachments, early childhood parenting skills and management of child development stages

**Basis of program:** The Reflections and Parenting Together programs are based on the “hugs program” as developed by the Children’s Protection Society 1991. The programs are somewhat eclectic in their approach, drawing on US practice models such as “Families First” and “Intensive Family Based Services”.

Theoretical models used include:

- ecological systems model of families in the context of society
- psychodynamic models which focus on the importance of enriching early parent-child relationships and experiences, eg, work of Selma Freiberg, Ruth Schmidt Neven and Garbarino
- attachment theory - such as proposed by Bowlby and Rutter

**Target group/selection criteria:**

- women who have a psychiatric disability and who are caring for pre-school children
- families who are under or at risk of Protective Intervention
- women over 14 years of age who are pregnant and require supported accommodation and care
- children at risk

**Strategies:**

- assessment of parent and child needs
- group work including discussion, teaching and modelling parenting skills
- stimulation of children’s development through games and modelling and enriching social/cultural experiences
- integration and co-ordination with intra-agency services such as case work, disabilities, in-home support, substance abuse family support and volunteer support
- referral and linkage to appropriate external services
- an emphasis on recreation, that is, camping, day trips to the beach or to a farm to model parenting skills, and to enrich the families’ experiences

**Professional staff employed:** Social worker (1 x 0.5); social worker (1 x 0.5); child care worker (1 x 0.1); family support worker (1 x 0.8) Volunteers (5)

**Other infrastructure required:** Employment of a child therapist to do more intensive work with individual children and to provide consultation and professional skilling to related workers.

**Duration of the early intervention program:** 3-12 months

**Average length of client stay in the program:** 3-12 months

**Average frequency of contact with clients:** 1-2 times per week

**Average duration of each contact with client:** 45 minutes to 1 hour

**Number of clients carried per program per month:** Approximately 45, including parents and children

**Waiting list:** Yes: 5 weeks to 3 months

**Referring agencies:** DHS Protective Services; ethnic services; child and maternal health nurses; welfare agencies; community health services; mental health agencies; local council services; drug and alcohol services; specialist children’s services

**Agencies clients referred to:** Accommodation services; domestic violence specialist services; specialist early childhood services; intellectual disability services; DHS protective services; ethnic services; child and maternal health nurses; welfare agencies; community health services; mental health agencies; local council services; drug and alcohol services; specialist children's services

**Effectiveness of program:**

- follow-up of families
- self-reporting of change by clients in feedback sessions
- external agencies/professionals feedback
- group worker's observations and assessments
- intra-agency service feedback

**Strengths of program:**

- integrated with internal agency services such as social work teams, Education Centre, volunteer co-ordinator, disabilities, placement prevention, substance abuse
- groups co-led by Mental Health and Specialist Children's services workers
- each group is responsive to particular needs of members, that is, not a set program repeated each term
- participants are involved in planning for their own learning, that is, topics to be covered

**Constraints of program:**

- financial - lack of recurrent funding for groups

## **0-5 YEARS**

### **13: NANCY STEWART UNDER 5s PROGRAM**

**Program Target:** Selective  
**Location:** C/- Selby Child and Adolescent Clinic  
2 Selby Street  
SHENTON PARK WA 6008  
**Contacts:** Senior Social Worker, Nancy Stewart Unit  
Phone: 08 9382 0873  
Fax: 08 9382 0817

**Funding:** No information available

**Aims and Objectives:**

- rebuilding, healing relationship difficulties between parents and children
- skill building parents on the difficult behaviours that children manifest when upset

**Risk/protective factors addressed:** Attention to eating behaviours, disconnected children

**Basis of program:**

- the child's developmental needs, social, behavioural, emotional as per child caregiver training and expertise
- specific interventions based on "Parents Leadership Institute" approach to:
  - setting limits
  - play listening

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- with focus of: emotional discharge and reconnecting the relationship between carer and child
- in general, based upon the model from Jennings, K.D. et al (1991) Serving the mental health needs of families with children under 3, a comprehensive program. *Infant Mental Health Journal* 12:4, page 276.

**Target group/selection criteria:**

- highly stressed family
- mental illness in parents
- children's behaviour
- children under 5 years
- parents able to attend 2 days

**Strategies:**

- child attendance (multi-age programming for developmental delays)
- parent-counselling
  - observable in day care unit
  - skill coaching in unit and at home
  - use of training videos, teaching limit setting techniques and play listening
- use of interventions e.g. stop play, comfort hold, play listening within the unit

**Professional staff employed:** Social worker (0.6), consultant child psychiatrist, consultant clinical psychologist, 3 qualified child care workers

**Other infrastructure required:** Dedicated team of professionals; clerical assistance

**Duration of the early intervention program:** Varies according to parental mental health but ceases as child attends schooling

**Average length of client stay in the program:** 1 year

**Average frequency of contact with clients:** Social worker - fortnightly, monthly, Child caregivers - 2 days per week

**Average duration of each contact with client:** Social worker - 1-1.5 hours, Child caregivers - 0.5 - 1 hour - 6 hours attendance

**Number of clients carried per program per month:** 10-12 families, Maximum of 10 children per session

**Waiting list:** Yes (up to 1 month)

**Referring agencies:** Psychiatric hospitals and clinics; paediatricians; GPs; self referral by parents

**Agencies clients referred to:** Children's Hospital; OT, speech therapists; counselling and groups for parents

**Effectiveness of program:** Evaluation techniques not developed since changes made in June 1996 have only been partially implemented and the professional team is not in place. Also, managerial and administrative changes have made planning impossible. Child caregivers have "care plans" that are reviewed monthly. Changes in specific children's behaviours and development are well documented.

**Strengths of program:**

- involvement of parents in all review processes (e.g. quarterly meetings)
- supportive relationships between parents and professionals

**Constraints of program:**

- uncertainty about continuing
- insufficient professional staff and cut in funding to child care workers staffing levels

## **14: HOMESTART**

**Program Target:** Selective  
**Location:** 155 Pitt Street  
REDFERN NSW 2016  
**Contacts:** Maria Bourke, Program Co-ordinator  
Phone: 02 9310 5885  
Fax: 02 9310 5955

**Funding:** No information available

### ***Aims and Objectives:***

#### ***Aims***

- to reduce isolation
- to assist parents in forming own social networks
- practical support and assistance with routines around baby's feeding and sleeping
- assisting mother to get out of the house to go to appointments, park, shopping and gain information / access to relevant agencies / services
- emotional support - to have concerns listened to
- to assist parents from a NESB to practise English, and to communicate and to access mainstream services
- to assist parents from a lower socio-economic background to access services. Parents from this background have similar needs to other groups

#### ***Objectives***

- break down isolation
- increase parent self worth
- increase parent's confidence in own parenting
- maintain a positive parent /child relationship
- increased knowledge of relevant services / agencies and ability to access relevant services / agencies
- access and equity to services for all cultural groups

***Risk/protective factors addressed:*** Not stated

#### ***Basis of program:***

- attachment theory; object relations theory
- socio-ecological model of child abuse

#### ***Target group/selection criteria:***

- families with at least one child under five years
- isolated families because of lack of family networks, or with no access to transport
- families with a child or family member with a chronic illness or a disability
- families where a multiple birth has occurred
- families with limited financial resources
- parents who experience persistent feelings of low self worth
- isolated families from a non English speaking background
- parents from a lower socio-economic background

#### ***Screening measures are:***

- Family Stress Checklist

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- HOME Inventory
- Parenting Stress Index
- Depression, Anxiety and Stress Scale

**Strategies:**

- match a family with a trained volunteer
- offer practical and emotional support
- link families with local community resources
- encourage and support parent/child interactions
- assist in the formation of a secure parent/child
- create awareness of program to the wider community i.e. NESB community
- emphasise NESB families who are unable to access information about Home Start because of lack of English
- translate information into community languages
- inform the public through local and ethnic media i.e. radio and newspaper
- inform services that families from lower socio-economic groups normally access e.g. Department of Housing, Centrelink

**Professional staff employed:** Mothercraft nurse (1); registered nurse (1); program co-ordinator; part time NESB co-ordinator; 35 volunteers

**Other infrastructure Required:** Administrative officer; senior manager

**Duration of the early intervention program:** Individual program for each family. Duration of program to be assessed accordingly. Could range from 3 months to 18 months

**Average length of client stay in the program:** 6 months

**Average frequency of contact with clients:** One visit per week

**Average duration of each contact with client:** 3 hours

**Number of clients carried per program per month:** 30 families

**Waiting list:** Yes (5 weeks to 3 months)

**Referring agencies:** Early Childhood Centres; Social workers (hospitals, maternity); Karitane; Tresillian Young Parent Program (CSAHS); Women's Refuge

**Agencies clients referred to:** Karitane; Tresillian; Family Support; Psychologist; Psychiatrist; Play groups Legal Aid; Dept of Housing; Migrant Resource centre; AMES; Translator; Centrelink; Neighbourhood Centre; personal Development classes; English classes

**Effectiveness of program:** Assessed through ongoing evaluations: stakeholder surveys; consumer surveys feedback from volunteers

**Strengths of program:**

- breaks down isolation
- meets individual needs

*flexibility of program to meet both client and volunteer*

- trust developed between client and volunteer
- the level of training and preparedness of volunteers
- the emphasis placed on matching of volunteers and clients
- the links available between the volunteer-based programs and other programs providing higher levels of professional care

**Constraints of program:**

- number of volunteers recruited does not meet consumer demand

## 15: OUTREACH / DAYSTAY

**Program Target:** Universal  
**Location:** 2a Raleigh Street  
THORNBURY VIC 3071  
**Contacts:** Rosie Bourke/Anne-Marie Dempster  
Phone: 03 9480 6870

**Funding:** No information available

**Aims and Objectives:**

**Aims:**

- to promote health and well-being and safety of children in families of target group
- to improve health and well-being of parents in target group
- to improve parent-child interaction in parent group

**Objectives:**

- to increase knowledge, skills and confidence to support them in their parenting skills
- to enhance skills of parents in accessing mainstream service
- to increase utilisation of mainstream maternal child health services
- to decrease incidence of vaccine preventable disease
- to provide early intervention to children at risk
- to ensure children in target group have access to appropriate health and welfare services

**Risk/protective factors addressed:** No specific risk/protective factors addressed

**Basis of program:** Based on goals set by the DHH who fund the service for the City of Darebin

**Target group/selection criteria:** Target group is families with children 0-6 years of age in City of Darebin who meet the criteria. Specific criteria required for day stay

**Strategies:**

- focus on mixture of practical and psycho-social assistance
- intense visits in home
- taking detailed history
- linkages to other community resources

**Professional staff employed:** program manager (1); maternal and child health nurses (2 x 0.5); family worker (1 - part time); psychologist/social worker (1 - part time)

**Other infrastructure required:** Support from administrative staff needed as well as from mainstream Maternal and Child Health Services for referrals

**Duration of the early intervention program:** 6-10 weeks

**Average length of client stay in the program:** 6-20 weeks (usually 10-12 weeks)

**Average frequency of contact with clients:** Weekly for 2 hours

**Average duration of each contact with client:** 1.5-2 hours

**Number of clients carried per program per month:** 14 in outreach program; 2 in day stay program (24 clients per month for both day stay and outreach)

**Waiting list:** Yes (up to one month)

**Referring agencies:** Darebin Community Mental Health; Social worker from PANCH; mainstream Maternal and Child Health services; local GP; RDNS; Anglicare/Family and Youth Services; Royal Women's Hospital

**Agencies clients referred to:** All of the above

**Effectiveness of program:** A number of evaluation forms are utilised. Parents and referrers complete one form (for both day stay and outreach program). Outreach and day stay clients followed up after 2-6 weeks. Daily statistics of workload and data on families taken to note changes in, for example:

- immunisation and breast feeding rates
- number of child abuse notifications
- number of clients with postnatal depression being referred

**Strengths of program:** Gives additional maternal and child health support to families who have the potential for a major crisis to help prevent the use of secondary and tertiary institutions

**Constraints of program:**

- funding
- number of staff available - more needed
- the home length of 6-8 weeks
- the criteria employed for the target group

## **16: HOME-START EARLY PARENTING (IN-HOME SUPPORT)**

**Program Target:** Selective - Universal  
**Location:** 1 Coral Drive  
HAMPTON PARK VIC 3976  
**Contacts:** Rosemary Merrigan

**Funding:** No information available

**Aims and Objectives:**

- promote family functioning
- prevent family breakdown
- support families who are having difficulty with the parenting of the 0-4 year olds in order to make their parenting more positive

**Risk/protective factors addressed:** Yes, but not stated

**Basis of program:** The Home Start program has two components, both of which offer in-home support

- paid workers
- volunteers

Both components are family focused. It is also goal focused.

Program was developed around "Home Start" volunteers model which began in the UK. Volunteers provide social, emotional and practical support.

**Target group/selection criteria:** Families with 0-4 year olds, living in the City of Casey

Particular groups:

- parents with disability/chronic illness
- teenage mothers
- multiple birth mothers
- children with disability or chronic illness
- socially isolated
- mothers with postnatal depression

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Program focuses on short-term work with families. Families requiring more long term work are referred to more appropriate services.

**Strategies:**

- network in the community to ensure agencies/workers know of our service and are able to refer potential service users when identified
- develop positive relationships with families by keeping them informed about service's waiting lists, ways of working etc
- clients "drive" the assessment and goal setting process (helps with commitment and desire to have change happen)
- a service review provides feedback i.e. remaining on track (evaluation)
- individual client reviews occur at the end of each period of service, providing feedback as to whether individual goals are being met

**Professional staff employed:** Social worker/teacher (1); primary teacher (1); worker with early childhood training (1); 8-15 trained volunteers

**Other infrastructure required:** Service is part of a Child and Family Service agency employing approximately 40 people

**Duration of the early intervention program:** 10 weeks

**Average length of client stay in the program:** Approximately 10 weeks

**Average frequency of contact with clients:** Weekly

**Average duration of each contact with client:** 2 hours

**Number of clients carried per program per month:** 15 families receiving in-home support, 12 families attending playgroups, 8 families who have a volunteer

**Waiting list:** Yes (5 weeks to 4 months)

**Referring agencies:** Maternal Child Health Nursing; Specialist Children's Services, Child Protection Services; hospitals; GPs; mother baby units; day stay programs; family counselling

**Agencies clients referred to:** Day stay; child care centres; family counselling; neighbourhood houses; local government services; family day care; residential mother baby unit; specialist services (e.g. hearing services)

**Effectiveness of program:** A number of strategies have been used:

- service evaluation after first 12 months
- client review feedback forms
- large number of self referrals /people who have learned about program via others who have found it effective
- goals usually reached

**Strengths of program:**

- combines paid workers and volunteers. Able to offer both strategic educational/therapeutic response and social / emotional / practical support. This combination allows flexibility in service times.
- goal centred, family focused approach which encourages clients to determine goals - this leads to better outcomes.
- home-based care is accessible to people who may not otherwise be reached.
- home-based care also helps relevance / practicalities / opportunities for seizing "reachable" moments in a non-contrived environment.

**Constraints of program:**

- resource limitations i.e. hours of operation (may not be able to see working parents)

- waiting lists are long and there is a long wait before services. May not be able to see a family as intensively (i.e. number of visits / week) as would best assist the situation.
- could use more staff
- prescriptive 6-8 week involvement with families is often too short.

## **17: INFANT-PARENT PROGRAM**

**Program Target:** Selective  
**Location:** PO Box 171  
PADDINGTON NSW 2021  
**Contacts:** Judith Edwards  
Phone: 02 4365 7449

**Funding:** No information available

**Aims and Objectives:**

- to work with families with children under 5 and ante-natally to support the parenting role
- to offer training and consulting on parent/infant issues to professionals working with families

**Risk/protective factors addressed:** Yes, risk factors addressed.

- physical safety
- attachment issues
- (so that the development of mental disorders does not occur due to negative sequelae of the above problems)

**Basis of program:** Based on:

- object relations theory
- attachment theory
- socio-ecological model of child abuse and neglect

**Target group/selection criteria:**

- families experiencing difficulty in the parent/child relationship, antenatally to 5 years old
- professionals who work with the above

**Selection:** by professional and self referral

**Strategies:**

- intervene as early as possible
- long term contact if necessary
- training, consulting, running conferences and seminars and interest groups

**Professional staff employed:** Social workers, nurses, psychologists, parent/infant psychotherapists. Volunteers used occasionally for child care

**Other infrastructure required:** Administrative assistant

**Duration of the early intervention program:** Antenatal to 5 years. Shorter term interventions but longer if necessary

**Average length of client stay in the program:** 2 months

**Average frequency of contact with clients:** Weekly

**Average duration of each contact with client:** 1 hour to 2 hours

**Number of clients carried per program per month:** 10-15 families, 20-30 professionals

**Waiting list:** No

**Referring agencies:** Early childhood nurses/Karitane/ Tresillian; obstetricians; GPs; hospital nurses and social workers; Dept of Community Services; Community Health; pre schools; non government organisations

**Agencies clients referred to:** Tresillian, Karitane and others as above; psychiatrists and sexual assault services

**Effectiveness of program:** Ongoing evaluation in place, (details not provided)

**Strengths of program:**

- able to use skills of a variety of workers to give a service to families which they would not otherwise receive
- able to train professionals in early intervention strategies and issues

**Constraints of program:** Lack of resources - need for a full time co-ordinator/groupworker

## **18: MACQUARIE UNIVERSITY ANXIETY PREVENTION PROJECT**

**Program Target:** Indicated  
**Location:** Dept of Psychology  
Macquarie University  
SYDNEY NSW 2109  
**Contacts:** Associate Professor Ron Rapee  
Phone: 02 9850 8032  
Fax: 02 9850 8062

**Funding:** No information available

**Aims and Objectives:** This is a NH&MRC project to investigate a prevention program for the development of anxiety.

**Aims are:**

- to see whether anxious temperament can be altered
- to see whether such alteration translates to reduced risk for anxiety disorders
- to examine factors associated with development of anxiety disorders

**Risk/protective factors addressed:**

- anxious temperament
- parent anxiety
- parent overprotection

**Basis of program:** The program is based upon a theoretical model of the development of anxiety (not stated). It is also influenced by previous research on treatment of anxious children at Macquarie University and Royal North Shore Hospital (Child Anxiety programs).

**Target group/selection criteria:** 4 year old children at risk for anxiety, based upon a high anxious temperament. Screening is via Childhood Temperament Scale, then confirmed using direct behavioural observation.

**Strategies:** A 6 session treatment program which involves teaching parents cognitive change, exposure and parenting skills.

**Professional staff employed:** Clinical psychologists and clinical psychology students are used.

**Other infrastructure required:** Laboratory equipment, video equipment, and research assistance.  
**Duration of the early intervention program:** 6 sessions x 2 hours  
**Average length of client stay in the program:** Unknown  
**Average frequency of contact with clients:** 6 sessions plus 5 assessments over a two year period  
**Average duration of each contact with client:** 2 hours  
**Number of clients carried per program per month:** Not stated  
**Waiting list:** No  
**Referring agencies:** Day care centres, psychologists, GPs, anxiety clinics  
**Agencies clients referred to:** Community health, private psychologists  
**Effectiveness of program:** Pilot data has shown promising effects, (evaluation reports not provided)  
**Strengths of program:** Practical, empirically and theoretically based. Has the potential to become a standard public health education intervention.  
**Constraints of program:** Limited duration due to funding limit

## **PROGRAMS WHICH SPAN INFANT MENTAL HEALTH AND EARLY CHILDHOOD**

### **19: GROSVENOR EARLY EDUCATION CENTRE INCORPORATED**

**Program Target:** Selective  
**Location:** 56 Liverpool Road  
SUMMER HILL NSW 2130  
**Contacts:** Jan Patulny  
Phone: 02 9799 6294

**Funding:** No information available

**Aims and Objectives:**

- to provide a preschool education for children with a disability, closely resembling that available to non disabled preschoolers
- to integrate preschool children with moderate/severe disabilities into the community

**Risk/protective factors addressed:** No

**Basis of program:** Family driven and integration policies conforming to Disability Services Act in NSW

**Target group/selection criteria:** Children 0-6 years with moderate/severe multiple disabilities or high support needs. Geographic area for intake the inner west of Sydney. Referrals from government departments, peak bodies, paediatricians, so children have a general diagnosis of global delay etc

**Strategies:** Children attend a centre based structured pre-school and/or are supported 1-2 days per week in a mainstream pre-school and/or receive home visits from child care teacher for social education

**Professional staff employed:** Early childhood teachers (1); special education teacher (1); Child care workers (4); experienced untrained child care worker (1); Volunteers (1 per day if available)

**Other infrastructure required:** Centre-based building, Board of Directors

**Duration of the early intervention program:** School year, that is, February-December

**Average length of client stay in the program:** Depends on age at entry, Average 1-2 years

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***Average frequency of contact with clients:***

Minimum once per week - whole day

Maximum three per week - whole day

***Average duration of each contact with client:*** 9.00 am - 2.30 pm for centre and supported integration, 1 hour for home based

***Number of clients carried per program per month:*** 50 plus

***Waiting list:*** Yes: 13 weeks to 6 months

***Referring agencies:*** Early intervention therapy services; children's hospitals

***Agencies clients referred to:*** Early childhood services generally; Department of School Education

***Effectiveness of program:*** Individual educational programs are kept which are recorded daily. Formal and informal assessments for children's progress. Individual family service plans are kept

***Strengths of program:***

- dedicated and experienced staff
- eating and drinking skills taught following physio, speech and OT program

***Constraints of program:***

- lack of funds

## **20: NORTHCOTT EARLY INTERVENTION PROGRAM**

**Program Target:** Selective  
**Location:** Northcott Society  
PO Box 4055  
PARRAMATTA NSW 2124  
**Contacts:** Roma Sheen, Co-ordinator  
Phone: 02 890 0100  
Fax: 02 683 2827

***Funding:*** No response

***Aims and Objectives:***

- support children within their families, to promote their strengths and abilities and to assist in overcoming obstacles to their independence
- assist the process of integration into a wide range of available children's services
- include and empower parents in decisions regarding their children
- advocate for the rights of people with physical disabilities in the community and educate the community about the rights and needs of people with physical disabilities

***Risk/protective factors addressed:*** No

***Basis of program:*** The early intervention model for working with children with a disability in the pre-school years to facilitate their maximum development was introduced in NSW more than 20 years ago. The program is based on the family centred approach developed by Dunst, Trivette and Deal which identifies and works with child and family strengths and goals.

***Target group/selection criteria:*** Children 0-6 years who have a physical disability of an orthopaedic or neurological nature without a significant intellectual disability and their families. (The main categories of disability seen by the program staff are spina bifida, osteogenesis imperfecta, spinal muscular atrophy)

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**Strategies:** The program provides individual and group physiotherapy and occupational therapy which can be either centre based or at home, providing choice for families who find it difficult to travel with their children. The program runs Learning Groups in three centres which provide a simulating learning environment for individual children's needs. Parents attend these groups and are encouraged to actively participate in the activities with their children. Young siblings are welcomed at these groups too. A Parent Support Group is run in these three centres to assist parents to network with others, share information and experience which empowers them to act as advocates for their children now and in the future. A Father's Group is also run to meet the needs of men coping with fathering a child with a disability. The program also offers individual counselling to assist parents to cope with the emotional aspects of caring for a child with a disability.

**Professional staff employed:** Social workers (2); early childhood educator (1); occupational therapist (1.5) physiotherapist (1)

**Other infrastructure required:** The early intervention program is one part of service provision run by the Northcott Society. Program staff are based at the Society's headquarters and staff provide centre-based and outreach services to the Sydney Metropolitan area. The Society's other programs include Child and Adolescent Family Support; Recreation Service; Respite Services for children; Independent Living Program for Adults; Employment Service and Computer Assistive and Technology Services. This program is the first step to integrated support services from birth to adulthood.

**Duration of the early intervention program:** Ongoing

**Average length of client stay in the program:** 2 years - most children are referred at about 18 months

**Average frequency of contact with clients:** For period July 97 to Jan 98, 19 contacts per client in 7 months  
3 contacts per client per month

**Average duration of each contact with client:** Average duration of individual contact is 1.5 hours for period July 96 - June 97 (this includes face to face contact, phone contact and travelling time)

**Number of clients carried per program per month:** 80 currently

**Waiting list:** No (except for physiotherapy)

**Referring agencies:** Hospitals; community health centres; baby health centres; private doctors

**Agencies clients referred to:** Respite services (home care, community options); local therapy services local counselling/family support services; other hospitals; advocacy services; other early intervention services

**Effectiveness of program:** The program has a range of evaluation mechanisms. There is an annual self evaluation required by the program's funding bodies. The main tool for ongoing evaluation is via the Individual Service Plan (copy provided). An evaluation of the IFSP itself has commenced (information about this provided). Different programs such as Parent Groups; centre based physiotherapy; Early Learning Groups are also evaluated via bi-annual individual sessions with parents to discuss group goals program staff have a well developed complaints mechanism which parents are informed about at their initial meeting with program staff; there is a complaints/suggestion book and an annual phone-in for consumers of the service

**Strengths of program:**

- flexibility
- home-based service
- accessibility

**Constraints of program:** Funding - to expand program services. In particular, to include speech therapy and more physiotherapy (this is an identified need)

## 21: SOUTHERN CHILD CARE SUPPORT PROGRAM

**Program Target:** Selective  
**Location:** Unit 1, 18-20 Scholefield Road  
SEACLIFF SA 5049  
**Contacts:** Vicki Lock  
Phone: 08 8358 2299  
Fax: 08 8358 2199

**Funding:** Ongoing

**Aims and Objectives:**

- assist the access and inclusion of children with disability into child care services (including outside school hours care)
- support child care staff to understand and provide for the needs of children with disabilities

**Risk/protective factors addressed:** No

**Basis of program:** No response

**Target group/selection criteria:**

- children aged 0-6 who have a disability or developmental delay in one or more areas of their development and who are attending or wanting to attend child care
- children or young people 6-15 years who have a disability or developmental delay in one or more areas of their development and who are attending or wanting to attend Outside School Hours Care (OSHC)
- children of parents who have a disability requiring child care or outside school hours care

**Strategies:**

- home visit to family initially
- support to child care and OSHC staff through relevant information, training and resources
- workshops

**Professional staff employed:** Special needs consultants (7 people - equivalent to 5.7 full time positions)

**Other infrastructure required:** No response

**Duration of the early intervention program:** Southern Child Care Support Program - while it does ensure early intervention, it is not an early intervention program as such. It is consultancy-based practical support in the environment in which the child is placed in child care or outside school hours care. Liaison with therapists, educators, etc ensures the child's early intervention goals are being met in the mainstream program.

**Average length of client stay in the program:** Very flexible and dependent on the needs of the child and staff and can vary from 1 month to 12 months

**Average frequency of contact with clients:** Weekly

**Average duration of each contact with client:** 2-3 hours

**Number of clients carried per program per month:** 50 - on average

**Waiting list:** Yes: up to 1 month

**Referring agencies:** Disability services (eg CCA; IDSC); health services (eg FMC CAT Team; community health services; child and youth health; women's and children's hospital; paediatricians); child care centres; private therapists

**Agencies clients referred to:** As above

***Effectiveness of program:***

- feedback/evaluation forms given to each child care centre when program staff are about to withdraw support (copy of form provided)
- evaluation report and work plans written annually by co-ordinator

***Strengths of program:***

- immediate response, that is, home visit by co-ordinator within 1-2 weeks and short waiting time for services
- type of support is flexible and dependent on the needs of all involved, that is, the child, the family and the child care staff
- support is a combination of written information, workshops, direct training and practical support
- child is constantly monitored to ensure no further problems arise

***Constraints of program:***

- dealing with the impact on families and child care staff of funding cutbacks and reduced services
- very stressful and time consuming for all involved. This includes the child care sector and disability and health sector

## **PROGRAMS WHICH SPAN INFANCY AND CHILDHOOD**

### **22: ARNDELL CHILDREN'S UNIT, ROYAL NORTH SHORE HOSPITAL, JUNIOR PROGRAM**

**Program Target:** Maintenance/reduction in relapse and recurrence  
**Location:** Arndell Children's Unit  
PO Box 142  
NORTH RYDE NSW 2113  
**Contacts:** Dr Kasia Kozlowska  
Phone: 02 9887 5830  
Fax: 02 9887 2941

***Funding:*** The program is funded by Health and Education. There has been a failure to clarify the working relationship between Health and Education on an interdepartmental level in the past 10 years

***Aims and Objectives:*** This is a tertiary prevention program

- prevention of severe unremittable behaviour disorders such as ADHD, oppositional defiant disorder conduct disorder, by treating children with precedents of these disorders, or early in the development of these disorders
- intervention in families with children manifesting insecure attachment (and usually also some early symptoms of emotional or behavioural disorder) to prevent
  - later severe problems at school and home, such as attention problems, behaviour problems or the persistence needed for success at school
  - later severe problems with relationships

- treatment of young children with severe trauma, and their family, to mitigate the long-term effects of that trauma
- aid families in reworking trauma to work towards families making normal developmental gains
- treatment of child presenting in crisis
- suicidal ideation, or families presenting with acute breakdown of relationships such as parents not being able to manage their child or be with them
- treatment of children with severe emotional or behavioural difficulties which primary and secondary level services have been unable to help
- treatment of children with psychiatric disorders, eg early psychosis, depression
- treatment of children with multiple complex difficulties, not describable by a single diagnostic label, or treatable with a single model program

**Risk/protective factors addressed:** Yes

- sequelae of insecure attachment: secure attachment lays the foundation for healthy resolution of subsequent developmental issues, and for a child to become an active, responsible member of society. Children who have been securely attached are more ego-resilient, that is, more flexible in their management of impulses and feelings (Sroufe 1988). Insecurely attached children longitudinally are more likely to have school difficulties, lack confidence and self-esteem, form friendships less easily and are vulnerable to becoming aggressive or socially withdrawn
- behavioural disorders are easily treated/prevented early in their development in toddlers, preschool children, and very young children
- use of family resilience and ability to change as a treatment tool and protective factor

Sroufe, L.A. (1988) Individual patterns of adaptation from Infancy to Preschool: the Roots of Maladaptation and Competence. In Pearlmutter, M (Ed.) *Minnesota Symposia in Child Psychology*. Hillsdale, W.K. Erlbaum, Vol 16

**Basis of program:**

- primary theoretical model is a family systems model
  - family therapy
  - family admissions
  - home visiting
  - day program involving liaison with the local school
- attachment theory, that is, attachments or relationships within the family unit is a paradigm used alongside the family systems model
- other medical, psychiatric, psychological models are used as required

**Target group/selection criteria:**

- 2-8 years
- children whose treatment has failed at the primary or secondary level and where a family systems approach which can tackle complex multi-problem presentations is particularly useful
- children needing intense treatment due to the severity of presentation, eg suicidal ideation or behaviour, being out of control
- support of the rural health sector: currently, the program takes families from Sydney or NSW who do not have a similar service available in their health area, and whose treatment team request more intense and specialised assessment, intervention and planning of ongoing health-education intervention plan back in their area of abode

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- families currently pursuing litigation as a means of settling difficulties are excluded (eg are actively involved in Family Court litigation)
- non-English speaking families are not specifically targeted, but make up about one third of the patient group

**Strategies:**

- careful family assessment and assessment of problem
- clear setting of family and treatment goals
- regular family therapy to work on goals
- family admission to target child management issues
- home visits to follow through on gains in family admission
- admission of children into a day program for up to 1-2 or 3 school terms

**Professional staff employed:** Child psychiatrist (1); clinical psychologist (1); art and family therapist (1); nurses (3); the program staff work with 3 teachers and 3 teachers aides (Education Department); parents are involved in all aspects of the program

**Other infrastructure required:**

- early detection and referral of problems by primary and secondary health providers
- DOCS financial support to poor country families who cannot afford to get to the program site
- Education Department: 3 teachers, 3 teachers aids and taxi systems
- need for another bus at Arndell
- families are referred back to referrer after treatment for ongoing follow-up

**Duration of the early intervention program:** Tailored to each family, usually from 3-12 months for Sydney families, rolling family admissions for country families 1-4 weeks of family admissions

**Average length of client stay in the program:** Day program 1-3 school terms, overall treatment 3-12 months, including outpatient

**Average frequency of contact with clients:** Daily for children in program, weekly to two-weekly for families, as rolling family admissions and by phone for country families

**Average duration of each contact with client:** 3-12 months

**Number of clients carried per program per month:**

Outpatient - identified child - 15  
Day patient - identified child - 15  
Inpatient - family admissions - 20

**Waiting list: Yes:**

- up to 1 month for first interview
- 5 weeks to 3 months for family admissions
- day placement in program according to availability

**Referring agencies:** Community Health Centres; private psychiatrists, psychologists, social workers; paediatricians; school counsellors (at times); Department of Community Services

**Agencies clients referred to:** Usually back to referral agent. That is, as above. Speech therapy, occupational therapy, individual psychotherapy, paediatric assessment etc, as required

**Effectiveness of program:**

- ongoing evaluation research (report provided)
- reports from parents
- reports from schools

***Strengths of program:***

- family systems broad theoretical approach. This is useful in planning a treatment approach where other more focused, eg diagnosis focused approaches have failed
- availability of day program, including educational and social components
- availability of family admissions allowing for intensive treatment modules
- nursing staff available to facilitate therapeutic gains in the family home
- highly trained and skilled clinical staff

***Constraints of program:***

- unresolved tensions with Educational Department at the interdepartmental level
- failure of primary and secondary health to refer early enough
- view by some agencies of Arndell as a dumping group for untreatable cases
  - some referrals are clearly inappropriate, examples are child protection, or litigation cases and need to be screened out
- failure of hospital administration to support the unit solve core recurring structural problems over the last 10 years
- difficulty in staying connected to the broader hospital and area health network due to the somewhat isolated physical nature of Arndell

## **23: CHILD ORGANIC PSYCHIATRY PROGRAM**

**Program Target:** Indicated  
**Location:** Dept of Child and Adolescent Psychiatry  
Monash Medical Centre  
246 Clayton Road  
CLAYTON VIC 3168  
**Contacts:** Angela Madden  
Phone: 03 9550 1330  
Fax: 03 9550 1333

***Funding:*** No information available

***Aims and Objectives:*** Assessment of children with multiple problems

- emotional
- social
- behavioural
- learning
- speech/language
- motor skills

***Risk/protective factors addressed:*** No response

***Basis of program:*** That many children who present to CAMHS have complex bases to their presentation. Skilled assessment in these different areas helps to clarify what are the most probable causes of the behaviour, that is, not just a behavioural explanation

***Target group/selection criteria:***

- 3-9 year olds

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- pass intake to CAMHS
- 2 or more problem areas
- screening is done by team discussion of each case

**Strategies:** No response

**Professional staff employed:** Child psychiatrist, paediatrician, neuropsychologist, occupational therapist (Paediatric), speech pathologist

**Other infrastructure required:** Referral from CAMHS' teams in Southern Health Care Network

**Duration of the early intervention program:** 3 or 4 sessions (1/2 day)

**Average length of client stay in the program:** As above

**Average frequency of contact with clients:** No response

**Average duration of each contact with client:** No response

**Number of clients carried per program per month:** 2

**Waiting list:** Yes: 13 weeks to 6 months

**Referring agencies:** MMC - Department of neurosciences; HCL team; CAMHS' teams and intake workers; private psychiatrists, paediatricians, speech pathologists

**Agencies clients referred to:** CAMHS' teams mostly; other early intervention programs; private practitioners - sometimes, but rarely

**Effectiveness of program:** People keep referring children

**Strengths of program:**

- sorting out the most complex of children

**Constraints of program:**

- its small size - 1 session/week
- funding being taken from CAMHS' team funding

## **24: POSITIVE PARENTING PROGRAM (TRIPLE P)**

**Program Target:** Universal – Selective – Indicated

**Location:** Parenting and Family Support centre

School of Psychology

University of Qld QLD 4072

**Contacts:** Associate Professor Matt Sanders

Phone: 07 3365 7290

Fax: 07 3365 6724

**Funding:** Triple P is funded through different mechanisms in different states. Funding for the national centre, the PFSC, is obtained from grants, awards, donations, and fees. The operational budget for the PFSC is approximately \$900,000 per year. Triple P is currently seeking funding to implement the program on a nation-wide basis

**Aims and Objectives:** The Positive Parenting Program (Triple P) is a scientifically based multi-level system of parenting support and family intervention. It aims to enhance children's development, emotional well-being and social competence by promoting positive parenting practices and healthy parent-child interaction. It also aims to prevent serious behavioural or adjustment problems in children by teaching parents of pre-adolescent children, alternatives to harsh, inconsistent and coercive discipline practices. The

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program has involved a unique inter-sectoral collaboration between three State Governments (Queensland, WA and Victoria) to develop, refine, trial and evaluate the program. The long-term goal of Triple P is to reduce the number of children who are at risk for serious conduct problems throughout Australia

**Risk/protective factors addressed:** Yes. The Triple P program aims to address a number of specific risk factors associated with the development of severe behavioural and emotional problems in children. These risk factors include:

- harsh and unpredictable discipline practice
- marital conflict
- parental depression

The different level of Triple P include low cost information programs (Level 1); brief, therapist-assisted interventions (Level 2); brief, focused parent training programs (Level 3); broad focused intensive parent training programs delivered individually or in groups (Level 4) and; intensive behavioural family intervention (Level 5).

**Basis of program:** The Triple P program draws on:

- social interactional models of parent-child interaction that highlight the bi-directional nature of parent-child interactions
- research in child and family behaviour therapy which has identified specific behaviour change techniques
- social information processing models which highlight the important role of parental attributes, cognitions, expectancies and beliefs as factors which contribute to parental decision making
- research from the field of developmental psychopathology in children
- public health research on changing health risk behaviours which has been applied within a mental health framework

**Target group/selection criteria:** Triple P, through the provision of the Clinic at the Parenting and Family Support Centre, aims to assist all families with children aged between 0 and 12 years who have concerns about their child's behaviour or who would simply like access to positive parenting strategies for promoting their children's well-being.

**Strategies:** To reduce the number of children who are at risk for serious conduct problems throughout Australia, Triple P disseminates and evaluated the program in a number of Australian States. Versions of Triple P are currently available to the community in WA and Victoria. Following a demonstration of the effectiveness of a group program with 800 families in East Perth, Group Triple P is now available for all families in that area. A Triple P telephone counselling program for families in rural WA was also found to be extremely effective. As a result, this program is now available to all families in rural areas of WA. All Victorian families with a pre-adolescent child can access Triple P through government run services such as community health centres.

**Professional staff employed:** Clinical psychologists (4); psychologists (3), Research assistants (2)

**Other infrastructure required:** To implement the Triple P program, it is necessary to have:

- clinic rooms
- video equipment
- parenting materials. These materials include Positive Parenting tip sheets for toddlers, preschoolers and primary schoolers; the Triple P "Families" videotape series; children's manuals and parenting workbooks

**Duration of the early intervention program:** The Triple P Program has been available through the Parenting and Family Support Centre (PFSC) since June 1996. Prior to that time, Triple P was a research project and available to Brisbane families with pre-school and primary school aged children

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**Average length of client stay in the program:** Clients attend approximately 6 sessions at the PFSC

**Average frequency of contact with clients:** Families generally attend a session at the PFSC on a weekly basis

**Average duration of each contact with client:** On average, families participating in an individual program at the PFSC see a psychologist for one-hour appointments

**Number of clients carried per program per month:** Approximately 60 families participate in a Triple P program at the PFSC per month. However, thousands of families access the program through professionals who have been trained to implement Triple P

**Waiting list:** Yes: 5 weeks to 3 months

**Referring agencies:** Families are referred to the Triple P program from a number of services: Child and Youth Mental Health Services; kindergartens and pre-schools; GPs; psychiatrists and psychologists; and teachers

**Agencies clients referred to:** Families are referred to other services if they have problems which are beyond the scope of the program (eg alcoholism, psychiatric problems) or require more intensive therapy or marital therapy. The types of services which families are referred to include: Behaviour Research and Therapy Centre; Child and Youth Mental Health Service; Relationships Australia; and Lifeline

**Effectiveness of program:** The Triple P program has been extensively field tested in randomised controlled trials to establish the efficacy of the program. These trials have demonstrated that Triple P embraces children's mental health status and parents' competence. Participants in all versions of Triple P complete a variety of questionnaire measures designed to assess the impact of the intervention on children's behaviour and key parenting risk factors. Socio-demographic details are obtained on each participating family to determine whether different versions of the program are more effective than others with certain families. To assess the effectiveness of the programs, families complete a series of questionnaires immediately before and after participating in a Triple P program. These questionnaires assess parenting styles, satisfaction with marital relationship, degree of conflict between partners over parenting issues, parental mood state, as well as the type and severity of child behaviour problems

**Strengths of program:** The Triple P program, unlike many other parenting programs, is a multi-level scientifically evaluated program. The program provides options ranging from low level interventions (eg providing parenting advice in brief parent tip sheets or booklets) to intensive interventions for families with more complex problems. The program is also unique in that it promotes parent self-regulation; targets children's competencies which protect against adverse mental health outcomes; reduces family conflict; reduces parental distress and enhances parental sense of competence; and increases social support

**Constraints of program:** The predominant constraint for the Triple P Program is lack of sufficient funding. Given the appropriate funding, the Triple P Program could be implemented on a nation-wide basis. Political factors also constrain the Triple P Program, as a change of government or restructuring of government departments can result in funding cuts.

## 25: NORTH WEST TASMANIAN SUPPORT TEAM

**Program Target:** Selective  
**Location:** PO Box 973  
BURNIE TAS 7320  
**Contact:** Cheryle Thomson, Co-ordinator  
Phone: 03 6430 5786  
Fax: 03 6431 3896

**Funding:** 3 years

**Aims and Objectives:**

- access children's services for children with additional needs who are aged 0-12 years
- facilitate the inclusion of children with additional needs into mainstream children's services
- provide current and relevant information/training to families, children's service workers related to specific additional needs
- refer children and families with additional needs to the appropriate services

**Risk/protective factors addressed:** No

**Basis of program:** The program was initiated after a national survey was conducted. It was deemed beneficial for children's development to be included in mainstream purposes, rather than isolated in institutions or remote services. This model also fits with Government Social Justice Policy related to Access and Equity principles, as well as the United Nations Convention of Children's rights and the Quality Improvement System in long day care centres.

**Target group/selection criteria:** Age group: 0-12 years

**Priority groups:**

- children of Aboriginal and Torres Strait Islander descent
- children of south sea islander descent
- children from culturally and linguistically diverse backgrounds
- children with disabilities, as stated in the 'Disability Discrimination Act'

Children can only receive support from the service if they are attending Commonwealth funded Children's Services

**Strategies:**

- conduct varied promotional activities to inform response of the service, both direct children's service providers and community outreach groups who work with children and families
- provide training for children's services and relevant community groups eg cross-cultural awareness, early warning signs, child development etc
- provide financial assistance to child care services to enable workers to attend training, have an extra worker for one-to-one, additional program planning sessions or attend other programs, such as early special education
- provide resources, equipment and referral

**Professional staff employed:** Child care professionals (degree status - 1); community welfare worker (ethnic resource - 1), Support worker (1), Child care workers are funded through their services by this team for casual relief.

**Other infrastructure required:** None reported

**Duration of the early intervention program:** Ongoing

**Average length of client stay in the program:** New service: children have been supported for up to 2.5 years, can be duration of the child care experience, depending on the severity

**Average frequency of contact with clients:** Weekly contact is targeted but can be monthly

**Average duration of each contact with client:** 1 hour per visit

**Number of clients carried per program per month:** 10

**Waiting list:** No

**Referring agencies:** Early special education; parenting centre; adult migrant English services; child care services

**Agencies clients referred to:** Early special education; parenting centre; child assessment services; child care service types

**Effectiveness of program:** Verbal - positive, evaluation, utilisation - increasing

**Strengths of program:**

- the ability of the Team to be flexible, efficient, reliable and approachable

**Constraints of program:**

- lack of time

## **PROGRAMS WHICH SPAN INFANCY, CHILDHOOD AND EARLY ADOLESCENCE**

### **26: ENHANCING PARENTING IN HIGH RISK GROUPS**

**Program Target:** Selective  
**Location:** South Brisbane CYMHS  
Aubigny Place  
Mater Hospital Complex  
SOUTH BRISBANE QLD 4101  
**Contact:** Erica Lee, Co-ordinator  
Phone: 07 3840 1640  
Fax: 07 3840 1644

**Funding:** No information available

**Aims and Objectives:**

- enhanced parental satisfaction and confidence
- reduced incidence of abuse and neglect
- decreased negative parenting styles
- diminished mental health problems

**Risk/protective factors addressed:** Yes

**Risk:**

- child abuse
- parenting difficulties
- social factors

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*Protective:*

- good relationship with one or more parents
- parenting education and support
- enhancing psychosocial development

**Basis of program:** Theoretical models used by staff include psychodynamic, cognitive/behavioural and feminist /empowerment models. Practice models used by staff range from STEPP Program, Triple P, MYCP to open discussion/support groups

**Target group/selection criteria:** Groups have different target participants including:

- STEP program - parents of preschool and primary aged children
- discussion groups - for parents with children in the age groups 1-3, 3-4, primary school age and high school age who have had contact with a primary health agency eg community health
- 'Being a Parent in your Family' - for parents of children referred to the clinic

**Strategies:**

- parenting education and support
- regional stocktake of all Parent Programs identifying gaps and opportunities for referral/liaison

**Professional staff employed:** All groups are conducted throughout the year, each on a time limited basis eg 4-6 weeks, for a duration of 1-2 hours. Groups are facilitated by 1-2 staff consisting of either nurse, social workers, psychologist or occupational therapist

**Other infrastructure required:**

- appropriate venues capable of accommodating group activities
- intensive staffing levels
- education resources
- supervision and training

**Duration of the early intervention program:** Ongoing each program in 4-6 week blocks

**Average length of client stay in the program:** 4-6 weeks

**Average frequency of contact with clients:** Weekly

**Average duration of each contact with client:** 1-2 hours

**Number of clients carried per program per month:** 25

**Waiting list:** Yes: up to 1 month

**Referring agencies:** Local youth and community agencies; community health centres; preschool and child care centres; education department; department of family services

**Agencies clients referred to:** Adult psychiatry; community/neighbourhood support services

**Effectiveness of program:** Client satisfaction forms are used. Follow-up in relation to need for further interventions is an indicator of effectiveness

**Strengths of program:** South Brisbane CYMHS delivers a range of group models in order to enhance parenting

**Constraints of program:**

- lack of provision of child care for parents
- staffing availability
- competing demand in delivering individual versus group based programs

## 27: ALFRED CHILD AND ADOLESCENT MENTAL HEALTH SERVICE: INFANT-CHILD PROGRAM

**Program Target:** Case identification/early detection  
**Location:** 2nd Floor, 594 St Kilda Road  
MELBOURNE VIC 3004  
**Contacts:** Dr Allan Mawdsley  
Phone: 03 9526 4400  
Fax: 03 9529 1931

**Funding:** No information available

**Aims and Objectives:**

- to prevent adolescent disturbance by early diagnosis of significant emotional, behavioural, learning, developmental and psychiatric problems

**Risk/protective factors addressed:**

- specific learning difficulties with psychosocial consequences/risk
- developmental difficulties
- autism spectrum disorders

**Basis of program:**

- developmental psychology and psychiatry theories
- biopsychosocial intervention theories
- family and carer involvement theories

**Target group/selection criteria:**

- 0-14 years, except where adolescent needs and behaviour appear particularly precocious
- inner south east and middle south Melbourne suburbs

**Strategies:**

- specialist programs and staff skills in:
  - learning disabilities
  - autism
  - developmental disorders
  - infant-child problems
  - adolescent problems
  - young adult psychosis
  - professional education
- casework, secondary and tertiary consultation, education
- crisis service (1 hour)
- rapid intake assessment (1 week)
- multi-agency assessments and interventions
- multi-agency interventions on multi-campus settings
- family and caregiver interventions

**Professional staff employed:** Psychiatrists; trainee psychiatrists; psychologists; social worker; psychiatric nurses; neuropsychologist; speech pathologists; occupational therapists; teachers.

**Other infrastructure required:** 2 campuses for better access to clients

- inner south east suburbs

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- middle south suburbs

***Duration of the early intervention program:***

- short-term therapeutic interventions as first approach ( $\leq 8$  sessions)
- limited longer term therapy as space available
- repeat episodes of care as required

***Average length of client stay in the program:***

<8 sessions in any one episode of care

repeat episodes of care, especially in adolescent and young adolescent programs

***Average frequency of contact with clients:*** Weekly

***Average duration of each contact with client:*** 1 hour

***Number of clients carried per program per month:*** 80

***Waiting list:*** No

***Referring agencies:*** Kindergartens; schools; childcare services; GPs; casualty departments at hospitals; Department of Corrections; protective services; drug and alcohol services; accommodation services and refuges; inpatient psychiatric services; employment training services.

***Agencies clients referred to:*** Accommodation; employment training; education; family support; recreation; drug detox; inpatient psychiatry

***Effectiveness of program:***

- consumer feedback system to be initiated
- client feedback as available
- problem resolution assessment on case closure

***Strengths of program:***

- multidisciplinary input
- consultation
- multimodal therapy
- specialist infant-child program/workers
- specialist programs: developmental disorders, autism, learning difficulties, family therapy, chemical abuse
- professional education to allied agencies
- multi-campus, multi-agency interventions
- family and caregiver involvement

***Constraints of program:*** None reported

## BRIEF DESCRIPTIONS OF OTHER SELF-IDENTIFIED EARLY INTERVENTION PROGRAMS

### 28: CHILD & FAMILY DEVELOPMENT PROGRAM (CANTERBURY FAMILY CENTRE)

**Program Target:** Selective-indicated  
**Location:** Canterbury Family Centre  
19 Canterbury Road  
CAMBERWELL VIC 3124  
Phone: 03 9882 8336  
Fax: 03 9813 3927  
Email: ppdesign@websurf.net.au  
**Contacts:** Sue Waller

**Funding:** No information available

**Aims and Objectives:** To educate, support and empower parents in their parenting role, assisting them to develop skills which enable them to adequately meet the physical and emotional needs of their young children.

**Risk/protective factors addressed:** Not stated

**Basis of program:** Not stated. Key features of the program are as follows:

- The Child and Family Development Program provides a flexible, comprehensive support service to families who cannot or do not access or benefit from more universal / generalist services
- Case co-ordination and management, counselling and parent group-work is undertaken by trained social workers while family care workers (child-care, mothercraft, residential or early childhood qualifications) undertake direct work with parents and children under the supervision of the caseworker
- The service response is individually tailored for each family, to improve access and maximise outcomes
- Intervention components are governed by a 'minimalist' approach to avoid duplication and over-servicing
- Where possible, the child is maintained in his/her community educational / care system. If attendance at the Developmental Centre is necessary, the aim is for return to full participation in normal settings as soon as practicable
- Services are provided in conjunction with other professionals already engaged with the family
- Parent participation / involvement in the program is mandatory (includes male parent in two-parent families)

**Target group/selection criteria:** Families with young children whose development is seriously jeopardised because of significant difficulties or inadequacies in parenting.

Parenting difficulties may be related to one or more of the following risk factors

- Parental mental illness
- Social isolation, transient lifestyle, and/or absence of support networks
- Multiple partners/ caregivers, and chaotic or unstable family environment

- Domestic violence
- Substance abuse
- Childhood behavioural disorders such as conduct disorders, oppositional-defiant disorders, attention deficit disorder

and lead to

- Abuse and/or neglect
- Aggressive / antisocial behaviour by the child, resulting in exclusion from generalist services such as preschool and childcare
- Severe emotional difficulties, poor self-esteem, withdrawal and social isolation
- Failure to achieve normal developmental milestones

**Strategies:** Service Components are as follows:

Each component is available separately, or in combination with others, depending on client needs and available program resources.

#### *Parent Education and Skills Training*

- Individualised 6-10 week program
- One to three sessions per week (1 to 2 hours per session) depending on need
- Focus on specific practical goals and tasks identified by family and workers, including behaviour management programs
- In-home or centre-based, depending on need and other factors (e.g. transport, parent learning style, safety issues)
- Implemented by family care worker under supervision of social worker or psychologist
- Progress toward goal achievement is reviewed regularly with workers and family
- Incorporates Positive Parenting Program and strategies

#### *Parent Support*

- Counselling on parenting and related issues
- Parent education and support groups
- Peer support and modelling (family days)

#### *Child Development and Support*

- Centre-based program incorporating developmental and social opportunities, behaviour modification programs, and emotional support of children
- Provides essential 'respite' for child and family in cases involving serious protective or safety issues
- Access to emotional, cognitive and speech assessment and therapy through Canterbury Family Centre's "CATS Program"

#### *Parent-Child Relationship*

- Facilitation of bonding and attachment through group activities for parent and child (e.g. Dance Therapy sessions)
- Use of Positive Parenting Program and strategies
- Staff modelling of positive acceptance of children

#### *Case Management, Liaison and Advocacy*

- Case co-ordination, case management and advocacy is provided by the social worker
- Liaison with other service-providers, including transition work to ensure consistency of management and maximum effectiveness, is undertaken when necessary
- Referral and linking to appropriate follow-up services to ensure gains are maintained in the long-term

# CHAPTER 3

## CHILDHOOD PROGRAMS

Includes:

PROGRAMS SPANNING CHILDHOOD AND  
ADOLESCENCE

BRIEF DESCRIPTIONS OF OTHER SELF-  
IDENTIFIED EARLY INTERVENTION PROGRAMS

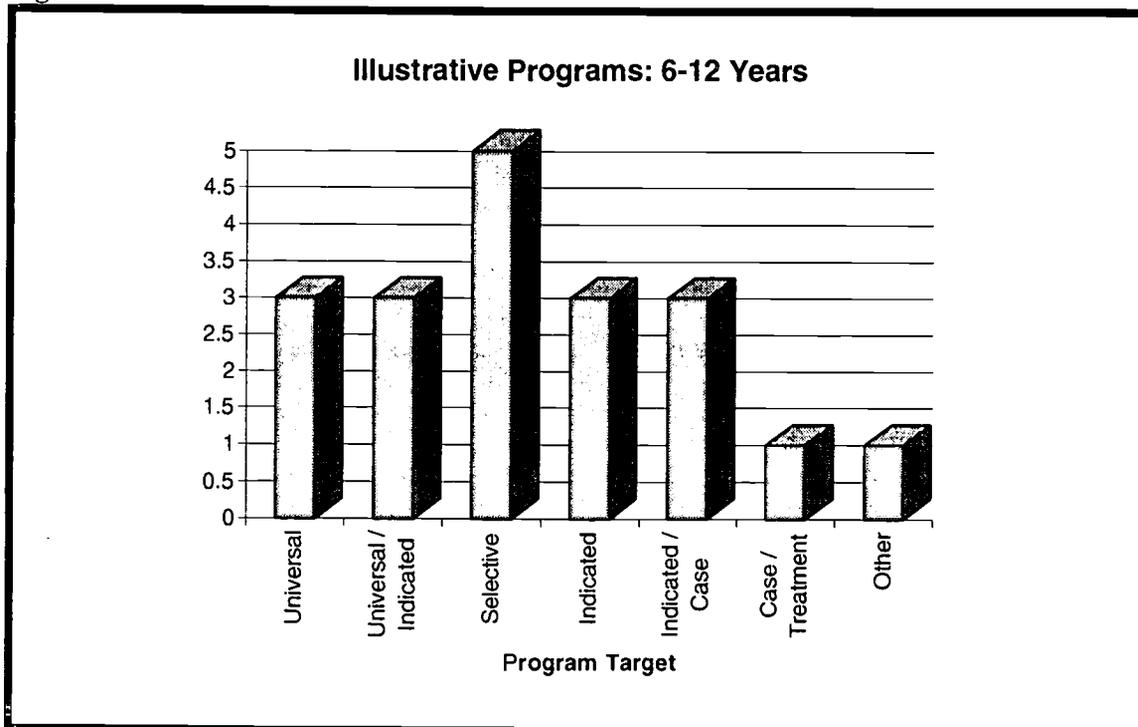
## NOTES

Eighteen organisations (in addition to nine of the programs described in Chapter 2) self identified as providing early intervention programs for children aged 6-12 years. Unlike programs for 0-5 year olds (reported in Chapter 2.) which predominately have a selective preventive intervention focus, self identified early intervention programs for 6-12 year olds have varied preventive intervention program targets. Universal preventive intervention programs include the *Yellow Brick Road*, a schools based mental health promotion program which aims to promote the development of resiliency in children.

Programs which have an indicated preventive intervention focus include the *St Helen's School Program*, which offers a short term alternative placement for primary school children who are experiencing extraordinary difficulties in the larger classroom setting and the *Rice Youth Services/Transitional Integrated Education and Residential Service* which is a program designed to meet the needs of children and young people requiring out of home care and an educational response. The *Rice Youth Services Program* aims to provide a safe and secure living and learning environment that will provide transition to reunification with family where possible and transition to a mainstream education system within a young person's region. The target group for this program includes young people who exhibit self destructive behaviour, absconding behaviour, aggressive/bullying and assaultative behaviour and severe attachment disorders.

As Figure 6 illustrates, a slight majority of the early intervention programs described have a selective preventive intervention program target. These include *Kids with Confidence: Peer Support Program for Children who have a Parent with Significant Mental Illness* and *Seasons – Grief and Loss program*.

Figure 6



Programs classified as having an indicated-case identification preventive intervention strategy include the *Yaralla Program* and the *Child and Adolescent Anxiety Treatment Program*(2) while the *Adolescent Sex Offender Program* illustrates a case identification-treatment preventive intervention. The

*Adolescent Sex Offender Treatment Program* aims to provide an effective sex offender specific assessment and treatment program for adolescents residing in the Melbourne Metropolitan regions.

***Risk and Protective Factors Addressed by the Programs***

A range of risk/protective factors is addressed by the programs described in this chapter. Risk factors addressed include:

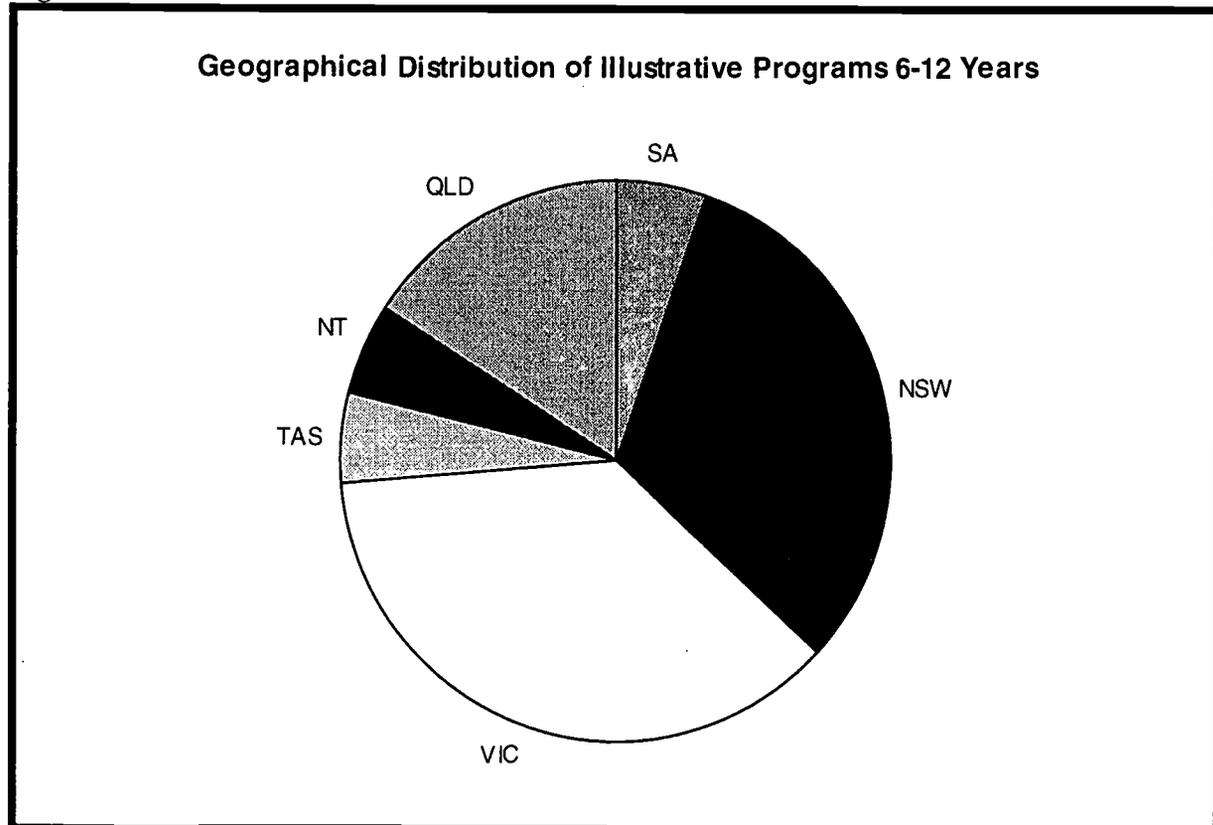
- emotionally unstable background
- depression, youth suicide
- emotional/developmental delay or damage
- childhood anxiety (given that symptoms are a risk factor for the development of serious anxiety and phobic disorders in adulthood)

Protective factors addressed include:

- the enhancement of social competence
- the promotion of resilience
- enhancing parents' ability to encourage their children which in turn, 'should lead to better self-esteem'

***Geographical distribution of programs***

**Figure 7**



As can be seen from Figure 7, the majority of programs described in this chapter are located in either Victoria or NSW. In contrast to programs identified in Chapter 2, a number of programs reported in this chapter are located in Queensland.

### ***Theoretical models/practice models utilised***

A number of programs described in this chapter use cognitive behavioural theory as their underlying theoretical framework or practice model. These include the *Children's Group: "Fears and Worries"*, the *Penn Optimism Program*, the *Griffith Early Intervention Program: RAP*, the *Child and Adolescent Anxiety Treatment Programs (1) and (2)* and the *Griffith Early Intervention Program: Friends*. Other models identified by programs as influencing their development and implementation are:

- Glasser's reality therapy
- theoretical studies of resilience
- psychodynamic theories
- Seligman's theory of learned optimism
- intergenerational influences of parenting
- interpersonal models (self psychology)
- the importance of adult support to young people
- the influences of mentoring and positive role models

### ***Strategies***

Strategies utilised by the programs described in this chapter vary. They include:

- group therapy (utilising cognitive behavioural approaches)
- family based cognitive behavioural group program
- provision of education and information to the media and to referral agents
- classroom interventions incorporating videos, manuals, books
- pharmacology, psychoeducation, cognitive behavioural therapy
- the use of games, comic strips, role plays (to develop an understanding of the link between thoughts and thinking styles, to evaluate pessimistic thoughts, to increase coping skills and problem solving ability)

### ***Staffing***

Staffing of the programs varies and includes special education teachers, teachers, social workers, psychologists, teacher aides, residential care workers, psychiatrists, family therapists, nurses and art therapists and a recreation officer. The *Big Sister/Little Sister Program: YWCA Darwin* utilises volunteers in their mentoring strategy.

### ***Infrastructure needed***

As with programs described in Chapter 2., a range of infrastructure is required by programs. Given that a number of programs are school based, the importance of gaining a commitment of time/space from schools is highlighted, along with acknowledgment from school staff that school based early intervention programs are as important as other curricula during the course of the program. Programs requiring this infrastructure include the *Penn Optimism Program*, and the two *Griffith Early Intervention Programs: RAP* and *Friends*. Programs for clients involved with a number of different services (e.g. *Adolescent Sex Offender Program*) require clear treatment plans as well as interagency collaboration and formalised and structured information sharing. Other infrastructure identified includes:

- clerical support
- research assistance
- group rooms
- training
- agency infrastructure (e.g. waiting rooms, receptionist)

### ***Other program characteristics***

The number of clients carried by the programs varies. One hundred and twenty clients are carried per month by the *Griffith Early Intervention Project: Friends*, as part of a controlled trial of this intervention. Programs such as *St Helen's School* aim to carry twelve clients per month while programs utilising group strategies such as the *Children's Group: Fears and Worries*, *Penn Optimism Program*, and the *Child and Adolescent Anxiety Treatment Programs (1) and (2)* aim to carry eight, twelve-fifteen and six (families) respectively per cycle of intervention.

Several programs have a waiting list. The *Yaralla Program*, a school based program for high school aged young people experiencing a psychotic illness, has a waiting list of five weeks to three months as does the *STEP: Systematic Training for Effective Parenting* program. A range of referral agencies use the programs described in this chapter.

In contrast to most programs described in Chapter 2, programs depicted in this chapter have more clearly defined time frames. The *Yellow Brick Road*, a school based program which aims to promote resilience in children, comprises a unit of work completed over one school week and the *Healthy Families Program* which aims to promote mental health, constitutes a unit of school work of approximately forty hours' duration. Group programs such as *RAP* and *Friends*, conducted by the *Griffith Early Intervention Program* are conducted over ten weeks with one school period of fifty minutes per week and the *Child and Adolescent Treatment Program (1)* comprises nine - two hour sessions conducted over an eleven week period.

### ***Measuring effectiveness***

A number of the illustrative programs have provided information on evaluation. Most commonly, for programs described in this chapter, feedback is obtained from clients/program participants (cf *Penn Optimism Program* and *Step: Systematic Training for Effective Parenting*) and in some instances, incorporates written evaluation from clients, pre and post intervention (cf *Children's Group: Fears and Worries*). Several programs (the *Healthy Families Program* and the *Adolescent Sex Offender Program*), have employed independent evaluators to explore the effectiveness of their respective programs. In general, such evaluations have been descriptive and formative in nature, reflecting, in part, the stage of development of these particular programs. One program, *Yaralla*, a program which provides a school based program for high school aged young people experiencing a psychotic illness, is in the process of evaluating outcomes at time of discharge from the program and then 3-12 months later (using indicators including symptoms, educational/vocational settings etc) employing a battery of instruments including the Adolescent Drug Use Diagnosis Instrument (ABAD), Brief Psychiatric Rating Scale (BPRS) and Abnormal Involuntary Movement Scale (AIMS).

Several programs outlined in this chapter have used controlled trials to measure the effectiveness of their early intervention programs. The *Griffith Early Intervention Program: Friends*, has strong evidence from its controlled trials to demonstrate the effectiveness of a brief school-based intervention (developed on a cognitive-behavioural model) for children identified using child and/or teacher reports can produce durable reductions in anxiety problems. Similarly, the *Griffith Early Intervention Program: RAP*, a schools based program which aims to prevent depression and which integrates cognitive behavioural therapy and interpersonal models (self psychology) has evidence from clinical trials which support its effectiveness.

Clinical effectiveness has also been demonstrated by the *Child and Adolescent Anxiety Treatment Programs (1) and (2)* which aims to provide accessible, timely, effective treatment of anxiety disorders in young people to reduce morbidity and its sequelae. In these programs, both parents and young people complete a number of measures assessing their anxiety and overall functioning. These are administered pre treatment, immediately post treatment and one year post follow up utilising a number of measures. Data has shown considerable reductions in levels of anxiety which are maintained at one year follow up.

For a number of the programs described in this chapter, 'effectiveness' can only be assessed through longitudinal studies (cf *Seasons - Grief and Loss Program*).

### ***Strengths of the programs***

Programs presented in this chapter identify a number of program strengths. These include:

- the use of small groups (in those programs utilising groups as an early intervention strategy) The opportunity to be with other children as seen as reducing isolation and stigma and providing one to one support and friendship
- intensive work with clients
- individualized programming
- identified client problems treated as whole family problems (e.g. childhood anxiety treated as a whole family problem)
- cost effective
- demonstrated effectiveness of programs (e.g. RAP)
- programs developed in Australia take account of the Australian context (e.g. RAP and Friends)

### ***Constraints***

As with programs described in Chapter 2, the lack of secure funding/resources is commonly identified as a major constraint. This lack of funding/resources impacts on staffing and service delivery, prevents ongoing dissemination of information, extension of services, and in the case of one program, satisfactory service co-ordination and ongoing training opportunities. A number of programs are reliant on research grants for the operation of their early intervention programs.

## ILLUSTRATIVE PROGRAMS

### CHILDHOOD PROGRAMS

See also:

- 19: GROSVENOR EARLY EDUCATION CENTRE INCORPORATED
- 20: NORTHCOTT EARLY INTERVENTION PROGRAM
- 21: SOUTHERN CHILD CARE SUPPORT PROGRAM
- 22: ARNDELL CHILDREN'S UNIT, ROYAL NORTH SHORE HOSPITAL, JUNIOR PROGRAM
- 23: CHILD ORGANIC PSYCHIATRY PROGRAM
- 24: POSITIVE PARENTING PROGRAM (TRIPLE P)
- 25: NORTH WEST TASMANIAN SUPPORT TEAM
- 26: ENHANCING PARENTING IN HIGH RISK GROUPS
- 28: CHILD & FAMILY DEVELOPMENT PROGRAM (CANTERBURY FAMILY CENTRE)

#### 29: ST HELEN'S SCHOOL

**Program Target:** Indicated  
**Location:** PO Box 868  
NORTH GEELONG VIC 3215  
**Contacts:** Mark Turner  
Phone: 03 5278 9211  
Fax: 03 5277 2815

**Funding:** No information available

**Aims and Objectives:** The St Helen's School program offers a short term alternative placement for primary school children who are experiencing extraordinary difficulties in the larger classroom setting. St Helen's School aims to provide intensive educational support and a behaviour management program to enable students to re-enter mainstream education with confidence. Early intervention allows for a turn-around in behaviour, thus giving students re-entering mainstream, a greater chance of success.

**Risk/protective factors addressed:** Yes. Due to the emotionally unstable background of many of the students, it is hoped that removal from home is an effective prevention for children at risk from violent backgrounds. If the situation is not critical enough for the child to be removed from the home, then hopefully, the social worker can help parents implement appropriate programs for home use to reduce at risk behaviour. As students are labelled emotionally disturbed, then it is necessary to intervene at the earliest possible time to address associated problems.

**Basis of program:** The school program is based on Glasser's Reality Therapy model. The early intervention program is designed primarily on a needs basis, with referrals being from mainstream education. It aims to modify socially unacceptable behaviour whilst simultaneously enhancing and maintaining educational levels.

**Target group/selection criteria:** The target group is primary school aged children who are experiencing extraordinary difficulties in the larger class setting. Referrals and acceptance into the school are managed by the St Helen's Referral team which includes the program manager, education officer, social workers and the head teacher. If the referral is accepted, an assessment process will begin to fully determine whether the child will benefit from entering the St Helen's program. Important information is required so that the best developmental and behavioural strategies can be developed for

the child and appropriate support can be given to the family. A Mackillop Family Services' social worker will consult with the family to obtain a history of the child's development and previous attempts to manage problematic behaviour. The education officer will assess the child through educational testing to determine teaching level. The education officer and social worker meet with key people in the child's school life including psychologists or paediatricians. No special attention is given to any specific group. All referrals are accepted on a needs basis.

**Strategies:**

- behaviour modification strategies
- onus on self regulation of students
- positive self esteem and self concepts
- individual academic programs
- reading recovery (an early intervention program)

**Professional staff employed:** Special education teachers, social worker, network of support among consultants, educational psychologist, CAMHS. Students from teaching training institutions are also utilised

**Other infrastructure required:**

- Access to pre-school opportunities
- Access to toy libraries

**Duration of the early intervention program:**

- Each case is individually determined on a needs basis
- All programming is on an individualised basis
- The length of the intensive programming varies according to the individual's needs

**Average length of client stay in the program:** Individually determined - a minimum of 6 months

**Average frequency of contact with clients:** School hours

**Average duration of each contact with client:** 6.4 hours

**Number of clients carried per program per month:** Maximum number of 15 clients. Optimum level for best procedure is 12

**Waiting list:** Yes: up to 1 month

**Referring agencies:** Paediatricians; schools; families; welfare agencies; pre-schools; community services

**Agencies clients referred to:** Primary schools; other welfare agencies; CAMHS; clockwork; paediatricians; social worker; protective services

**Effectiveness of program:** Reports from settings: children move on to families

**Strengths of program:**

- small groups
- intensive work carried out with children
- individualised programming
- onus on students accepting responsibility for their own behaviour

**Constraints of program:**

- funding
- facilities inadequate for total program to be successful eg specific learning areas and accommodation

### 30: THE YELLOW BRICK ROAD

**Program Target:** Universal  
**Location:** Division of Psychiatry  
Bendigo Health Care Group  
PO Box 78  
STRATHDALE VIC 3550  
**Contact:** Anne Fahey

**Funding:** No information available

**Aims and Objectives:**

**Aim:** This program aims to use the children's story, "The Wizard of Oz" to teach children simple strategies for dealing with emotional difficulties

**Objectives:**

- to work with primary school staff to develop a unit of work around the Wizard of Oz story focusing on the concept of resilience
- to have teachers develop strategies to explain the concepts of resilience and support through work on the Wizard of Oz prior to the visit from the Division of Psychiatry
- to have students develop creative work around these concepts eg Storymaps, Word Webs, Retelling of the story in a variety of forms, dust jackets, etc
- to use the visit from staff of the Division of Psychiatry to reinforce messages and to focus children on simple strategies for dealing with emotional difficulties
  - Stop, Think, Act
  - Tell a trusted older adult (name on the five fingers of the hand)

**Risk/protective factors addressed:** Yes. This is a health promotion strategy that aims to promote resilience in children and raise their awareness of avenues of support. The program also aims to raise teacher awareness of resilience and the supports that are available to children experiencing emotional difficulties.

**Basis of program:** Based on theoretical studies of resilience (specific studies not stated)

**Target group/selection criteria:** Not stated

**Strategies:** As described in "Aims and Objectives"

**Professional staff employed:** Mental health educator; community psychiatric nurses (3 staff in total)

**Other infrastructure required:** None

**Duration of the early intervention program:** Unit of work completed over one school week

**Average length of client stay in the program:** Not applicable

**Average frequency of contact with clients:** Not applicable

**Average duration of each contact with client:** Not stated

**Number of clients carried per program per month:** Not stated

**Waiting list:** Not stated

**Referring agencies:** Not applicable

**Agencies clients referred to:** Not applicable

**Effectiveness of program:** Not stated

**Strengths of program:** Not stated

**Constraints of program:** Not stated

## 31: HEALTHY FAMILIES PROGRAM

**Program Target:** Universal  
**Location:** The Victorian Board of Studies  
15 Pelham Street  
CARLTON VIC 3053  
**Contact:** Gerry Tickell (Project Director)  
Delyce Dalton (Project Officer)  
Phone: 03 9651 4621  
Fax: 03 9651 4622

**Funding:** The Healthy Families project (HFP) was initiated by the Victorian Health Promotion Foundation which has provided a grant of \$522,000 to the Victorian Board of Studies to manage the project in conjunction with Monash University and Relationships Australia

**Aims and Objectives:** The Healthy Families program aims to improve the quality of family life by helping children understand that the ways in which they are treated by their parents are likely to influence the manner in which they treat their own children, when they, in turn, become parents.

Its message, however, is that cycles of behaviour are not inexorable. It aims to strengthen children's natural resilience and to teach them that individuals have the power to change their own lives.

More especially, the program aims to help children:

- participate effectively in the lives of their families
- understand the significant factors which influence their own families
- appreciate the diversity of family life within their community

To provide children with:

- positive accounts of family life
- opportunities to reflect on and understand their own experiences of family life

**Expected Outcomes:**

On completion of the program, children may be expected to understand that:

- the ways in which patterns of treatment are often repeated in successive generations
- that other children share many experiences (including negative ones) which they may imagine to be uniquely their own
- that families can be supportive
- that families can and do change
- that there are many different types of families (ranging from single parent to extended families and including both Aboriginal and non-English speaking families)
- Children should also have acquired problem solving and negotiating skills and strategies for coping with stress.

It is not expected that these skills and understandings alone will enable children to change their circumstances. Other factors such as access to appropriate support, particularly in times of severe stress, are of course, often critical. They may, however, diminish the sense of isolation and the tendency to blame themselves which are characteristic of many children in destructive situations. In this sense, they constitute a necessary, but not sufficient, contribution to solving the problem.

More generally the program is intended to achieve three (related) sets of outcomes:

**Cultural** attitudinal change in the wider community, particularly amongst primary school teachers and parents, via media publicity, newsletters and other publications, workshops, seminars and conferences

**Structural** improvements in the organisation of support services provided by the education system and primary care agencies. (A particular aim, in this respect, is to improve the

- co-ordination of services at the local level)
- Personal* improvements in the quality of family relationships for children and parents who participate in the project
- Educational* development of understandings about families with particular emphasis on diversity and the intergenerational transmission of patterns of parenting

**Basis of program:** The Healthy Families Project was developed in response to concerns that the quality and style of parenting experienced by parents during their childhood is a significant influence on the manner in which they parent their own children.

Of greatest concern is the evidence that child maltreatment has been clearly demonstrated to have important intergenerational aspects, with a history of maltreatment being the most potent predictor of maltreatment by parents.

This evidence is not unambiguous but at the least, it supports the proposition that children who have suffered abuse at the hands of their parents may find it difficult to establish a supportive family and that they are more likely than most to either practise or tolerate abusive behaviour. Moreover, the likelihood of abused children repeating the patterns as parents is greater when there is no opportunity for them to understand:

- that the abuse they have experienced is neither their fault nor justified and, further
- that one reason why their parents abuse them is that their parents themselves have experienced similar treatment as children

On the other hand patterns of positive parenting can also be passed on from one generation to the next. Parent self esteem is considered to be an important contributor to the perpetuation of affirmative relationships in subsequent generations. If children are to break negative cycles of parenting in their adult lives and to adopt and maintain more positive approaches, it is essential that they understand these intergenerational connections.

The Healthy Families Program is proactive rather than reactive, positive rather than negative: its message is that cycles of behaviour are not inexorable. Both implicitly and explicitly, the educational program strengthens children's natural resilience and teaches them that individuals have the power to change their lives and to develop more constructive forms of parenting than they themselves experienced as children. To ensure that it reaches all children who are experiencing damaging treatment within the family, the program is firmly located within the mainstream curriculum.

**Target group/selection criteria:** The focus is the primary school curriculum, particularly in years 5 and 6 where children are likely to have acquired a sufficient repertoire of social and learning skills to be able to undertake independent research and handle group dynamics

**Strategies:** The materials being trialed in pilot schools constitute a unit of work of approximately 40 hours' duration which provides teachers with a structured and sequenced approach to the consideration of patterns of parenting.

The revised materials for 1998 consist of:

- a set of units of work each of which includes:
  - teachers notes explaining the purpose of the unit, identifying relevant references in the Curriculum and Standards Framework and outlining some indicators for teachers to consider in evaluating the effectiveness of units
  - suggested classroom activities with questions which might be asked, key issues to be considered and relevant resource materials
- a booklet designed to encourage children to write about a fictitious family
- a confidential journal in which children can record their private reflections on issues arising from the classroom activities
- a selection of literature and other resources

**Professional staff employed:** Teachers

The program includes a comprehensive professional development program which consists of:

- An introduction to the psychodynamic approach to child development
- Background information on how and why abusive behaviour is repeated across the generations
- An overview of the current role of families
- Guidelines for dealing with sensitive issues
- An introduction to the project material
- Information about existing support services

**Effectiveness of program:** The Consultancy and Development Unit of the Deakin University faculty of Education was commissioned to undertake an independent evaluation of the project. Evaluation was incorporated into the project from the outset. The evaluation team contributed to the detailed planning during the developmental phase and evaluation procedures were integrated into the program in both a formative and a summative mode. In this manner, the evaluation process has served both to inform the ongoing implementation of the plan and to assess both the effectiveness of the strategies employed and their implications for policy and future work.

The report concluded that the project is highly successful and that it represents an important innovation in promoting mental health.

It is not feasible, however, to gauge the long-term impact of the project, which will not be manifested until these students become parents. At this stage, therefore, conclusions must of necessity, be tentative but the evaluation does point to a number of significant indicators of success. For instance, in group interviews conducted a year after they participated in the project, students could:

- Articulate the development of their understandings about family and identify the immediate impact on their attitudes to their families
- Speculate about the value of the Healthy Families Project to themselves when/if they become parents
- Identify and discuss the cycle of violence in families
- Identify with the characters in the videos and literature
- Empathise with the characters in the video and literature
- Make revelations about significant personal experiences resulting from the program's activities
- Discuss sexually discriminative attitudes
- Recount the moral content of the literature
- Articulate the value of the students' private journals and the fictitious family
- Offer constructive criticism, about the project and the resources
- Recommend revisions for the program

Generally, the most significant outcome for teachers involved in the project has been their understanding of the mental health curriculum and family health. Almost all have mentioned the enhancement of relationships between teacher and students and between student and student in their classes. Classroom discussions have improved in many of the pilot schools. Teachers also found the materials to be flexible and suited to a variety of teaching/learning styles.

## PROGRAMS SPANNING CHILDHOOD AND ADOLESCENCE

See also:

**21: SOUTHERN CHILD CARE SUPPORT PROGRAM**

**27: ALFRED CHILD AND ADOLESCENT MENTAL HEALTH SERVICE: INFANT-CHILD PROGRAM**

### **32: RICE YOUTH SERVICES/TRANSITIONAL INTEGRATED EDUCATION AND RESIDENTIAL SERVICE**

**Program Target:** Indicated  
**Location:** PO Box 53  
SOUTH MELBOURNE VIC 3205  
**Contacts:** Michael O'Meara  
Phone: 03 9699 1677  
Fax: 03 9696 6496

**Funding:** No information available

**Aims and Objectives:** MacKillop Family Services (MFS) is a new organisation which was formed on 1st July 1997 from an amalgamation of a number of Catholic child, youth and family welfare agencies. The Transitional Integrated Education and Residential Service (TIERS) is a new program designed to meet the needs of children and young people requiring out of home care and an educational response. MFS is the auspicing agency of this group, with TIERS being one components of MFS. This program is currently based in South Melbourne and has previously been known as St Vincent's Boys Home. The existing facilities at South Melbourne were constructed circa 1850 to be used as an orphanage. Now, 150 years later, the buildings are totally inappropriate to their current use. MacKillop Family Services and DHS are currently overseeing a project to move TIERS off-site into community based settings. TIERS to be operated by Rice Youth Services and St Vincent's Education and Training. The TIERS project is a result of the recent changes and, more importantly, a very strong commitment by both MacKillop Family Services and the Department of Human Services to provide the appropriate environment to enhance the social and learning skills of children who attend the program. And as a consequence, provide them with the opportunity to have a better quality of life and cope with the demand of living in the general community.

TIERS aims to deliver an integrated accommodation and education service to boys aged 9-13 years upon admittance for a period of 6 months to 2 years. This state wide service aims to cater for young people who cannot be maintained in their own region because their own families and local services are unable to manage their behaviour, including risk of serious harm to themselves and others, significant damage to property.

The activities of the TIERS program are aimed towards providing a safe and secure living and learning environment that will provide transition to:

- reunification with family where possible
- investigating and locating less intrusive accommodation options within young person's region
- transition to a mainstream education program within the young person's region

**Risk/protective factors addressed:** Yes

- young people who are emotionally and developmentally delayed/damaged
- behaviour is age inappropriate
- sexual experimentation/abuse has been experienced as a victim/perpetrator

- severe attachment disorders
- aggressive/bullying and assaultative behaviour towards peers, staff families
- self destructive behaviour -- substance abuse, suicidal and risk taking
- absconding- placing themselves in unsupervised and potentially dangerous situations
- medical - diabetes, asthma, DD, etc, which frequently compounds mental health issues
- inability to participate in mainstream education environment
- unwillingness to engage in 'outside'/specialist counselling

**Basis of program:** Until recently, the education and accommodation aspects of the model have operated separately. The current location of the services is unsuitable for the purpose. Whilst accommodation staffing has been intensive, it has been based on a child care response. Whilst school staffing is intensive, it is based on an educational response. It has become clear that this is not adequate to meet the multiple issues confronting high risk clients within a context that does not recognise the mental health issues and access issues to mental health services for young people. Resources are needed to bring mental health responses to the young people and to enable the development of a truly integrated and multi-skilled response to the young people.

**Target group/selection criteria:** No response

**Strategies:** St Vincent's Education and Training and Rice Youth Services (TIERS) have developed the Pathways Plan which is a process whereby the Pathway Team (consisting of the young person, home room teacher, social worker, residential care worker/carer/parents) develop an individualised plan which outlines a young person's goals in the areas of education, recreation, health, family, relationships, accommodation.

Pathways procedures

- an initial Pathways Meeting will be conducted approximately 4 weeks after the placement/enrolment of the young person within the service/s
- each young person is expected to have 2 Pathways meetings a term
- the Pathways Plans will be typed up and made available to all members of the Pathways Team
- individual Pathways Team members will assume responsibility for agreed areas and ensure that the agreed goals are followed up
- the Pathways meetings will be conducted during school time
- at least 2 Pathways members are to be present-with the young person at Pathways Meetings

**Professional staff employed:** Social workers (2); manager program -RYS (1); manager program - school (1); co-ordinator residential care (1); teachers (6); integration officer (1); teacher aide (1)

In addition, there are 12 residential care workers (9 full time, 3 part-time) and supervisors of units (3)

**Other infrastructure required:** No response

**Duration of the early intervention program:** From 6 months to 2 years

**Average length of client stay in the program:** No response

**Average frequency of contact with clients:** No response

**Average duration of each contact with client:** No response

**Number of clients carried per program per month:** No response

**Waiting list:** No response

**Referring agencies:** No response

**Agencies clients referred to:** No response

**Effectiveness of program:** No response

**Strengths of program:** No response

**Constraints of program:** No response

### 33: CHILDREN'S GROUP: "FEARS AND WORRIES"

**Program Target:** Indicated  
**Location:** Oakrise Child and Adolescent Mental Health Service  
Kelham Street  
LAUNCESTON TAS 7250  
**Contacts:** Melissa Martin  
Phone; 03 6336 2867  
Fax: 03 6331 3934

**Funding:** No information available

**Aims and Objectives:**

- to prevent the occurrence of anxiety disorders in the child and adolescent population
- to reduce the impact of anxiety symptoms in the individual child and his/her family
- to educate parents/carers about childhood anxiety
- to affect change in the target population

**Risk/protective factors addressed:** Yes; both risk and protective factors are addressed

- childhood anxiety symptoms as a risk factor for the development of serious anxiety and phobic disorders in adulthood
- family functioning and parenting style as a protective factor

**Basis of program:** Uses both psychodynamic and cognitive-behavioural theories in the delivery of the program

**Target group/selection criteria:**

- children aged 8-13 years who are experiencing symptoms of general anxiety.
- may or may not have received prior treatment
- child is not resistant to participation in group
- at least one parent/carer must attend
- general intake form is used (same as for whole clinic)

**Strategies:**

- groupwork program of 6 sessions x 1 hour for children and 7 x 1 hour for parents
- groups are run concurrently (that is, child/parent groups)

**Professional staff employed:** 2 staff - one for children's group, one for parent group (either social workers or psychologists)

**Other infrastructure required:** Clinic facilities, that is, reception, waiting room, group rooms, administrative support

**Duration of the early intervention program:** Seven weeks, 1 hour per week

**Average length of client stay in the program:** 7 weeks

**Average frequency of contact with clients:** Once a week

**Average duration of each contact with client:** One hour

**Number of clients carried per program per month:** Approximately 8 per cycle, that is, each time the program is run

**Waiting list:** No

**Referring agencies:** Schools; hospital/health sector; self

**Agencies clients referred to:** Clients in this program would be referred back to Oakrise Clinic, that is, individual therapist if needed

**Effectiveness of program:** Written evaluation pre and post group completed by children and parents. (Evaluation forms provided)

**Strengths of program:**

- childhood anxiety is treated as a whole family problem and the parent is actively engaged in the intervention
- the opportunity for the child to be with other children with similar worries - to reduce isolation and stigma - same for parents

**Constraints of program:**

- it depends on staffing and the priorities of the whole clinic operations. So far, program staff have been able to offer this program for two consecutive years.
- the third year is currently being planned.

### 34: PENN OPTIMISM PROGRAM

**Program Target:** Indicated-Universal  
**Location:** School Support  
Southern CAMHS - Flinders Medical Centre  
Flinders Drive  
BEDFORD PARK SA 5042  
**Contacts:** Helen Sara  
Phone: 08 8204 5412  
Fax: 08 8204 5465

**Funding:** No information available

**Aims and Objectives:**

- to reduce the evidence of depression in children and adolescents
- to increase children's optimism
- to increase children's ability to solve problems

**Risk/protective factors addressed:** Yes

**Basis of program:** Developed by Dr Martin Seligman and colleagues at Pennsylvania State University USA in 1990. Based on the central elements of cognitive therapy and problem solving skills. Involves 12 x 2 hour sessions during school hours.

Reference: Jaycox, L.H., Reivich, K.J., Gillham, J. & Seligman, M. (1994) Prevention of depressive symptoms in school children. *Behav. Res. Ther.* 32:8, pages 801-816

**Target group/selection criteria:** School age children - aged 10-13 years. Students are invited to express an interest in being in a Penn group and are selected in consultation with a school counsellor. Eligibility involves - viability for group cohesiveness, individual indicators such as low self esteem, social isolation, aggressive behaviour, shyness, anxiety etc and gender mix.

CDI and adapted self esteem questionnaire are completed by children at week 1, week 6 and week 12

**Strategies:** Uses games, comic strips, role plays to:

- develop an understanding of the link between thoughts and thinking styles
- develop the ability to evaluate pessimistic thoughts and decatastrophise
- increase coping skills and problem solving ability

**Professional staff employed:** Mental health workers (2); school counsellors (1)

**Other infrastructure required:** Clerical support; research assistance; 100% commitment by school and all staff that the Penn program is as important as all other curriculum during the 12 week program

**Duration of the early intervention program:** 2 hours per week for 12 weeks

**Average length of client stay in the program:** 12 weeks

**Average frequency of contact with clients:** Weekly

*Average duration of each contact with client:* 0.5-2 hours

*Number of clients carried per program per month:* 12-15

*Waiting list:* Yes - while awaiting selection process

*Referring agencies:* Nil

*Agencies clients referred to:* Nil

*Effectiveness of program:* Research data available at this stage (but not provided). Verbatim feedback from participants collated and available.

*Strengths of program:* Children experience a sense of mastery no matter what the situation or problem. The ability to develop alternative thinking styles enables children to manage their feelings across a broad range of situations and lays the foundation for positive life skills

*Constraints of program:*

- lack of funding for co-ordination of the Penn program.
- lack of funding for extension of further training for existing Penn facilitator
- no Australian based training program available to interested professionals

### **35: KIDS WITH CONFIDENCE: PEER SUPPORT PROGRAM FOR CHILDREN WHO HAVE A PARENT/S WITH SIGNIFICANT MENTAL ILLNESS**

**Program Target:** Selective  
**Location:** PO Box 78  
STRATHDALE VIC 3550  
**Contacts:** Cathy Styles/Melissa Knight  
Phone: 03 5440 6500  
Fax: 03 5442 8436

*Funding:* No information available

*Aims and Objectives:* The “Kids With Confidence” - Pilot Peer Support Program is a rural replication of the CHAMPS program developed by the Mental Health Research Institute - Melbourne, funded by the Commonwealth Government through National Mental Health Funding.

The program is currently in the early planning stages: it is anticipated that the first peer support program will commence in June of 1998.

The aims and objectives of the program as developed by the CHAMPS project are as follows:

*Aim:*

To promote optimal social, emotional and cognitive development for children who have a parent/s with a significant serious mental illness (schizophrenia, bipolar affective disorder and major depression) by using a model of peer support

*Objectives:*

*Social*

- to meet other children with similar experiences to assist children to learn how to make friends in a safe environment
- to assist children to identify personal supports
- to identify the child’s strengths and coping mechanisms in their family and local community
- to assist children to understand social behaviour and limit setting
- to provide an opportunity for normalising recreational experiences

*Cognitive*

- to provide relevant information about mental illness in a sensitive, age appropriate way

- to assist the children to understand the impact of mental illness on themselves and their parent/s
- to encourage an inquiring attitude towards knowing more about mental illness

*Emotional*

- to build on the child's current survival skills
- to increase the child's capacity to trust appropriate adults
- to improve the child's sense of self
- to encourage a level of independence that is age appropriate and assists the child to distance themselves from the parent's mental illness when necessary (eg where the parent's mental illness may involve the child in a complex delusional system)
- to assist the child in identifying feelings, both his/her own and those of other people, and to separate them appropriately

**Risk/protective factors addressed:** No response

**Basis of program:** No response

**Target group/selection criteria:** Children aged between 9-13 years (years 4-8) who have one or both parents diagnosed with a serious mental illness. The parent and child must reside in the Loddon Southern Mallee region of rural Victoria.

**Strategies:** It is anticipated that all case managers within Adult Mental Health Services of the Loddon Southern Mallee region will attend the "Keep Kids in Mind" training program - to be facilitated by Cathy Styles. A Pilot Peer Support program will commence in June 1998.

**Professional staff employed:** No response

**Other infrastructure required:** No response

**Duration of the early intervention program:** No response

**Average length of client stay in the program:** The program length will be of 6 weeks' duration. There will be contact with children and parents prior to and following the program. Time spent with individual will be determined upon individual needs.

**Average frequency of contact with clients:** The peer support program will be conducted one day per week after school 4.30 pm - 6 pm

**Average duration of each contact with client:** During the referral process, duration of time spent with clients will vary according to needs.

Peer support program will be of 1.5 hours' duration with approximately 0.5 hours transporting time to pick up and deliver home children.

**Number of clients carried per program per month:** Each program group will contain a minimum of 6 children - maximum of 12 children.

**Waiting list:** No

**Referring agencies:** Program has yet to commence

**Agencies clients referred to:** Program has yet to commence

**Effectiveness of program:** Parents, children and referrer will be interviewed individually to identify positive outcomes and areas for program improvement.

The evaluation will cover three main areas: these include:

- actual program implementation (what worked and what didn't)
- refinement of program content
- participant's satisfaction with the program (child's, parent's, staff and referrer)

**Strengths of program:** Pilot program - not relevant at this stage

**Constraints of program:** No response

### 36: GRIFFITH EARLY INTERVENTION PROJECT: RAP

**Program Target:** Indicated-Universal  
**Location:** School of Applied Psychology  
Nathan Campus  
Griffith University  
BRISBANE QLD 4111  
**Contacts:** Paul Harnett  
Phone: 07 3875 3515  
fax: 07 3875 6637

**Funding:** No information available

**Aims and Objectives:** No response

**Risk/protective factors addressed:** Yes

- depression
- youth Suicide

**Basis of program:** The RAP program aims to prevent depression and is an integration of CBT and interpersonal models (self-psychology)

**Target group/selection criteria:**

- targets children aged 12-16

This program is being considered by Indigenous Therapies Centre in Rockhampton with a special project to develop a program so as to be culturally relevant to indigenous communities.

There is also a special project to develop material to be more accessible to rural /remote families.

**Strategies:**

- awareness raising
  - presentation at conferences
  - articles in journals/newsletters
  - talks to groups locally
- resource material
  - audio-visual production of 3 videos on program
  - design and printing of brochures/manuals
- program dissemination
  - training of professionals in use of program across Australia

**Professional staff employed:** Psychologists (clinical - 4); psychologists (registered -1); research assistants (psychology graduates -2)

**Other infrastructure required:**

- commitment of time/space of school/community group
- trained professionals to run programs
- ideally, state funding to provide the above

**Duration of the early intervention program:** 10 weeks - 1 school period (50 minutes) per week

**Average length of client stay in the program:** 10 weeks

**Average frequency of contact with clients:** 1 per week

**Average duration of each contact with client:** 50 minutes

**Number of clients carried per program per month:** Varies - currently 120 as part of a controlled trial

**Waiting list:** Not applicable

**Referring agencies:** Schools; community mental health centres; non state welfare agencies etc

**Agencies clients referred to:** Not applicable

**Effectiveness of program:** A paper on the results of a controlled trial of the Depression Prevention Program (RAP) is in preparation and is due for completion

**Strengths of program:**

- demonstrated effectiveness
- developed in Australia for Australian context
- meets a great need - evidenced by great interest in program

**Constraints of program:** Current funding adequate to fulfil the above objectives, but funding constraints will prevent ongoing dissemination

## 37: ADOLESCENT SEX OFFENDER PROGRAM

**Program Target:** Case identification – treatment-reduction in relapse and recurrence  
**Location:** 70 Altona Street  
WEST HEIDELBERG VIC 3081  
**Contacts:** Karen Flanagan  
Phone: 03 9456 3566  
Fax: 03 9457 6057

**Funding:** No information available

**Aims and Objectives:** The main aim of the Adolescent Sex Offender Treatment Program (ASOTP) is to provide an effective sex offender specific assessment and treatment program for adolescents residing in the Melbourne Metropolitan regions. This in turn will assist in the prevention of future offences and consequently future victims.

The program assists young people to accept responsibility for their offending behaviour and facilitates the young person's understanding of their thoughts, feelings, actions, circumstances and arousal patterns and enable them to develop control over these factors.

The program aims to assist young people to develop strategies that will enable them to intervene in and stop their offending cycle. Strategies used include providing information, education and input on victim empathy, social skills, inter-personal relationships and human sexuality to encourage and support adolescent sex offenders in maintaining 'safe' and 'non-offending' life style.

**Risk/protective factors addressed:** No

While the program does not address specific risk factors for mental disorders, the program's work with young people explores and addresses these issues where they exist during the program staff's involvement with them. The program's primary focus is to work on a young person's sexual offending behaviour but clearly where they exhibit mental health issues these are addressed and specific counselling may be provided which involves 'relevant others' eg family.

**Basis of program:** Not applicable

**Target group/selection criteria:** The target group of the ASOTP is young people aged between 10-17 years who live within the Melbourne metropolitan areas.

Their behaviours are of a sexual nature and reportable to the police (a referral criterion is that all behaviours must have been reported to the police).

Whilst there is no specific program for Aborigines, program staff have worked with young people of Aboriginal descent, Vietnamese, Lebanese, Maltese and a range of other ethnic backgrounds. Cultural issues are always taken into consideration during involvement in the program.

**Strategies:** The program utilises a cognitive behavioural approach to achieve its aims. Participants attend a weekly groupwork program that focuses on changing the offending behaviour. Individual counselling and family counselling sessions are available to address issues relating to the young person's mental health, eg, to address past victimisation issues, anger management, family relationship issues etc.

Issues addressed in group therapy include:

- taking responsibility
- victim empathy
- fantasy control
- offending cycle
- relapse prevention
- social skills/anger management

**Professional staff employed:** Social workers (5); psychologists (2)

**Other infrastructure required:** Given a number of participants live in out of home care and are involved in the Child Protection and/or Juvenile Justice system, a clear treatment plan, with consistent messages given to the young person by all those in their life is essential. Interagency collaboration and information sharing about the participants needs to be formalised and structured to be effective.

**Duration of the early intervention program:** Generally, participants remain in the program for a minimum of twelve months and remain for up to two years. Where family reunification is a goal, this may extend involvement for a further 6 months.

**Average length of client stay in the program:** Approximately 18 months for participants who remain in the program post assessment. Assessments occur over a 4-6 week period. Prior to assessment beginning, or during this phase some drop out occurs, often due to the 4 month waiting list.

**Average frequency of contact with clients:** Weekly contact at least - (group work) also some clients attend individual and/or family work concurrent to the group work program.

**Average duration of each contact with client:** Group runs for 2 hours per week

Individual sessions are 1-1.5 hours

Family sessions are 1.5 - 2 hours

**Number of clients carried per program per month:** Approximately 40 in the ASOTP

**Waiting list:** Yes: 13 weeks to 6 months

**Referring agencies:** Predominantly the Department of Human Services - Child protection refer to the program. Some referrals come from the police, parents and on occasion, the courts and schools.

**Agencies clients referred to:** There is only one other program that provides services to adolescents who perpetrate sexual offences. Criteria employed include that the young person must have been charged, convicted and received at least a Probation Order for their behaviour. It is the MAPPs (Male Adolescent program for Positive Sexuality) program which is a program of Human Services Juvenile Justice Branch. There is a smaller branch of this program in Gippsland. Alternatives for referral are some psychologists in private practice.

**Effectiveness of program:** All programs undertaken are evaluated. The first ATSOTP evaluation has been undertaken and a copy of this was provided.

**Strengths of program:** The strengths of the adolescent Sex Offender Treatment Program is that it is one of three programs running concurrently which enables the family to attend one service to address the issues raised by sexual abuse. The Child Sexual Abuse Treatment Program counsels victims of sexual abuse and The Family Reunification Program works with all family members post individual counselling with both the victim and the offender. This approach enhances the program staff's work with the family and provides insight into the issues to be addressed.

**Constraints of program:** The main constraint of the program is the limited resources the agency receives to operate the service. Additional funding would ensure a reduction in the waiting period, more comprehensive family counselling to affect change over a shorter period of time. An ability to respond immediately after referral would undoubtedly prevent family breakdown in a number of cases and, of course, decrease the risk of re-offence before assessment begins.

## 38: YARALLA PROGRAM

**Program Target:** Indicated-Case Identification  
**Location:** Rivendell Child, Adolescent and Family Unit  
Hospital Road  
CONCORD WEST NSW 2138  
**Contacts:** Dr Catherine Wiltshire  
Phone: 02 9736 2288  
Fax: 02 9743 6264

**Funding:** No information available

**Aims and Objectives:** provide a school based program for high school aged young people experiencing a psychotic illness

- assessment clarification of diagnosis, initiating/assessing appropriate medication
- assist the young person to integrate back to school/other educational or vocational setting
- provide support (psycho-education, counselling, cognitive behavioural therapy (CBT), living, social skills) to young person on an individual and group level
- provide support to families/carers - individual, families and individual groups (education / support)
- provide an outreach/consultative service for other agencies eg schools, other health service agencies
- provide rigorous follow-up of young people attending the program
- assist with drug and alcohol problems, including education and liaising with local detoxification service for young people

**Risk/protective factors addressed:** Yes

Rigorous follow-up for children/young people 'at risk' re some prodromal features, family history, drug and alcohol problems. Admit to formal program as necessary.

Psychoeducation for young people/families attending the program - individually and in groups.

Outreach service to schools, school counsellors, GPs and agencies to create awareness of need to follow-up those at risk.

**Basis of program:** Result of outcome study 1993-94 (before program) of young people attending the unit - showed better outcome for psychosis in terms of symptom relief/return to school or employment etc. School-based program, with the school 'structure' acting as framework to prevent (help) negative symptoms, encourage self esteem, allow assessment of abilities/mental state in classroom.

Overall 'medical' model with each young person having a (medical) case manager as well as nurse. Small classrooms.

**Target group/selection criteria:**

- high school age 11-19 years
- exhibiting psychotic symptoms
- resident in Central Area Health region of Sydney but some referrals taken from statewide, that is, other areas of Sydney and country areas.
- no 'special' attention to Aboriginal & Torres Strait Islanders, NESB - but readily taken
- standardised intake forms are used for all young people attending Rivendell, not just Yooralla program (Achenbach, Rivendell questionnaire for demographic data)
- also use Brief Psychiatric Rating Scale (BPRS), Adolescent Drug Abuse Diagnosis Instrument (ADAD), Abnormal Involuntary Movement Scale (AIMS), on admission and discharge

**Strategies:**

- psychopharmacology
- psychoeducation (group/individual/family)
- CBT

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- movement group
- school based program - school work, living and social skills
- art therapy
- structured recreational activities

**Professional staff employed:** Psychiatrist (team leader); Registrar (0.5 for each); family therapists (2 x 0.5); 3 full-time nurses; teachers (2); art therapist (2 hours per week)

**Other infrastructure required:**

- support of special school - to provide education-based program. Facility with 2 classrooms (6 students in each), offices, kitchen etc.
- dormitory accommodation for residential students

**Duration of the early intervention program:** Average length of stay 10-20 weeks. Ongoing program

**Average length of client stay in the program:** 10-20 weeks

**Average frequency of contact with clients:** Attend school 5 days/week. Seen by clinical nurse daily. Families seen two weekly

**Average duration of each contact with client:** Ongoing contact with either teacher, nurse, doctor etc.

**Number of clients carried per program per month:** 12

**Waiting list:** Yes: 5 weeks to 3 months

**Referring agencies:** Psychiatrists; GPs; school counsellors; other hospitals, health care facilities; juvenile justice system; crisis teams/community health centres

**Agencies clients referred to:** Schools; adult services; GPs; other hospitals (for acute admissions); vocational training courses/TAFE; drug and alcohol services

**Effectiveness of program:** In process of evaluating outcome at discharge and 3-12 months later (in terms of symptoms, educational/vocational setting, at home or institution) using ADAD, BPRS, AIMS

**Strengths of program:** Individualised program; school based - so education can be continued. Good integration system to help re-integration back to school/other educational/vocational setting

**Constraints of program:** Funding; waiting list; lack of a psychologist; no out-of hours care (weekends) except for 'on call' psychiatrist

### **39: CHILD AND ADOLESCENT ANXIETY TREATMENT PROGRAMS (1)**

**Program Target:** Indicated – Case Identification  
**Location:** Royal Far West Children's Health Scheme  
Clinical Psychology Department  
PO Box 52  
MANLY NSW 2095  
**Contacts:** Ms Susan Kennedy  
Phone: 02 9977 4377  
Fax: 02 9977 7134

**Funding:** Australian Rotary Health Research Grant

**Aims and Objectives:** The aim of this program is to provide group treatment for children and adolescents with anxiety disorders from rural and remote NSW.

- ensure family involvement to enhance treatment efficacy
- evaluate phone assessment for children and young people in rural and remote areas
- inform potential referrers about the service
- educate and train service providers to increase accessibility

**Risk/protective factors addressed:** Yes: protective factors

- enhance social competence in young people (group approach)

- enhance parenting skills (group approach)

**Basis of program:** Treatment studies of anxiety disorders in children have shown that a family based cognitive-behavioural intervention is significantly more effective than other types of management, including individual therapy and relaxation training.

The Royal Far West Child and Adolescent Anxiety Clinic is associated with the Child and Adolescent Anxiety Clinics at Royal North Shore Hospital (RNSH) and Macquarie University in Sydney. Both of these clinics provide a highly effective management program for young people with anxiety disorders which is conducted over 11 weeks.

RNSH and Macquarie University have collaborated with Royal Far West to provide a condensed live-in format of the existing management programs which can be applied to young people from rural and remote areas of NSW. The program is delivered as an intensive 5 day program and is being evaluated.

**Target group/selection criteria:** The Royal Far West program is available specifically to young people from rural and remote areas of NSW. The target group is children and adolescents with diagnosed anxiety disorders, aged 7-17 years. Young people must meet DSM-IV criteria for an anxiety disorder. However, where space permits, children or adolescents with sub-clinical anxiety disorders may be accepted for treatment. Treatment groups are balanced for age and gender, and up to 6 families participate in each program.

**Strategies:**

- children and adolescents with an identified anxiety disorder participate in a family based cognitive-behavioural group program aimed at teaching both young people and their parents some practical anxiety management skills. For the young people, the emphasis is on targeting their specific fears using cognitive restructuring, and graded exposure therapy. The parents' sessions focus on parental management strategies for dealing with anxious behaviours
- provide information to the media about anxiety disorders in young people
- educate and inform referral agents, mental health professionals and other to recognise anxiety disorders and be familiar with referral pathways and management approaches
- train Royal Far West practitioners in delivering the program and providing consultative follow-up

**Professional staff employed:** A part-time psychologist, working 16 hours per week conducts the assessment and treatment aspects of the program in collaboration with existing staff

**Other infrastructure required:** The Royal Far West Children's Health Scheme provides accommodation in Sydney for the families participating in the treatment program. A treatment room with seating for up to 20 people is also essential.

**Duration of the early intervention program:** Nine treatment sessions are held over 5 days

**Average length of client stay in the program:** All clients participate in the treatment program for one week. On completion of the program progress is monitored by both the psychologist at Royal Far West and local rural mental health or education services. Royal Far West provides consultative outreach

**Average frequency of contact with clients:** Following the initial assessment, each family participates in 9 treatment sessions, consisting of time with the family together and time with the young people and parents separately

**Average duration of each contact with client:** Each treatment session lasts approximately 2 hours, with time allocated to both the young people and parents separately

**Number of clients carried per program per month:** At Royal Far West, treatment programs are conducted every 6 weeks with up to 6 families participating each time

**Waiting list:** No response

**Referring agencies:** Mental health workers (community health centres, psychiatrists, psychologists); medical practitioners; school counsellors; and parents

**Agencies clients referred to:** Mental health workers in community or private practice

**Effectiveness of program:** Both parents and young people complete a number of measures (provided) assessing their anxiety and overall functioning. These are administered pre-treatment, immediately post treatment and at 1 year follow-up. The measures include the Child Behaviour Checklist and the Beck Anxiety and Depression Scales for parents, and the Fear Survey Schedule - Revised and Revised Children's Manifest Anxiety Scale for the young people. General measures of treatment credibility and satisfaction are completed post treatment by the therapists and the families. Data from Macquarie University and RNSH have shown considerable reductions in levels of anxiety, which are maintained at 1 year follow-up.

Reports from consumers, parents and children indicate a high level of satisfaction with the treatment program and with the method of service delivery. The intensive treatment program appears to meet the needs of isolated and rural families for whom weekly treatment would be difficult.

**Strengths of program:** The condensed format of the program makes it accessible to young people from rural and remote areas for whom distance or lack of specialised services might otherwise preclude them from treatment.

**Constraints of program:** The potential for ongoing funding once the Australian Rotary Health Research Fund grant is finished.

## **40: CHILD AND ADOLESCENT ANXIETY TREATMENT PROGRAMS (2)**

**Program Target:** Indicated – Case Identification  
**Location:** Royal North Shore Hospital  
Child & Adolescent Services  
Level 2/Block 4  
ST LEONARDS NSW 2065  
Macquarie University  
Child Anxiety Clinic  
NORTH RYDE NSW 2113  
**Contacts:** Ms Anne Wignall & Dr Nick Kowalenko  
Phone: 02 9926 8905  
Fax: 02 9906 8136  
Associate Professor Ron Rapee  
Phone: 02 9850 8711  
Fax: 02 9850 8062

**Funding:** From research grants

**Aims and Objectives:**

- provision of accessible, timely, effective treatment of anxiety disorders in young people to reduce morbidity and its sequelae
- ensure family involvement to enhance treatment efficacy
- provide a single point of contact to school counsellors, paediatrics, GPs and others for ready triage, referral, assessment and treatment of anxiety disorders
- provide a resource, teaching and clinical research unit of excellence
- provide a component of a suicide prevention strategy

Anxiety disorders are among the most common psychological problems experienced by children and adolescents. As a consequence, many of these young people suffer considerable distress, and interference in academic, social and family functioning. In addition, they have a greater risk of developing anxiety disorders in adulthood.

The aim of these anxiety management programs is to provide the best available treatment for children

and adolescents with anxiety disorders by using a family-based program to treat young people and teach practical skills to cope with anxiety.

**Risk/protective factors addressed:** Yes: protective factors

- enhance social competence in young people (group approach)
- enhance parenting skills (group approach)

**Basis of program:** The Anxiety Clinic provides standard treatment for anxiety disorders and enhances informal case identification through its liaison with, and education of, referral agents.

Treatment studies of anxiety disorders in children have shown that a family based cognitive-behavioural intervention is significantly more effective than other types of management, including individual therapy and relaxation training.

**Target group/selection criteria:** The target group is children and adolescents with anxiety disorders, aged 7-17 years. Preference is given to young people who meet DSM-IV criteria for an anxiety disorder. However, where space permits, children or adolescents with sub-clinical anxiety disorders are accepted for treatment.

RNSH and Macquarie Hospital have collaborated with the Royal Far West Children's Health Scheme at Manly in Sydney to provide an intensive one-week program for young people from rural and remote NSW.

**Strategies:**

- educate and inform referral agents, mental health professionals and others to recognise anxiety disorders and be familiar with referral pathways and management approaches
- provide information to the media about anxiety disorders in young people
- engages young people through focusing on their developmental needs and has modified program content and delivery mode in response to young people's feedback through satisfaction surveys
- children and adolescents with an identified anxiety disorder participate in a family based cognitive-behavioural group program aimed at teaching both young people and their parents some practical anxiety management skills. For the young people, the emphasis is on targeting their specific fears using cognitive restructuring, and graded exposure therapy. The parent's sessions focus on parental management strategies for dealing with anxious behaviours. Treatment groups are balanced for age and gender and 6-8 families participate in each program.

**Professional staff employed:** The RNSH program is staffed by a clinical psychologist for 20 hours per week and assessment and treatment programs run involving intern clinical psychologists and psychiatry registrar trainees. The Macquarie program is conducted by intern clinical psychologists (registered psychologists) participating in the Master of Clinical Psychology degree under the supervision of a clinical psychologist.

The assessment and treatment aspects of the programs are conducted by clinical psychologists and psychologists.

At RNSH there is additional input from the staff psychiatrist for referred patients and other mental health workers as required. Other mental health workers interested in anxiety management training regularly participate in the 3 treatment programs.

Supervision and training is offered for clinical psychology interns from Sydney and Macquarie University, Psychiatry Registrars, fellow in Child Psychiatry and psychologists from other health centres.

**Other infrastructure required:** Group rooms, waiting room, secretarial assistance

**Duration of the early intervention program:** The treatment components at the RNSH and Macquarie University programs consist of 9 sessions over 11 weeks.

**Average length of client stay in the program:** The majority of clients complete the 9 treatment sessions. Some may require individual sessions in addition to the group program.

**Average frequency of contact with clients:** The program is conducted over 11 weeks with 9 sessions. For the first 7 weeks, the sessions are weekly, and fortnightly thereafter.

**Average duration of each contact with client:** Each of the 9 sessions lasts approximately 2 hours, consisting of time with the family together and time with the young people and parents separately, varied with age and developmental level.

**Number of clients carried per program per month:** At RNSH and Macquarie University, 2 treatment programs are conducted every 3 months with 6-8 families participating in each group.

**Waiting list:** No waiting period for assessment - seen within two weeks

Waiting period for group treatment - up to 3 months

**Referring agencies:** Mental health workers in community or private practice, general practitioners, school counsellors and parents.

**Agencies clients referred to:** Mental health workers in community or private practice.

**Effectiveness of program:** Both parents and young people complete a number of measures (provided) assessing their anxiety and overall functioning. These are administered pre-treatment, immediately post treatment and at 1 year follow-up. The measures include the Child Behaviour Checklist and the Beck Anxiety and Depression Scales for parents, and the Fear Survey Schedule - Revised and Revised Children's Manifest Anxiety Scale for the young people. General measures of treatment credibility and satisfaction are completed post treatment by the therapists and the families. Data from Macquarie University and RNSH have shown considerable reductions in levels of anxiety, which are maintained at 1 year follow-up.

**Strengths of program:** Well evaluated treatment program with positive outcomes and high satisfaction ratings from parents and children.

**Constraints of program:** The continued running of each program is based on the availability of funding from research grants. As a consequence, there is no guarantee that any program can be maintained.

## **41: STEP: SYSTEMATIC TRAINING FOR EFFECTIVE PARENTING**

**Program Target:** Universal  
**Location:** Yeronga Child and Youth Mental Health Clinic  
51 Park Road  
YERONGA QLD 4104  
**Contact:** Rosemary Chilcott (Clinical Nurse)  
Phone: 07 3848 8011

**Funding:** No information provided

### **Aims and Objectives:**

Week 1: Understanding your child's behaviour

Week 2: Understanding more about your child's emotions and your self as a parent, the difference between a good parent versus a responsible parent

Week 3: Learning to use encouragement instead of praise to build your child's confidence and feelings of self worth

Week 4: Improving communication by becoming an effective listener

Week 5: Communicating your ideas and feelings to children: explore alternatives

Week 6: Replace rewards and punishment with learning from consequences

Week 7: Applying natural and logical consequences. Acting positively rather than negatively

Week 8: Establishing family meetings to encourage better relationships

Week 9: Developing confidence and growing as a person as well as a more effective person

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**Risk/protective factors addressed:** Yes. Enabling parents to encourage their children which in turn should lead to better self-esteem

**Basis of program:** The family is the most significant influence on the development of the individual. The individual's values, attitudes and perceptions of life are influenced by the quality of relationships with parents, by the training procedures parents use, and by the individual's position in the family setting. The philosophical underpinnings of the Systematic Training for Effective Parenting (STEP) program are related to the fact that behaviour can be better explained in terms of the pattern and purpose, than in terms of cause and effect.

**Target group/selection criteria:** Any parent who is under the care of the clinic

**Strategies:** Outlined in Aims and Objectives

**Professional staff employed:** Clinical community mental health nurse; psychiatric registrar or any other discipline interested (staff total of 2). A volunteer child minder would be useful

**Other infrastructure required:**

- large room
- tape recorder
- board

**Duration of the early intervention program:** 9 weeks - then STEP review on a monthly basis

**Average length of client stay in the program:** 9 weeks. Very low 'drop-out' rate

**Average frequency of contact with clients:** Weekly

**Average duration of each contact with client:** Varies depending on what the client presented with at the clinic

**Number of clients carried per program per month:** 40

**Waiting list:** Yes: 5 weeks to 3 months. STEP is run school term to school term throughout the year

**Referring agencies:** Family services; schools; other clinics

**Agencies clients referred to:** Not applicable

**Effectiveness of program:** Post group evaluation forms used (a copy provided). Positive response rates of 90%

**Strengths of program:** Adolescent group (run separately for adolescents and their parents) particularly beneficial - positive feedback

**Constraints of program:**

- not open to wider community

## **42: SEASONS - GRIEF AND LOSS PROGRAM**

**Program Target:** Selective  
**Location:** Catholic Family Welfare Bureau  
396 Albert Street  
EAST MELBOURNE VIC 3002  
**Contacts:** Elizabeth Payne, Co-ordinator of Seasons  
Phone: 03 9662 2033  
Fax: 03 9662 1934

**Funding:** No information provided

**Aims and Objectives:** Seasons is a process that aims to give young people:

- The opportunity to - express, acknowledge, normalise and integrate the grief experience
- A place to: tell 'my story' to be heard and supported.
- An environment that nurtures: self mastery, self esteem, affirmation, trust, confidentiality,

acceptance, peace, hope and the uniqueness of each person.

- The freedom to: express and acknowledge the anger of grief and loss reactions that they may experience and to ask their questions.

**Risk/protective factors addressed:** Yes. Seasons - Grief and Loss program

The consequences of unresolved grief in youth has serious repercussions later in life for both the individual and the broader society. The opportunity to resolve grief at an early stage in life enables the individual to more adequately cope both in the present and to normalise life later.

**Basis of program:** Seasons has a distinctly Australian flavour and is based on the Seasons of the year, as an image of the 'moments and movements' of grief.

- Seasons is a peer support group, integral to the process are:
  - the individual participant,
  - the adult 'companion'
  - the group.

Seasons has a four stage application process:

- Welcome and begin
- Explore the focus
- Reflect and respond
- Concluding words and ritual

Seasons focus areas are:

- Belonging to the Seasons groups
- Autumn - a time to act
- Winter - a time to be still
- Spring - a time to recreate
- Summer- a time for activity

Seasons incorporates current theories of grief and loss.

As the training of Companions is central to its implementation, dialogue and discussion bring together the theory, skills and intuition of adults committed to the support and guidance of young people

**Target group/selection criteria:** Target group: children and young people between the ages of 5-18 years who have/are experiencing grief and feelings of loss resulting from separation, divorce or death.

Seasons can be used within different beliefs, cultures and age groups.

Seasons has its origins in the educational and behavioural sciences areas and as a proactive, early intervention program, is designed for use in schools, parishes, community health and welfare settings.

The Catholic Family Welfare Bureau, Melbourne, is the sole provider of training for 'Companions', the adult facilitations of Seasons.

Each 'Companion' is auspiced by an education, church, health or welfare setting to conduct Seasons at their location

**Strategies:** One centre - The Catholic Welfare Bureau supports Seasons under its education umbrella.

The Bureau through Seasons is the sole provider of training and owns the material. Collaboration with implementers is a reality, not merely theoretical. Seasons is viewed as an ongoing work in progress and has the capacity to grow and develop other models - eg Adults and Grief.

**Professional staff employed:** Educators (teachers) (3 - 2 P/T); social worker (1 - P/T)

**Other infrastructure required:** The training of adult 'Companions' who implement the 'Seasons' program is supplied by the Seasons Training Team of the Catholic Family Welfare Bureau, Melbourne. Each 'Companion' is auspiced by a school or agency and it is the agency's responsibility to supply a local co-ordinator to deliver each local program. Seasons operates at the local level within the policy boundaries of the local auspice body

**Duration of the early intervention program:** Training for Companions - 1.5 days (spaced learning)

Peer Support Groups of 5-6 people - 10 sessions (1 per week)

**Average length of client stay in the program:** 10 weeks

*Average frequency of contact with clients:* 10-12 weeks

*Average duration of each contact with client:* 10 x 50 minutes

*Number of clients carried per program per month:* 2 Training programs (on average) - 30 people x 2 ('Companions'). Each location designates its own client numbers

*Waiting list:* No

*Referring agencies:* Government, Catholic and independent schools

Community agencies eg NALAG; Centre for Grief Education (Victoria); SIDRF; VSK; Centacare; Anglicare Foster Care; palliative care

Australian Catholic University; Department of Human Services (Juvenile Justice Unit)

*Agencies clients referred to:* Catholic Family Welfare Bureau - clinical services. Welfare agencies (as above)

*Effectiveness of program:* Evaluative processes exist at both training and implementation stages. (Evaluation forms provided)

Sheet 1: to be used at the end of Day 1 of training and assists in Trainer debriefing and the modification of the training modules with a review process

Sheet 2: an example of the written processes that follow the completion of the program at our agency bases

The Seasons Quality Control System not only keeps track of the development of the program and the data related to its implementation levels but gives access to all locations. Via a questionnaire, levels of implementation and specific target groups can be monitored.

The true benefits of Seasons can only be assessed by an appropriate longitudinal study. In the short-term, the lowering of stress, trauma and inappropriate behaviours would be an appropriate outcome. Organisational indicators via Seasons Quality Control establish the degree of success.

*Strengths of program:* Seasons as a proactive educative program offers young people between the ages of 5-18 years, the opportunity to deal with their grief before long-term patterns of dysfunction develop. Seasons has a 'Seasons Quality Control System'.

Seasons was specifically written for implementation at a school and community level. The statistics show that the program is being adopted at these levels.

Seasons is not restricted by culture, age, experience or religious bias.

*Constraints of program:* A misconception in the community that 'grief must be fixed' as opposed to the Seasons ethos of grief as a life-long task. Long term evaluation is the most effective tool: this is hard to fund and co-ordinate. Seasons - Grief and Loss Program is reliant upon the young person's willingness to participate.

### 43: GRIFFITH EARLY INTERVENTION PROJECT: FRIENDS

**Program Target:** Indicated-Universal  
**Location:** School of Applied Psychology  
Nathan Campus  
Griffith University  
BRISBANE QLD 4111  
**Contacts:** Paul Harnett  
Phone: 07 3875 3515  
Fax: 07 3875 6637

*Funding:* No information provided

*Aims and Objectives:* None available

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**Risk/protective factors addressed:** Yes

- anxiety

**Basis of program:**

- FRIENDS - prevention of anxiety. Developed on a cognitive-behavioural model

**Target group/selection criteria:**

- Revised Childhood Manifest Anxiety Scale and teacher nominations used in screening.
- FRIENDS - targets children at risk of anxiety in 7-16 year age group

This program is being considered by Indigenous Therapies Centre in Rockhampton with a special project to develop program so as to be culturally relevant to indigenous communities.

There is also a special project to develop material to be more accessible to rural /remote families.

• **Strategies:**

- awareness raising
  - presentation at conferences
  - articles in journals/newsletters
  - talks to groups locally
- resource material
  - audio-visual production of 3 videos on program
  - design and printing of brochures/manuals
- program dissemination
  - training of professionals in use of program across Australia

**Professional staff employed:** Psychologists (clinical - 4); psychologists (registered -1); research assistants (psychology graduates -2)

**Other infrastructure required:**

- commitment of time/space of school/community group
- trained professionals to run programs
- ideally, state funding to provide the above

**Duration of the early intervention program:** 10 weeks - 1 school period (50 minutes) per week

**Average length of client stay in the program:** 10 weeks

**Average frequency of contact with clients:** 1 per week

**Average duration of each contact with client:** 50 minutes

**Number of clients carried per program per month:** Varies - currently 120 as part of a controlled trial

**Waiting list:** Not applicable

**Referring agencies:** Schools; community mental health centres; non state welfare agencies etc

**Agencies clients referred to:** Not applicable

**Effectiveness of program:** Various papers have been published on anxiety prevention.

Dadds, M.R., Spence, S.H., Holland, D.E., Barrett, P.M. & Laurens, K.R. (1997) Prevention and early intervention for anxiety disorders: a controlled trial. *Journal of Consulting and Clinical Psychology*. 65:4, pages 627-635.

Dadds, M.R., Holland, D.E., Laurens, K.R., Mullins, M. and Barrett, P.M. (1998) Early intervention and prevention of anxiety disorders: results at two year follow-up. *Journal of Consulting and Clinical Psychology*. In press. Overall, these results show that a brief school-based intervention for children identified using child and/or teacher reports can produce durable reductions in anxiety problems.

**Strengths of program:**

- demonstrated effectiveness
- developed in Australia for Australian context
- meets a great need - evidenced by great interest in program

**Constraints of program:** Current funding adequate to fulfil the above objectives, but funding constraints will prevent ongoing dissemination

#### 44: KIDS FRIENDS

**Program Target:** Selective  
**Location:** Barnardos Australia  
Locked Bag 1,000,000  
BROADWAY NSW 2007  
**Contacts:** Sue Tregeagle  
Phone: 02 6281 5284  
Fax: 02 6232-4226

**Funding:** No information available

**Aims and Objectives:**

- adult social support for young people 6-16 years

**Risk/protective factors addressed:** Yes: risk and protective factors

- provides social support for isolated young people at risk of alienation
- educational vulnerability

**Basis of program:** Importance of adult support to young people

**Target group/selection criteria:**

- disadvantaged young people
- ACT and surrounding NSW (developing in south coast)
- 6-16 years

**Strategies:** Recruitment and support of community volunteers

**Professional staff employed:** Welfare worker. Paid volunteers (5). Volunteers (49)

**Other infrastructure required:** Agency infrastructure

**Duration of the early intervention program:** Up to 10 years

**Average length of client stay in the program:** 7-8 years

**Average frequency of contact with clients:** Monthly

**Average duration of each contact with client:** One weekend day

**Number of clients carried per program per month:** 49

**Waiting list:** Yes: more than 6 months

**Referring agencies:** Schools; community welfare agencies

**Agencies clients referred to:** All welfare agencies in ACT

**Effectiveness of program:** Evaluation report to be provided

**Strengths of program:** Cost effective

**Constraints of program:** Funding - especially for tutorships

#### 45: BIG SISTER/LITTLE SISTER PROGRAM: YWCA DARWIN

**Program Target:** Selective  
**Location:** PO Box 2586  
DARWIN NT 0801  
**Contacts:** Clea Wallace  
Phone: 08 8945 1372  
Fax: 08 8945 6588

**Funding:** Funded by Territory Health Services

**Aims and Objectives:** Big Sister/Little Sister is a community-based program. It provides supportive friendship on a one-to-one basis for disadvantaged young women and young women at risk aged 10-16 years. Adult women volunteers (Big Sisters) are matched with young women (Little Sisters). The volunteers are expected to make a minimum six-month commitment to spend regular time with the young women and to provide friendship, support and access to positive recreational pursuits. Many relationships persist beyond this time. Little Sisters are free to leave the program at any stage. It is hoped that by having this positive role model in her life, the Little Sister will develop improved self-esteem, confidence and the ability to make sound, independent decisions about her life.

**Risk/protective factors addressed:** Yes

Training in self-esteem; depression; effects of drug and alcohol abuse

Training is provided to both Big Sisters and Little Sisters

**Basis of program:** Based on mentoring: positive role model Not really based upon any particular theoretical or practice model. Guidelines based on procedure and policies of the YWCA

**Target group/selection criteria:** 10-16 years Little Sisters

Selection criteria comprises a combination of factors:

- identified as under achieving due to low self esteem
- social isolation within family/school network
- difficulties developing interpersonal relationships
- in need of support and/or development opportunities
- association with negative peer group; risk of developing offending behaviour
- unstable or transient family relationships
- issues of domestic violence
- parental substance abuse
- risk indications of child abuse or neglect
- referred by child and protective services or family support services and school counsellors
- challenging behaviours
- willingness by the young person or her family to participate in the program
- all ethnic groups, Aboriginal and Torres Strait Islanders, intellectual and physical disabilities

**Strategies:** Meetings, evaluations, questionnaires, strategic planning etc

**Professional staff employed:** Experienced recreation officer (1), Volunteers (15)

**Other infrastructure required:** None identified

**Duration of the early intervention program:** Ongoing. Commitment from volunteers is 6 months - generally, most volunteers continue on

**Average length of client stay in the program:** 1 year - 5 years

**Average frequency of contact with clients:** Monthly contact on average. Contact with co-ordinator every two months. Volunteer Big Sisters and Little Sisters - 2 hours per week

**Average duration of each contact with client:** 2 hours

**Number of clients carried per program per month:** 15 active matches. Average of 21 Little Sisters on the books. Average of 30 Big Sisters on the books

**Waiting list:** Yes: 5 weeks to 3 months

**Referring agencies:** School counsellors; Child and Family Protective Services; Family Support Services

**Agencies clients referred to:** Youth related services; counsellors/support workers; drama groups; social groups

**Effectiveness of program:** No response

**Strengths of program:** One to one support and friendship get together

**Constraints of program:** None reported

## BRIEF DESCRIPTIONS OF OTHER SELF-IDENTIFIED EARLY INTERVENTION PROGRAMS

### 46: CHILDREN OF PARENT(S) WITH A MENTAL ILLNESS

**Program Target:** Selective  
**Location:** Mid Western Public Health Unit  
175 George Street  
BATHURST NSW 2795  
**Contact:** Melissa Davis

**Funding:** No information available

**Aims and Objectives:**

- education of staff re needs of children whose parents have a mental illness
- resource kits for staff, parents and children
- assessment form being trialed
- positive parenting column in the local newspapers

Future plans (for 1998) include:

- adolescent support group
- mother's playgroup

(but no definitive planning as yet)

### 47: QUEANBEYAN MENTAL HEALTH SERVICE

**Program Target:** Selective-indicated-treatment  
**Location:** PO Box 729  
QUEANBEYAN NSW 2620  
Phone: 02 6298 9202  
Fax: 02 6299 6243  
**Contacts:** Edwina Champain (Mental Health Child and Adolescent Social Worker)

**Funding:** No information available

**Program Description:**

The service uses a multidisciplinary, holistic case management model to provide psychoeducation and support to family, friends and professionals involved with young people. The program's early intervention and case detection process involves community development with schools, refuges, health workers, general practitioners etc plus more specific support for young people and their networks if they are identified as 'high risk' by service staff. Programs utilising early intervention strategies are a program for early intervention in psychosis and early intervention in suicide.

# **CHAPTER 4**

## **ADOLESCENCE AND YOUNG ADULTHOOD**

Includes:

**BRIEF DESCRIPTIONS OF OTHER SELF-  
IDENTIFIED EARLY INTERVENTION PROGRAMS**

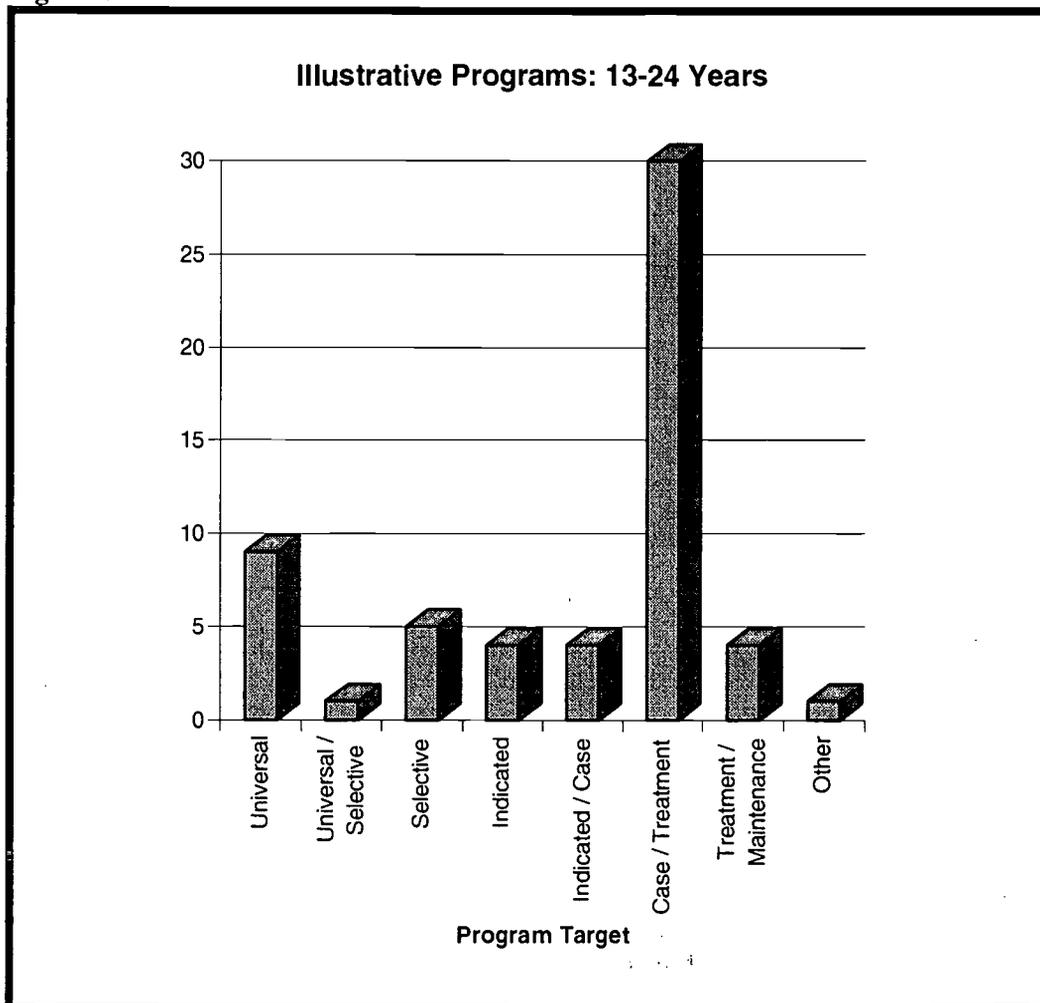
## NOTES

A large proportion of the respondents who completed the national stocktake questionnaire and self identified 'their' particular program as having an early intervention focus, have a target group of young people aged within the 13-24 years category. This chapter contains information on fifty eight illustrative programs. It must be noted, however, that a further seventeen programs described in previous chapters, also span part of this age category.

While the illustrative programs described in this chapter reflect diversity in such domains as their aims and objectives, target group and strategies employed, some commonalities enable sub groupings to be made. A significant number of programs (sixteen) have a preventive intervention focus on psychosis while eighteen programs, focus primarily upon 'at risk' or homeless youth. (A small number of the youth programs have a broader mental health promotion focus). Other illustrative programs reported in this chapter target areas such as education and training (including suicide prevention), depression and the juvenile justice area.

Figure 8 illustrates that the vast majority of this chapter's illustrative programs have a case identification-treatment preventive intervention program target. In part, this reflects the number of programs dealing with psychosis that are described. The next largest group of programs (in terms of

**Figure 8**



program target) are programs with a universal preventive intervention focus. These include programs such as the *Personal Safety for Teenage Girls* program which aims to increase students' level of confidence, develop improved communication skills, to explore choices, to maintain healthy emotional well-being, to increase self-respect and self-worth and to develop effective self defence skills and the *Safer Raging Campaign* which aims to present the harm reduction message to young people in regard to their use of drugs and alcohol. Programs with a selective preventive intervention focus include *PATS: Psychiatric Awareness Through Speech*, a program to support young people who have a parent with mental health issues and the *ALIVE* program for homeless youth.

Other illustrative programs targeting this age group include those with an indicated preventive intervention focus and a treatment-maintenance focus.

***Risk and protective factors addressed by the programs***

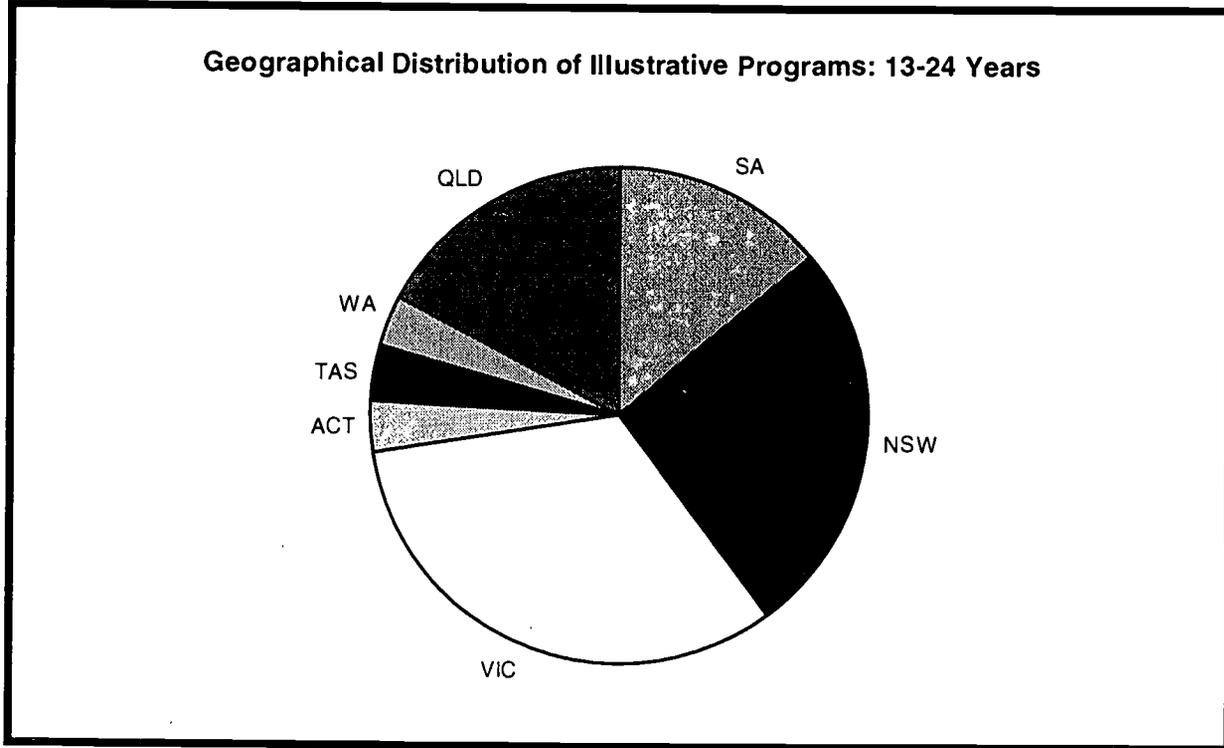
Given the diversity of self-identified early intervention programs presented in this chapter, a range of risk and protective factors are addressed by the varied programs. Risk factors include:

- physical or sexual abuse
- school failure
- attempted suicide
- parenting difficulties
- stressful life events
- homelessness
- alcohol and drug use
- 'at risk' young people (e.g. experiencing alcohol or other drug problems, early psychosis, suicidal or self harming behaviour, depression, sexuality issues and other psychosocial issues)
- unemployment
- parental mental illness
- family violence
- eating disorders

Protective factors addressed include:

- the promotion of attachment and 'belonging' for young people
- supportive networks
- good relationship with one or more parents
- psychosocial development
- enhancement of life skills (e.g. conflict resolution, anger management, problem solving)
- promotion of social skills
- enhancement of coping skills

*Geographical Distribution of Programs*  
Figure 9



***Theoretical models/practice models utilised***

As with the self identified early intervention programs described in previous chapters, not all programs outlined in this chapter have articulated their underlying theoretical frameworks or the practice models they employ.. For those programs who have, considerable diversity is apparent.

A number of programs described in this chapter have as their focus, the early identification and treatment of psychosis. These programs tend to draw upon the work of EPPIC (the Early Psychosis Prevention and Intervention Centre, Melbourne) and the Australian Clinical Guidelines for Early Psychosis. Other influences on this group of programs include the biopsychosocial approach to mental health and the stress-vulnerability model as well as the work of Falloon, Birchwood and Kavanagh respectively.

Another group of programs focuses upon youth. Those programs which aim to promote mental health may utilise a community development model and a harm reduction and peer education model (cf *Safer Raging Campaign*), employ primary health promotion principles (cf *Youth Action Inc - 'Sludge Crossing Educational Video'*) or cognitive behavioural and feminist theories (cf *Personal Safety for Teenage Girls*).

Programs developed for homeless youth or youth 'at risk' may be based on the findings from pilot projects (cf *Outreach Youth and Family Counselling* program which draws upon the Pilot Outreach Young People's Mental Health Project, Inala, or other established youth projects (cf *Clockwork: Young People's Health Service* which draws on the Cell Block model in Sydney). Other programs for youth are influenced by integrated service models and social justice principles (cf *Logan Youth Health*

Service), or have evolved from needs assessments (*Homeless Agencies Resource Project*). The *Mobile Youth Krisis Service (MYKS)* draws upon crisis theory and integrates solution-focused and narrative therapy principles in its practice model.

Theoretical/practice models employed in the genesis of other programs include the PENN prevention program (cf *A Targeted Depression Program in Schools*), a developmental approach (cf the *Brief Intervention Program: BIP*), and developmental psychology and personality theories along with biopsychosocial interventions and theories (cf *Alfred Child and Adolescent Mental Health Service: Adolescents*). Several programs which aim to educate health professionals/education staff in recognizing risk factors for suicidal behaviour in young people draw on a biopsychosocial-cultural approach and practice adult education principles (cf *Recognising the Signs* and *Keep Yourself Alive*).

### **Strategies**

A wide range of strategies are utilised by the programs in this chapter. These include:

- rapid physical response and close intense support and intervention
- assessment which includes techniques to promote engagement
- mobile outreach
- after hours phone support
- provision of counselling and assessment in a setting and location which is acceptable to young people (or co-location with other youth services)
- early introduction of specific therapy
- use of specific psychological intervention, e.g. cognitive behavioural therapy
- expression of feelings through art, writing and poetry
- group programs for young people focusing on peer support, information and specific skills such as stress management
- interagency liaison
- consultation and training about mental health issues
- streamlined referral procedures
- development of guidelines for all trained staff
- professional education and training for clinical staff
- provision of secondary consultations to relevant agencies

The *Brief Intervention Program (BIP)* provides an excellent example of the utilisation of a range of strategies to meet the program's stated aims and objectives. *EPPIC Statewide Services* (the Early Psychosis Prevention and Intervention Centre) is illustrative of a well integrated program, utilising strategies of primary, secondary and tertiary consultation, professional education, the development and implementation of early psychosis projects, the provision of a site visit service, community education, resource development and the provision of policy advice.

### **Staffing**

Staffing of the illustrative programs includes a range of health professionals such as psychologists, youth workers, psychiatrists, social workers, Aboriginal counsellors (for the *Youthlink* program), nurses, drug and alcohol counsellors and project workers and research officers.

***Infrastructure needed***

Required infrastructure for the diverse programs outlined includes:

- vehicles
- suitable venues
- administrative support
- support from school staff (or school based programs)
- leaflets, posters, stickers (for mental health promotion programs such as *Safer Raging Campaign*)
- close linkages with referral sources and mental health facilities
- an appropriate auspicing agency (for some programs e.g. *ALIVE: Adolescents Living Independently via Empowerment*)
- appropriate research links
- linkages to other programs for benchmarking (e.g. *Early Psychosis Project South Coast Mental Health Service*)
- computers, stationery, pagers, phones, IT support etc
- publicity and marketing funds
- hospital beds specific for young people and respite beds and short-term housing (e.g. *Bondi Junction Early Intervention Program*)
- recognition of the value of early intervention activities (e.g. *Early Intervention in our Family Psychoeducation Program*)
- connection to other services to assist in the development of collaborative and integrated responses to clients

***Other program characteristics***

Given the diversity and the number of programs presented in this chapter it is not appropriate to summarise information on program characteristics. Some brief comments about program characteristics follow. For programs providing direct services/interventions, the numbers of clients provided with services on a monthly basis vary enormously. (For example a respondent reporting on the *Streetwork Program* comments that figures related to the duration of the early intervention program, the average length of client stay in the program and the average frequency of contact with clients are too variable to be meaningful). This is illustrated by comparing the *Recovery Plus Project*, a specific treatment oriented program which aims to determine the effectiveness of the early introduction of a specific therapy and clozapine in the persisting psychotic symptoms in first-episode psychosis and which caters for five clients per month, with *Clockwork: Young People's Health Service* which, through its involvement with sixty GPs, sees in excess of four hundred and fifty young people per month. The *Clockwork: Young People's Health Service* program aims to provide a comprehensive multidisciplinary health service for young people, who would not normally seek health care.

In general, however, programs which offer individual work with clients, see between twenty five and sixty clients per month, generally on a weekly or fortnightly basis, and for one hour. The duration of such programs is often flexible, dependent on the individual's need. The *Windermere Child & Family Services - Suicide Pre and Post vention Project* for example, reports that the length of client stay in the program varies from one session to eighteen months (average six months). Programs providing group interventions are more likely to be of a fixed term duration and may carry between ten and fifteen clients. Peer support programs such as *PATS: Psychiatric Awareness Through Speech* carry two to three clients per month and on average, clients have seven contact meetings during a six week period.

The *Bondi Junction Early Intervention Program*, an early intervention program for young people suffering from psychosis, developed out of a pilot project, EPOCH. The comprehensive program utilises a range of strategies to achieve its aims and objectives and provides individual, family, crisis and group interventions for its clientele. The average length of client stay in the program is one - two years and the average frequency of contact with clients varies from twice weekly contact in the acute phase, to fortnightly contact in the early recovery phase, to monthly contact in the 'sustained recovery' phase. Group contacts are for one and a half hours while individual sessions last one hour. Family therapy sessions generally last one to two hours.

Programs which focus on training may provide their sessions for one hour or one day. Characteristics of programs in this sub grouping vary, with some providing school based education, utilising shopping centre displays and developing leaflets (cf *Safer Raging Campaign*) and others developing comprehensive training packages comprising audiovisual displays and booklets (cf the *Child and Adolescent Mental Health Position* and the *Keep Yourself Alive Project*). A number of the programs which provide individual/family based interventions have waiting lists. These vary between two weeks and three months. A range of agencies refer to the programs.

### ***Measuring effectiveness***

A range of methods are used to evaluate the effectiveness of the diverse illustrative programs presented in this chapter. Many of the programs which use group work as a strategy incorporate written and verbal feedback from participants (cf *Personal Safety for Teenage Girls*, and the *Adolescent Problem Solving Group*). Evaluation reports provided by the *Homeless Agencies Resource Project: HARP* and *Clockwork: Young People's Health Service* indicate formative and descriptive approaches to evaluation while action research methodologies are used by programs such as *Coping with Adolescence Together - Youth Homelessness Pilot Project (CAT)*.

The varied programs focusing on early intervention in psychosis use/plan to use a variety of evaluation measures. For the *Southern Early Psychosis Program: SEPP*, the evaluation process is in preparation and involves a combination of general measures, service indicators, standard clinical assessment and individualised measures. The *Early Psychosis Prevention and Intervention Network for Young People: EPPINY* program plans to be guided by research evidence about good practice while the *Early Psychosis Project South Coast Mental Health Service* plans to utilise the same measuring tools as used by the EPPIC Centre in Melbourne. The *Loddon/Southern Mallee Rural Early Psychosis Project* has not yet completed evaluation of its project but will include assessment of the effectiveness of minorng young people judged 'at risk' of developing early psychosis; the length of the untreated period of psychosis and speed of detection; knowledge levels of family/carers, primary health care workers and other health/welfare professionals; evaluation of goals and strategies in the Clinical Guidelines; and mental status and recovery process at the end of each six months.

Good evidence of effectiveness has been demonstrated in the pilot program, *A Targeted Depression Prevention Program in Schools*. This program is modelled on the PENN prevention program and is an indicated prevention program following screening by standardised questionnaire and parental report. The pilot project has been evaluated with standardised instruments and while it has not utilised a randomised controlled trial design, a waiting list control group has been used.

### ***Strengths of the programs***

Respondents articulate a range of program strengths. These include:

- quick service response
- a program that is 'young people friendly'
- a high profile and positive profile among other services
- development of earlier detection skills within referral agencies' workers
- the provision of a family focused approach
- improved access of young people to GPs
- the use of a residential location – non stigmatising, user-friendly premises, experienced staff
- a focus on developing standards of best practice in the care and management of a specific group of clients, within the existing service structure, as opposed to the setting up of a specialist team outside the existing structure
- the use of a collaborative model
- a concerted focus on delivering a high quality, consistent response
- the provision of community education and tertiary consultation
- the use of multidisciplinary input, multimodal therapy and multi campus, multi agency interventions
- family and caregiver involvement
- the use of an action research model to improve the team's work
- the use of a holistic approach (not just a clinical approach)

### ***Constraints identified***

The lack of secure funding and adequate resources is highlighted as a major constraint for many of the programs described in this chapter. One respondent comments on the problems associated with the annual basis of funding and the need to apply to different sources at different levels of government. This requires considerable infrastructure (which is often lacking) within an organisation. Similarly, other programs cite the difficulties associated with having to develop specific early intervention programs within existing services and without additional funding. The lack of funding may also impact on the program's ability to evaluate its effectiveness.

Other constraints commented upon include:

- the lack of community awareness. (For some programs, this interferes with the early identification of the target group)
- the high level of specialist training required for staff in some programs
- the high level of staff burn-out and irritation
- for school based programs, confidentiality can be a problem
- communities may be initially suspicious of innovative programs

## ILLUSTRATIVE PROGRAMS

### ADOLESCENCE AND YOUNG ADULTHOOD

See also:

- 27: ALFRED CHILD AND ADOLESCENT MENTAL HEALTH SERVICE: INFANT-CHILD PROGRAM
- 32: RICE YOUTH SERVICES/TRANSITIONAL INTEGRATED EDUCATION AND RESIDENTIAL SERVICE
- 33: CHILDREN'S GROUP: "FEARS AND WORRIES"
- 34: PENN OPTIMISM PROGRAM
- 35: KIDS WITH CONFIDENCE: PEER SUPPORT PROGRAM FOR CHILDREN WHO HAVE PARENT/S WITH SIGNIFICANT MENTAL ILLNESS
- 36: GRIFFITH EARLY INTERVENTION PROJECT: RAP
- 37: ADOLESCENT SEX OFFENDER PROGRAM
- 38: YARALLA PROGRAM
- 39: CHILD AND ADOLESCENT ANXIETY TREATMENT PROGRAMS (1)
- 40: CHILD AND ADOLESCENT ANXIETY TREATMENT PROGRAMS (2)
- 41: STEP: SYSTEMATIC TRAINING FOR EFFECTIVE PARENTING
- 42: SEASONS - GRIEF AND LOSS PROGRAM
- 43: GRIFFITH EARLY INTERVENTION PROJECT: FRIENDS
- 44: KIDS FRIENDS
- 45: BIG SISTER/LITTLE SISTER PROGRAM
- 46: CHILDREN OF PARENT(S) WITH A MENTAL ILLNESS
- 47: QUEANBEYAN MENTAL HEALTH SERVICE

#### 48: MOBILE YOUTH KRISIS SERVICE (MYKS)

**Program Target:** Case identification/early detection  
**Location:** PO Box 291  
BAY VILLAGE NSW 2261  
**Contacts:** Paul Drielsma  
Phone: 02 4334 5244  
Fax: 02 4334 5245

**Funding:** No information available. NOT funded externally (Burnside funds from its resources)

**Aims and Objectives:** To provide a crisis intervention and support counselling service which is youth focused, non-judgemental, responsive and accessible; on the basis of need and without discrimination which will provide opportunities for vulnerable and 'at risk' young people in the Wyong Shire to make positive differences in their lives.

**Goals:**

- to provide short term intervention, support and assessment for young people in crisis living in the Wyong Shire
- to support and strengthen vulnerable young people and families within the community by a timely

and appropriate response to young people in crisis

- to ensure, through advocacy, appropriate referral and follow up for young people beyond the crisis intervention period
- to assist in the development of networks and self-help initiatives which support young people and their families and strengthen communities
- to develop close and workable partnership relationships with all relevant youth counselling and support services on the Central Coast
- to adopt wherever appropriate and possible an approach which aims at family reconciliation
- to develop, through research, evaluation and replication, models of best practice relating to crisis intervention with young people, with a particular emphasis on accessing and responding to the views and suggestions of young people
- to empower young people with understanding, information and strategies relevant to their needs
- to promote just and equitable social structures pertaining specifically to the needs of young people
- to continually explore and improve ways to increase accessibility for young people, ensuring a range of entry points, information modalities and service delivery approaches

**Risk/protective factors addressed:** Yes, risk factors addressed.

Using a holistic approach, as well as working directly with young people with mental disorders within the program, MYKS tries to prevent complications around life crises by rapid response and support, and to facilitate an effective integration for the young person re: family; institutions and other support systems to promote attachment and “belonging” for young people

**Basis of program:** Approach based on crisis theory, that integrates solution-focused and narrative therapy principles

**Target group/selection criteria:** 12-18 year olds living in Wyong Shire. The program also responds to acute crisis in Gosford Local Government Area (LGA) as well (although this isn't within the program's 'area').

(Referral form provided)

**Strategies:** Rapid physical response where warranted, and close intense support and intervention over 6-8 week period. Also wherever possible, work with families towards family cohesion. Ease of access through free call facility

**Professional staff employed:** Intervention and support workers (2)

**Other infrastructure required:** Administration based supplied by parent body (Burnside) plus training and staff support

**Duration of the early intervention program:** 6-8 weeks

**Average length of client stay in the program:** 6.9 weeks

**Average frequency of contact with clients:** 7

**Average duration of each contact with client:** Telephone contact (30 minutes); face to face contact (2 hours)

**Number of clients carried per program per month:** Approximately 12

**Waiting list:** No

**Referring agencies:** Youth Health; Juvenile Justice; Community Services; Centrelink; high schools; youth services; youth accommodation

**Agencies clients referred to:** Youth health; youth accommodation; legal centre; police; sexual assault services; mental health services

**Effectiveness of program:** Undertaking evaluation. Agency review report was provided. This suggested that many people were impressed with the accessibility, mobility and quick response offered by MYKS. A number of areas for service improvement were identified in this report.

***Strengths of program:***

- quick response
- young people friendly
- mobile response to young people's choice of venue
- high profile and positive profile among other services
- 24 hour coverage due to partnership – out of hours diversion to Lifeline
- 1800 free call for young people

***Constraints of program:***

- lack of funds to extend effectively to Gosford LGA
- lack of credibility because not “government” mental health service
- young people not always willing to use service if self-perception of “crisis” is not very serious

## **49: OUTREACH YOUTH AND FAMILY COUNSELLING**

**Program Target:** Case identification / early detection - indicated  
**Location:** Inala Child and Youth Mental Health Service  
7 Kittyhawk Avenue  
INALA QLD 4077  
**Contacts:** Jean Dakin  
Phone: 07 3372 5577  
Fax: 07 3879 1483

***Funding:*** Ongoing

***Aims and Objectives:***

- early identification and intervention with ‘at risk’ young people
- increased access for young people to mental health programs
- establish a system of care for ‘at risk’ young people

***Risk/protective factors addressed:*** Yes, risk and protective factors are addressed.

***Risk:***

- child abuse
- school failure
- attempted suicide
- parenting difficulties
- stressful life events
- homelessness
- alcohol and drug use

***Protective:***

- supportive networks
- good relationship with one or more parents
- psychosocial development

***Basis of program:***

***Practice models:***

- Pilot Outreach Young People's Mental Health Project (Inala 1995)
- Consultation: Homeless Agencies Resource Project (HARP)
- Assessment of Imminent Danger

**Target group/selection criteria:** Young people aged 12-18 years with mental health problems or a high risk of developing mental health problems, who would not contact a community mental health clinic. This may be for a number of reasons including lack of transport, lack of parental support, lack of information about services, perceived barriers such as services not appropriate for young people, or not 'young person friendly', fear of professionals etc.

Research is currently being designed to identify young people at risk in local school – with purpose being to develop school based intervention.

**Strategies:**

- provision of counselling and assessment in a setting and location which is acceptable to young people
- co-location on 2 days per week with a youth agency providing support for homeless young people
- weekly visit to local high school for group and individual counselling
- interagency liaison to co-ordinate all aspects of care e.g. accommodation, financial assistance, health care education etc
- consultation and training about mental health issues to other services such as Centrelink, neighbourhood centers etc
- membership of reference groups for other youth services and participation in local interagency and 'linking services' meetings
- development of a partial day program for 'at risk' young people

**Professional staff employed:** Psychologist (1); assessments by other professionals including psychiatrist, at the Inala CYMHS by arrangement. Students on placement are also utilised

**Other infrastructure required:** Vehicle; rental of room 2 days per week

**Duration of the early intervention program:** Ongoing

**Average length of client stay in the program:** 2-3 months

**Average frequency of contact with clients:** Weekly

**Average duration of each contact with client:** One hour

**Number of clients carried per program per month:** Approximately 20 for counselling, but consultations are in addition to this

**Waiting list:** No

**Referring agencies:** The Pilot Project recommendation was for a minimum of 2 staff for the outreach program. Future developments such as the day program will need considerable additional funding

**Agencies clients referred to:** Accommodation support; Centrelink (young homeless applications); local high school; inpatient units at hospitals; local community CYMHS clinic

**Effectiveness of program:** The pilot project was evaluated comprehensively, this service has been set using the pilot model and has been functioning for about 6 months, so no formal evaluation has been done to date

**Strengths of program:** Developing earlier detection skills within referral agencies workers.

**Constraints of program:** None reported.

## 50: YOUTHLINK

**Program Target:** Case identification / early detection  
**Location:** 70 Murray Street  
PERTH WA 6000  
**Contacts:** Jennifer Griffiths  
Phone: 08 9224 1700  
Fax: 08 9224 1711

**Funding:** Recurrent (previously annual under the IHSY program)

**Aims and Objectives:** To provide a mental health service for marginalised and “at risk” young people aged 12-19 years (flexible up to 25) who are unable to access mainstream services

Primary service areas: direct counselling and therapy for young people throughout the Perth metropolitan area

Education and training for workers with young people

Consultation services for workers with at risk young people

Community development activities

**Risk/protective factors addressed:** Homelessness and ‘at risk’ including young people experiencing alcohol or other drug problems, early psychosis, suicidal or self harming behaviour, depression, sexuality issues and other psychosocial issues.

**Basis of program:** Program was developed in response to the report ‘Our Homeless Children’, Brian Burdekin report and funded by Commonwealth/State Innovative Health Services for Homeless Youth Program (IHSY).

**Target group/selection criteria:** At risk young people aged 12-19 (flexible up to 25 years) who are unable to access ‘mainstream’ services (e.g. Child and Adolescent Mental Health Services, Adult Mental Health Services for over-18s, private practitioners) (see attached intake forms and brochures)

Counselling – therapy is provided free, on a mobile basis to young people. Provision for families to be involved where this is the wish of the young person. Services are also promoted directly to Aboriginal young people on an outreach basis, and an Aboriginal Community Development Liaison Project has been undertaken leading to funding of two Aboriginal positions (counsellor and outreach worker).

Agencies and workers with at-risk, young people may access education and training, and consultation services. Priority is given to non-government youth sector agencies.

**Strategies:**

- direct services to young people (counselling and therapy). Also support around gaining stable accommodation, employment, recreation etc. The services to young people are provided metro-wide, free and with flexibility of hours.
- education and training to workers on issues including working with young people at risk of suicide, understanding and responding to self-harming behaviours, working with young people with sexual abuse issues, etc
- consultation available by phone 12.30-4.30 pm weekdays.
- all of above services promoted to workers and agencies with target group, counselling service promoted directly to Aboriginal young people.
- extensive networking, liaison, community development activities undertaken with other agencies working with the target group (government and non-government)

**Professional staff employed:** Clinical psychologists (including co-ordinator) (5); social workers (2); Aboriginal counsellor (1); Aboriginal welfare/outreach worker (2 – to be filled). Access to psychiatric services through inner city mental health service

**Other infrastructure required:** Line management through Inner City Mental Health Service (Royal Perth Hospital). One administrative assistant/secretary

**Duration of the early intervention program:** Recurrent funding through Mental Health Division of the Health Dept of WA

**Average length of client stay in the program:** Varies greatly – some attend 3-4 sessions, others long-term e.g. 2 years, depending on level of support required

**Average frequency of contact with clients:** One session per week, with additional telephone support as required

**Average duration of each contact with client:** 1 hour

**Number of clients carried per program per month:** Approximately 100 clients current at any time when full staffing complement in place

**Waiting list:** No: generally try to make rapid response to referrals, but occasionally implement waiting period of up to 2 weeks

**Referring agencies:** Non-government youth sector agencies (e.g. accommodation, counselling, educational support, recreation, street outreach, Aboriginal agencies)

Government agencies working with youth/families (e.g. Mental Health Services, both child and adult), juvenile justice, Family and Children's Services, Education Department through schools, Alcohol and Drug authority, Dept of Social Security, police

Private practitioners/counsellors; GPs; self; family, word of mouth referrals; hospitals (e.g. psychiatric registrars, emergency or psychiatric department social workers).

**Agencies clients referred to:** As above where appropriate. If client is able to access more 'mainstream' services e.g. Child and Adolescent Mental Health services, adult mental health or private practitioners, this option is explored

**Effectiveness of program:** The program has been evaluated – Summary of Youthlink Evaluation Report (Matrix and Gee 1997) provided

**Strengths of program:**

- youth friendly service
- mobile capacity
- flexibility of service model – hours of provision
- free
- holistic approach (not just 'clinical' approach)
- rapid response (i.e. no or minimal waitlist)
- capacity to work long-term with clients
- capacity to support other agencies with target group
- focus on cultural sensitivity for Aboriginal young people
- metropolitan-wide
- assertive follow-up ('no-shows')

**Constraints of program:**

- funded to operate Monday-Friday 8.30 am – 4.30 pm although some flexibility
- limited capacity to respond to crises (existing clients only but still limited)
- difficulties securing allocated budget into cost ventures (internal)
- further focus required of needs of NESB young people

## 51: LOGAN YOUTH HEALTH SERVICE

**Program Target:** Indicated  
**Location:** PO Box 727  
WOODRIDGE QLD 4114  
**Contacts:** Helen Smith-Barreau/Anthony Parsons  
Phone: 07 3208 8199  
Fax: 07 3208 8589

**Funding:** Annual to 2 years

### **Aims and Objectives:**

#### **Purpose:**

In accordance with the principles of public health, to address inequalities in health by promoting, maintaining and improving the health and well-being of disadvantaged young people in the Logan region

The service has 6 main key results, areas being:

- alcohol and other drugs
- sexual health and well-being
- mental health and emotional well-being
- pregnancy and well-being
- survival sex and associated issues
- general health and well-being

The aim of services offered through mental health and emotional well-being is “to improve the health and emotional well-being of young people challenged by mental health issues”

Services include one to one assessment, support, counselling and/or referral where deemed appropriate

**Risk/protective factors addressed:** Yes, risk factors are addressed. These include substance use/misuse; dual diagnoses; self-harming behaviours.

The target group serviced by this project often present with a myriad of issues and high risk behaviours deleterious to their health and well-being

**Basis of program:** Logan Youth Health Service is based on an integrated service model approach thereby offering a variety of services for young people and to increase their ability/willingness to access mainstream health services where appropriate.

Social justice principles: the program adheres to WHO's definition of health – approaches used are eclectic and holistic in nature and application.

**Target group/selection criteria:** Disadvantaged young people between 12-25 years who are involved in or at risk of involvement in behaviour that is deleterious to their health and well-being.

Target group includes:

- young people affected by alcohol and other drugs
- young people at risk of/.or homeless
- young people involved in or at risk of ‘survival sex’
- young people presenting with a predisposition for self-harming behaviours
  - suicidal ideation
  - previous attempt at suicide
- young people with sexuality, relationship, schooling issues
- young people often present with a myriad of issues. They are assessed and referred to relevant service providers within the Health Team and /or wider organisation (Youth and Family Service (Logan City) Inc)

***Strategies:***

- one to one assessments, counselling, support, referral and follow-up as required.
- advocacy services
- resourcing e.g. transport to specialist services for those young people experiencing difficulties with access
- provision of stress management resources e.g. relaxation tapes – techniques etc
- provision of relevant information/education
- group activities e.g. arts-based workshops and social activities as alternatives

***Professional staff employed:*** Youth health nurse (1); outreach youth workers (2); hepatitis C worker (1); youth health worker (social worker –1); Co-ordinator (drug and alcohol counsellor– 1); external management officer (1)

***Other infrastructure required:*** The health service has access to a ‘training room’ for group programs, a medical clinic and a counselling room (all on site). Unfortunately, the services now provided surpass the accommodation afforded – this is an ongoing issue for the team and wider organisation

***Duration of the early intervention program:*** On-going work dependent upon receipt of annual funding through Queensland Health and Dept of Families, Youth and Community Care

***Average length of client stay in the program:*** Fluctuates. The target group is a largely transient population. A substantial amount of the work entails a crisis response. ‘Cases’ are rarely closed due to the nature of the client population

***Average frequency of contact with clients:*** Weekly or fortnightly

***Average duration of each contact with client:*** Depends on the needs of the client

***Number of clients carried per program per month:*** Total service contact is 600 clients per month

***Waiting list:*** No: the aim is to respond as soon as practicable. If the situation is deemed urgent, the workers make a priority

***Referring agencies:*** Other youth services (government and non-government); local GPs; guidance officers/ teachers. DFYCC; Young Offenders program (DFYCC); other teams from YFS (wider organisations); community health; many referrals are made by self or family

***Agencies clients referred to:*** Adult mental health; child and adolescent mental health; local GPs identified as young person friendly; other teams within YFS; alcohol and drug services; Logan Hospital; employment services; housing services; specialist services e.g. Schizophrenia Fellowship

***Effectiveness of program:***

- no standard pro-formas to evaluate the effectiveness of the program are employed
- feedback from clients, referral agencies, parents and friends are used to evaluate the program
- clients keep returning
- ability to provide continuity of care
- when clients are able to make informed decisions when risk taking behaviours decrease

***Strengths of program:***

- ability to respond
- flexible e.g. ability to conduct home visits
- meaningful and appropriate
- non-judgemental
- ability to create a “safe” environment
- supportive
- concerted efforts are made by workers to establish effective and trusting rapport with young people
- respectful towards the young person

***Constraints of program:***

- would like the ability to provide more specialist services in respect of the young person with mental health issues e.g. a young person - specific psychologist
- would like to be able to enter into more case-sharing arrangements with relevant Government services.
- lack of effective networking/collaborative opportunities prevents such from occurring

**52: COPING WITH ADOLESCENCE TOGETHER – YOUTH HOMELESSNESS PILOT PROJECT (CAT)**

**Program Target:** Case identification / early detection  
**Location:** C/- Centacare  
PO Box 3167  
MANUKA NSW 2603  
**Contacts:** Chris Gibson, Case Manager  
Phone: 02 6239 7030  
Fax: 02 6239 5589

***Funding:*** The program is funded for 2 years, concluding in December 1998

It is insufficient to provide program staff with a computer or receptionist

***Aims and Objectives:*** The project aims to identify young people (12-18 years at risk of homelessness or who have just become homeless within the last 12 weeks) and to provide an intervention to them and their families at the earliest possible stage in order to prevent youth homelessness.

The project objectives are as follows:

- to improve the level of engagement of young people in: families, employment, education, training and the community
- to develop a focus on early intervention initiatives involving family relations approaches which are aimed at (wherever practicable), reconciliation with family members
- to improve co-ordination and collaboration between government agencies, and government agencies and community sector agencies
- to provide detailed written advice to DSS/DEETYA as appropriate on the circumstances of the young person and his/her family, including an assessment of the possibility or otherwise of reconciliation in the longer term
- the pilot program is designed to explore ways of improving on the existing supports available to young people, ways for community support agencies, and new models of early intervention, focused on family reconciliation

***Risk/protective factors addressed:*** Yes, if you consider homelessness a 'risk' factor for young people

***Basis of program:*** The Youth Homelessness Pilot Project is a national response to concerns about the high levels of youth homelessness in Australia, and criticisms by some parents and community groups that the existing system places too little emphasis on young people in their family context when young people leave home early.

The two principles which underpin the project are: early identification; and a family focused approach with an emphasis on education and support for parents

***Target group/selection criteria:*** The selection criteria for the CAT project is as follows:

- the target age group is 12-18 years
- if a young person is showing at risk behaviours of becoming homeless, or has just become homeless

within the last 12 weeks

- a particular target group is young people with drug and alcohol or mental health problems

**Strategies:** The strategies employed to achieve the aims and objectives are as follows:

- the provision of case management services
- the provision of after hours phone support for families
- counselling youth and parents, both separately and together
- conducting parent education and support groups
- linking with other programs particularly JPET to promote employment, education and training
- contact agencies to improve early identification of youth at risk
- promotion of family focused issues to agencies
- identifying service resource network
- identifying gaps in services or obstacles to clients' access to services
- development of best practice models and dissemination of information
- targeting substance abuse and mental health issues

**Professional staff employed:** Psychologist/social worker (1); youth worker (1)

**Other infrastructure required:** Not stated

**Duration of the early intervention program:** 2 years

**Average length of client stay in the program:** 4-6 weeks

**Average frequency of contact with clients:** Approximately 8 days

**Average duration of each contact with client:** 1 hour

**Number of clients carried per program per month:** Approximately 25 families

**Waiting list:** From time to time (up to one month)

**Referring agencies:** The majority of the project's referrals are from schools. Other sources are: Family Services; Youth Services; Youth Justice; Youth Centres; Parent Support Service; FACES; Youth Refuges; Centrelink; JPET; Marymead and various other government and non-government agencies, friends and self referrals

**Agencies clients referred to:** JPET; Parent Support Service; CAMHS; CYOSS; FACES; Women's Health Centre; Rape Crisis Centre; Domestic Violence services; Centacare marriage counselling; Relationships Australia; Richmond Fellowship; Galilee; Youth Connections; after separation group

**Effectiveness of program:** The CAT Project is a pilot project and is therefore currently under an extensive evaluation process, both internally and externally

**Strengths of program:**

- a family focused approach
- case management which includes the flexibility to meet individual needs by providing short term individual counselling to both young people and parents, family counselling and mediation and occasionally, marriage counselling
- the provision of a parenting teenagers group which is educational, therapeutic and supportive – the promotion of a self support group
- a youth outreach worker who encourages young people and provides practical assistance such as transporting the young person into the office initially in order to engage them in the project and work with their families
- the ability to work intensively with families who are in crisis
- an early response rate

**Constraints of program:**

- limited resources
- on occasions, the different philosophical issue of youth work and family support services

### 53: CLOCKWORK: YOUNG PEOPLE'S HEALTH SERVICE

**Program Target:** Case identification / early detection - selective  
**Location:** Cnr Lw Malop and Gheringhap Street  
GEELONG VIC 3220  
**Contacts:** Dr Leanne Rowe  
Phone: 03 5222 6690  
Fax: 03 5222 6722

**Funding:** 3 years

**Aims and Objectives:**

- to provide a comprehensive multidisciplinary health service for young people, who would not normally seek health care
- to improve GP knowledge on young people's health, particularly on mental health
- to encourage integration of general practice with other youth services
- to optimise service delivery to young people
- to provide health promotion for young people

**Risk/protective factors addressed:** Yes, addresses risk factors.

This early intervention program targets young people who are at risk. Many young people are aged between 12 and 19 living independently or homeless, and have a history of child abuse or family conflict. Most have mental health concerns and 1 in 5 is suicidal. 45 % are male.

By providing broad skills, general practitioners have an opportunity to open up wider issues with young people such as mental health issues. 1/3 of consultations by GPs are one hour, and many involve complex case management.

**Basis of program:** The Early Intervention Program was based on the Cell Block model in Sydney in NSW, but is an innovative program which involves many general practitioners and provides a youth health service in central Geelong, Victoria. It also aims to overcome the barriers that prevent young people accessing traditional general practice in the community

**Target group/selection criteria:** Our target group is all young people from 12-25 years. Twenty per cent are from non-English speaking background, 4% are Koori young people, 45% are young males

**Strategies:** The Youth Health Service is co-located with other youth services in an old courthouse in central Geelong which is close to public transport. It consults with young people about how the service should be run. Networking with other youth services encourages inter-referral. A GP educational program involves workshops on relevant issues, particularly to do with Mental Health. Regular meetings are held with other services such as Drug and Alcohol services, generalist youth services, supported accommodation and the mental health service

**Professional staff employed:** General practitioners (14); psychologist (1); community nurse (1); receptionist (1); GP project manager (1)

**Other infrastructure required:** More hours paid for each staff members e.g. the GP Project Manager is only paid for 10 hours

**Duration of the early intervention program:** The program is funded until the end of 1998

**Average length of client stay in the program:** The average length of stay for each client in the program would be 5 consultations per year

**Average frequency of contact with clients:** Weekly

**Average duration of each contact with client:** The average frequency of contact is between half an hour and one hour

**Number of clients carried per program per month:** 450 per month

**Waiting list:** No

**Referring agencies:** Over 60 Geelong agencies refer to Clockwork: Youth Health Service including generalist youth workers, child protection, the Drug and Alcohol service, the Commonwealth Employment Service, the Mental Health Service, Schools, the Innovative Project for Homeless Youth, the STD Clinic, Supported Accommodation Services, the Disability Resource Council

**Agencies clients referred to:** All of the above

**Effectiveness of program:** Evaluation reports provided

**Strengths of program:** Our strengths include improving access of young people to General Practice, GP, education health promotion and integration.

This is evidenced by:

- the numbers of young people attending the service who would normally seek health care, including many young males
- over 60 general practitioners have been directly involved with the Project
- the support by over 60 agencies within the Geelong region is also evidence of the strength of our program

**Constraints of program:** The constraints are due to the annual basis of funding, and the need to apply to different sources, in different levels of government. This is very time consuming and we do not have the infrastructure to do this effectively. It is of concern that a worthwhile, well evaluated, award winning program supported by many general practitioners will probably lose its funding late 1998

## **54: HOMELESS AGENCIES RESOURCE PROJECT - HARP**

**Program Target:** Case identification / early detection

**Location:** MH-SKY (Western Metro Region)  
Locked Bag 10  
PARKVILLE VIC 3052

**Contacts:** Bruno Cheng/Anne Boscutti  
Phone: 03 9342 2800  
Fax: 03 9387 3003

**Funding:** No information available

**Aims and Objectives:**

- to resource workers in youth housing and support programs to work with and refer appropriately, young homeless people with mental health issues
- to provide/facilitate outreach access for the assessment of homeless young people where appropriate
- to promote program and policy redevelopment and new initiatives to address the needs of young homeless people with mental health needs with a particular focus on promoting intersectional collaboration

**Risk/protective factors addressed:** Yes, the project addresses risk factors.

Homeless/risk of homelessness (research and statistics of client profiles reveal a high correlation of homelessness with a history of abuse/neglect)

**Basis of program:** The model evolved out of a need analysis conducted with homeless agencies and their clients, which highlighted high incidence of mental health issues and very low trust and use of mental health services. It was effectively an action research initiative to explore gains in collaborative practice/access to relevant treatment/effective prevention when mental health and youth housing sectors work in collaboration with the mental health sector providing clinical resources to address identified

needs and to resource youth services through education and primary and secondary consultation

**Target group/selection criteria:** The target group is young people between the ages of 12 and 25 years who are homeless or at risk of homelessness and who have mental health problems.

**Strategies:** Strategies utilised by HARP to intervene early in identifying and supporting adolescents with mental health issues include:

- provision of secondary consultations to accommodation agencies
- providing a regular educational program to accommodation agencies in order to help identify mental health problems and to provide appropriate information and resources
- develop greater awareness among mental health professionals of issues impacting on young homeless and agencies which support them

**Professional staff employed:** Social worker (1)

**Other infrastructure required:** The program is based at MH-SKY, mental health services for kids and youth, a CAMHS service which includes EPPIC (Early Psychosis Prevention and Intervention Centre), OAS (Older Adolescents Service) and networks of Royal Children's Hospital and Western Hospital Child and Adolescent Mental Health Services

**Duration of the early intervention program:** HARP has received 2 year funding from the Department of Human Services (Western Region) as of September 1997

**Average length of client stay in the program:** There is no average length of stay for clients. Work is principally with homeless agency workers/networks

**Average frequency of contact with clients:** A total of 27 Supported Accommodation Assistance Program (SAAP) funded agencies are included in MH-SKY catchment area. Contacts are made through regular networking of youth SAAP and SAAP agencies (as indicated in HARP Quarterly Report September-December 1997)

**Average duration of each contact with client:** Not appropriate

**Number of clients carried per program per month:** Not appropriate

**Waiting list:** No

**Referring agencies:** Currently, most referrals are from supported accommodation assistance program (SAAP) and youth network groups

**Agencies clients referred to:** Referrals to MH-SKY (CAMHS) intake, adult mental health services

**Effectiveness of program:** Independent evaluation conducted by Wave Hill (1997) *Not Just Harping On.* (Copy of report provided)

The methodology of the evaluation was as follows:

- initial interviews with staff and management of HARP
- review of relevant documents including the original service design and subsequent reports
- review of service data
- interviews with SAAP youth agencies
- interviews with departmental accommodation and support services
- interviews with key individuals
- analysis of questionnaire developed and distributed by HARP and the Centre for Young People's Mental Health
- analysis of HARP data

The evaluation concluded that Western HARP is a highly successful and valuable project that is respected in both the accommodation and support and mental health sectors. The key achievements of HARP include:

- improved access for young homeless and at risk young people to mental health services
- greater confidence among youth workers to identify mental illness among clients
- greater confidence among youth workers in using the language of mental health professionals

- greater confidence among agencies in their ability to work with clients
- development of positive experiences for support and accommodation agencies in interacting with the mental health system

A central strength of the program was noted to be the availability and accessibility of staff, involving fast response time and flexibility within the project to assist workers when needed

Future directions for HARP and recommendations were made by the independent evaluators

**Strengths of program:** Wave Hill evaluation (1997:37-38)

- service specifically set up to work with people in supported accommodation
- intimate knowledge of other services
- willing to work at grassroots level
- support to workers in the field
- availability for consultations
- provision of practical information

**Constraints of program:**

- potential isolation of a small program within a larger and dominant system
- changes occurring through redevelopment of MH-SKY and changes to SAAP and protection and placement services
- enlarged boundary (western region) and reduction of 0.5 staffing position

## **55: EARLY PSYCHOSIS PREVENTION AND INTERVENTION NETWORK FOR YOUNG PEOPLE (EPPINY)**

**Program Target:** Case identification/early detection  
**Location:** Northern Sydney Area Health Service  
Early Intervention for Psychosis Project  
Academic Psychiatry  
Block 4, Level 5  
Royal North Shore Hospital  
ST LEONARDS NSW 2065  
**Contacts:** Jo Gorrell – Research Officer  
Phone: 02 9926 7994  
Fax: 02 9926 7730  
Email: jgorrell@doh.health.nsw.gov.au

**Funding:** 2 years - for research. Project would benefit from funding to provide a co-ordinator for the development of clinical services and for staff training

**Aims and Objectives:**

*Service development objective:*

- to add good practice strategies for early psychosis to existing local, comprehensive integrated community mental health services

*Outcome objectives:*

- to reduce time to recovery and reduce relapse
- to minimise co-morbidity
- to minimise disability
- to reduce burden on families

*Research objectives*

To test the following hypotheses:

- that Northern Sydney Area adolescent and adult mental health services do good practice strategies for early psychosis to existing services over a 2 year period
- that outcomes for young clients with first episode psychosis will improve over this 2 year period

**Risk/protective factors addressed:** Yes, program addresses risk factors.

Young people with a first episode of psychosis may go through an extended period before effective help is obtained. These delays are believed too damaging to development and maturation, impact negatively on social and family relationships and derail vocational prospects. Secondary problems may include unemployment, substance misuse, depression, self-harm and forensic problems. The illness itself may become more deeply entrenched.

Recent research indicates that:

- prolonged untreated psychosis is associated with slower and less complete recovery
- there are often multiple attempts to access care before effective treatment is commenced
- for most cases there are effective treatments for psychosis
- intervention can avert relapse
- co-morbidity can be minimised by early, appropriate treatment

There is a strong argument for intensive effort in the initial period, which may be considered one of maximum vulnerability

**Basis of program:** Specific early interventions programs (such as that of EPPIC – Early Psychosis Prevention and Intervention Centre) have demonstrated that better and earlier intervention can lead to improved outcomes. Good practice guidelines are available from such programs and from the State and National Early Psychosis Projects.

Our existing services are based on a model of integrated community and hospital services offering 24 hour, mobile crisis intervention and domiciliary case management to individuals and families.

**Target group/selection criteria:**

- young people aged 12-25 (inclusive)
- presenting to adolescent or adult mental health services with a first episode of psychosis
- residing in the four catchment areas of the Northern Sydney Area Health Service (Ryde, Hornsby-Kuringai, Lower North Shore, Northern Beaches)

**Strategies:**

*Service development and outcomes*

- a co-ordinating group comprised of interested staff from all services meets monthly to discuss and plan developments (EPPINY-Early Psychosis Prevention and Intervention Network for Young People)
- 2x2 day training workshops are planned for 1998-99
- 2 x day programs for young people have been established. The “Pipeline” program on the Lower North and the “Brookvale Early Intervention Centre” on the Northern Beaches.
- Several centres are now running support and education programs for families

*Research objectives*

- Staff attitudes and practices will be assessed

*Attitudes* – as no existing suitable measure could be found, program staff are in the process of developing their own measure for accessing staff attitudes towards adding specific good practice interventions for early psychosis to existing practices

*Practices* – program staff are developing a checklist for service provision which will be completed by case managers and by file audit.

Assessment packages have been developed for the routine of all first episode clients. They

will be completed by clinicians at initial assessment, 3 months and 12 months. They include standardised instruments covering areas including: recovery and relapse; co-morbidity (depression, suicide, substance use); disability and burden on families

**Professional staff employed:** EPPINY research has funding for 1 P/T research officer for 2 years

There are no additions to clinical staffing. The services are staffed by multidisciplinary health professionals

**Other infrastructure required:** Research project will operate 2 years. It is anticipated that service developments (if effective) will become part of routine practice

**Duration of the early intervention program:** Not applicable

**Average length of client stay in the program:** Not applicable

**Average frequency of contact with clients:** Not applicable

**Average duration of each contact with client:** Not applicable

**Number of clients carried per program per month:** Not applicable

**Waiting list:** No

**Referring agencies:** Not applicable

**Agencies clients referred to:** Not applicable

**Effectiveness of program:** The proposed service changes are guided by research evidence re good practice. Program staff do not know at this stage whether they will be effectively implemented or whether they will make any difference to the outcome of their clients. The research aspect of the project is developing an evaluation process, which will assist in addressing client outcomes.

Assessment instruments include:

- Brief Psychiatric Rating Scale (BPRS)
- Scale for the Assessment of Negative Symptoms (SANS)
- Health of the Nation Outcome Scales (HONOS)
- Centre for Epidemiology Studies Depression questionnaire
- Adolescent drug abuse diagnosis instrument (ADAD)
- Adolescent suicide questionnaire (ASQ)
- Experience of caregiving inventory
- Verona service satisfaction scale –32

**Strengths of program:**

- as a starting point, the project has comprehensive mental health services offering integrated community and hospital services, 24 hour mobile crisis intervention and domiciliary case management to individuals and families. Additionally, the project staff is experienced professionals with clinical skills relevant to individuals, group and family work
- the project covers 4 catchment area mental health services committed to involvement in the project
- adolescent and adult mental health services are working in a co-ordinate way
- the project staff are not introducing a model program but rather, encouraging a gradual shifting of staff attitudes and practices with an aim that optimal treatment for early psychosis will be an integral part of the service provided

**Constraints of program:**

- *funding* - further funding would allow:
  - more comprehensive staff training and evaluation of how well staff are using new skills and adhering to good practice protocols
  - co-ordination of service developments
  - a health promotion focus (i.e. intervene earlier not just better)
- *attitudes* – the negative views of some staff toward changing practices and doing standard assessments

## 56: ADOLESCENT PROBLEM SOLVING GROUP

**Program Target:** Indicated  
**Location:** Child, Adolescent and Family Mental Health  
51 Park Road  
YERONGA QLD 4104  
**Contacts:** Rosemary Chilcott

**Funding:** No information available

**Aims and Objectives:**

- problem solving
- life skills

**Risk/protective factors addressed:** Yes

- enhance life skills; anger management; conflict resolution; problem solving

**Basis of program:** 18 years of practical experience in running adolescent groups

**Target group/selection criteria:** Any adolescent under care at the clinic

**Strategies:**

- taking responsibility for their own behaviour.
- consequences of unacceptable behaviour
- reflective listening

**Professional staff employed:** Psychiatric nurse; clinical psychologist

**Other infrastructure required:** Equipment, tapes, paper, pens, TV, VCR

**Duration of the early intervention program:** Open ended group – ongoing

**Average length of client stay in the program:** 9 months

**Average frequency of contact with clients:** Review with parents and adolescent. School term-time

**Average duration of each contact with client:** 9 months

**Number of clients carried per program per month:** 40

**Waiting list:** No

**Referring agencies:** Other child and youth mental health clinics in the program's catchment area

**Agencies clients referred to:** Youth services eg drug and alcohol services, sexual abuse team

**Effectiveness of program:** Word of mouth at present and positive feedback from adolescents. In the process of providing an evaluation before and after attendance

**Strengths of program:** All adolescents with varying degrees of mental health problems can benefit

**Constraints of program:** Can only be offered to children under service's care

## 57: A TARGETED DEPRESSION PREVENTION PROGRAM IN SCHOOLS

**Program Target:** Indicated - case identification / early detection  
**Location:** Royal North Shore Hospital  
Child & Adolescent Services  
Level 2/Block 4  
ST LEONARDS NSW 2065  
Macquarie University  
Child Anxiety Clinic  
School of Behavioural Sciences  
NORTH RYDE NSW 2113  
Northern Beaches Adolescent Service  
Cnr Lakeside Cres & Palm Ave  
NORTH MANLY NSW 2100  
**Contacts:** Dr Nick Kowalenko  
Phone: 02 9926 8905  
Fax: 02 9906 8136  
Assoc Prof Ron Rapee;  
Ms Julie Simmons  
Phone: 02 9850 8711  
Fax: 02 9850 8062

**Funding:** Government funding is not yet identified. Causes headaches: recurrent funding source not yet identified.

**Aims and Objectives:**

- the aim of the early intervention program is to identify young people with depressive symptoms and improve their mood state and school functioning
- enhance collaborative school/mental health intervention

**Risk/protective factors addressed:** Yes: protective factors

- social skills
- coping style

**Basis of program:** The Early Intervention Program is partly modelled on the PENN prevention program. It is an indicated prevention program, following screening by standardised questionnaire and parental report scale

**Target group/selection criteria:** 14-15 year old adolescents with current depressive symptoms who agree to participate (in addition to their parents)

**Strategies:**

- conjoint staff education and training
- conjoint program delivery
- conjoint information to whole school and also parents' groups
- dissemination / information about the program to the wider community through local non-government networks identification and referral links

**Professional staff employed:** Still negotiating these issues with school education as program piloted late in 1997, with the aim to extend the pilot program into a number of schools in 1998.

Use clinical psychologist and school counsellor.

**Other infrastructure required:** Resources (personnel, facilities, co-ordination), Half-time co-ordinator

**Duration of the early intervention program:** 8 weeks

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**Average length of client stay in the program:** As above

**Average frequency of contact with clients:** Once weekly

**Average duration of each contact with client:** 60 minutes

**Number of clients carried per program per month:** Pilot project. Exact number to be determined (25-30 per month)

**Waiting list:** No waiting period for assessment, that is, seen within two weeks. Waiting list for group treatment – up to three months

**Referring agencies:** Mainly schools

**Agencies clients referred to:** Wide range of social, welfare, hospital, general practice and other agencies

**Effectiveness of program:** Pilot project evaluated with standardised instruments, i.e. Beck Depression Inventory (BDI), (14-15 year olds) and Achenbach (vs waiting list control group)

**Strengths of program:**

- aims to provide indicated prevention program which may be better targeted and thereby more cost-effective

**Constraints of program:** None reported

## **58: PERSONAL SAFETY FOR TEENAGE GIRLS**

**Program Target:** Universal

**Location:** Oakrise  
3 Kellam Street  
LAUNCESTON TAS 7250

**Contacts:** Louise Ewing  
Phone: 03 6336 2867  
Fax: 03 6331 3934

**Funding:** Funded until end of 1998

**Aims and Objectives:**

- to increase student's level of confidence
- to increase student's awareness of potentially dangerous situations
- to develop improved communication skills
- to explore choices
- to increase self-respect and self-worth
- to develop confidence to use one's body and voice
- to develop effective self defence skills
- to maintain healthy emotional well-being

**Risk/protective factors addressed:** Yes

- aims to increase people's chances of taking control rather than being passive and a victim, thus establishing foundations for positive mental health

**Basis of program:** This program was designed to meet demands and has proved to be extremely positive and popular. It is based upon cognitive behavioural and feminist theories

**Target group/selection criteria:** Target group is teenage girls. Selection criteria: open – voluntary  
The exception is girls who may be at a point in therapy where they are very vulnerable and working on issues

**Strategies:**

- exploring the conditioning and socialisation factors affecting females. Psychological preparation
- role plays. Practising skills to effectively handle a range of situations. Extending comfort levels, assertiveness
- centering techniques. Discovering inner strength
- physical self defence techniques

**Professional staff employed:** Adolescent outreach worker (1)

**Other infrastructure required:** Support from school staff; venue at school; venue in community

**Duration of the early intervention program:** 6 sessions

**Average length of client stay in the program:** Excellent retention rate

**Average frequency of contact with clients:** One session per week

**Average duration of each contact with client:** 1.5 hours

**Number of clients carried per program per month:** Approximately 20

**Waiting list:** Yes (5 weeks to 3 months)

**Referring agencies:** Schools, parents, self referrals; sexual assault support services; community mental health services; youth access centre

**Agencies clients referred to:** No response

**Effectiveness of program:** Written and verbal feedback from participants and their teachers and parents (copy of evaluation form provided)

**Strengths of program:**

- the holistic aspect this program has on participants.
- the potential to impact on all aspects of the participant's life by increasing self confidence, self worth, heightened awareness

**Constraints of program:** None reported

## **59: SAFER RAGING CAMPAIGN**

**Program Target:** Universal - selective

**Location:** PO Box 35  
WODEN ACT 2606

**Contacts:** Kim Sattler  
Fax: 02 6282 3989

**Funding:** No funding. Seed funding was received 2 years ago to purchase display stand and leaflets and it is now part of general service delivery. This type of campaign needs to be ongoing and adaptable to a range of settings

**Aims and Objectives:**

- to present the harm reduction message to young people in regard to their use of drugs and alcohol
- to engage young people in discussion around their drug use and risky behaviour
- to explore the effects of drugs and alcohol on the body and in particular, the cocktail effect of several substances and mood-altering effects
- to explore why young people take drugs and alcohol, bingeing and addiction
- to discuss self-harm, overdose and suicide in relation to drug and alcohol use

**Risk/protective factors addressed:** Yes

- depression
- boredom

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- sexual and physical abuse
- homelessness
- unemployment
- early school leavers

**Basis of program:** There was an expressed demand by young people for accurate drug and alcohol information in a non-judgemental format. Young people want to talk honestly with youth workers or other people they trust about their risk-taking behaviour and why they are unsafe.

The program is based upon a community development model by involving young people, parents, teachers, police, bands and drug and alcohol agencies.

The theoretical model used is a harm reduction and peer education model.

**Target group/selection criteria:** Young people aged 12-25 years of age – in schools, TAFE colleges, unemployed, homeless, includes Aboriginal and Torres Strait Islander and non-English speaking background young people.

In a secondary capacity, program staff also educate parents, teachers and other youth workers about the level of risk-taking behaviour that young people are engaging in.

**Strategies:**

- visual displays (including leaflets, stickers about drugs and alcohol, posters, collage and T-shirts) in schools, shopping centres and festivals
- class talks
- public stalls in shopping centres, festivals and orientation weeks
- peer education using young people as co-facilitators and musicians to disseminate information messages etc
- community development model to engage the local community in a more supportive role with their young people
- organise drug and alcohol free concerts for under-age young people
- All of these activities enable contact with young people who would not normally make contact with the youth centre

**Professional staff employed:** Teachers (occasionally); drug and alcohol workers (2); youth workers (2); police; volunteers (5 young people and 30 musicians)

**Other infrastructure required:** Portable display unit; leaflets; posters; stickers; trained youth workers; police guest speakers

**Duration of the early intervention program:** It is an ongoing campaign that can be used in a wide range of settings. The program staff are able to respond quickly to differing demand – that is, increases in particular risk behaviours – increase in marijuana use, heroin overdoses, binge drinking, young people drug affected at schools etc

**Average length of client stay in the program:** Not relevant to this program – the program does not use a case management model. The program staff engage peer groups of young people in a one-off engagement with the option of young people accessing referral contacts and the program's youth centre for follow-up

**Average frequency of contact with clients:** Once or twice in a school context. Weekly contact through weekly concerts at the youth centre

**Average duration of each contact with client:** One hour – schools, TAFE. 3-4 hours – concerts

**Number of clients carried per program per month:** The program would reach about 300 young people per month

**Waiting list:** No

**Referring agencies:** Schools; shopping centres; local festival organisers; parent groups

**Agencies clients referred to:** Drug and alcohol services and rehabilitation services; support groups (that is, survivors of suicide support group); counselling services; mental health services; doctors;

psychiatrists (rarely)

**Effectiveness of program:**

- feedback from young people – verbally and in feedback forms
- feedback from teachers and parents
- return visits by young people to our service after meeting youth workers during the campaign visit
- reduction in drinking and drug-taking in unsafe public places like parks, ovals, cemeteries and flats in public housing estates
- program staff can identify many young people who have accessed our service and drug and alcohol services as a result of the campaign going into schools and shopping centres
- young people make contact by phone or visits when they are feeling suicidal, vulnerable etc to seek help
- young people make contact following the suicide of a peer or relative

**Strengths of program:** It reaches young people in an environment that they feel comfortable in and allows them to speak honestly about their risk taking and self-harm behaviours. Young people involve themselves in suicidal attempts and self harm behaviour far more often than most people realise. Young people need to be better informed about youth, community and health services that are free

**Constraints of program:**

- lack of funding on an ongoing basis
- cost of drug and alcohol leaflets
- lack of recognition that youth workers are ideally placed to do intervention work with young people around suicide because they are already dealing with a variety of young people's life problems, that is, accommodation, income, lifestyle issues, and are often in regular contact with vulnerable and at-risk populations of young people

## **60: YOUTH ACTION INC – 'SLUDGE CROSSING' EDUCATIONAL VIDEO**

**Program Target:** Universal  
**Location:** PO Box 192  
MOOLOOLABA QLD 4557  
**Contacts:** Matt Lupi/Richard Valentine

**Funding:** No information available

**Aims and Objectives:** 'Sludge Crossing' is a drama performance developed as an educational health promotion message targeted to young people 12-25 years. The story promotes coping skills, accessing support and promotes hopefulness. The initiative was developed as a suicide prevention strategy focusing on a health promotion medium.

The drama has been reworked as a professional video which will be complemented by a series of teaching/facilitator notes.

As a primary health promotion strategy 'sludge crossing' fills a gap in available resources for use with young people (the target group).

**Risk/protective factors addressed:** Yes

- addresses coping skills necessary for managing depression
- the program was developed to address suicide risk and other self harming behaviours

**Basis of program:** Primary health promotion principles. A story and script developed in consultation with youth workers; mental health workers; Australian Institute of Suicide Research and Prevention (AISRAP) and others who were bereaved through suicide

**Target group/selection criteria:**

- young people 12-25 years
- generalist target group
- usually used in groups at schools, youth centres and other youth based services

**Strategies:** Drama, music art

**Professional staff employed:** Trained professional actors supported by youth service staff with qualifications in psychology and counselling and extensive experience in youth issues

**Other infrastructure required:** Not stated

**Duration of the early intervention program:** Ongoing through education and distribution (for as long as the resource is used)

**Average length of client stay in the program:** Not applicable

**Average frequency of contact with clients:** Not applicable

**Average duration of each contact with client:** Not applicable

**Number of clients carried per program per month:** Not applicable

**Waiting list:** Not applicable

**Referring agencies:** Schools; youth services; health services

**Agencies clients referred to:** Not applicable

**Effectiveness of program:**

- program was assessed and market tested over 6 months with young people, mental health workers, parents bereaved by suicide and psychiatrists
- professional feedback and client feedback received on each performance

**Strengths of program:** Its relevance to young people through art, drama, music and other culturally appropriate means

**Constraints of program:** None reported

## **61: WODEN YOUNG MUM'S GROUP**

**Program Target:** Universal - selective  
**Location:** PO Box 35  
WODEN ACT 2606  
**Contacts:** Anna Hamers  
Phone: 02 6282 3037  
Fax: 02 6282 3989

**Funding:** In 1996, program staff received \$2250 for the Young Mum's Group. The money was used to replace toys

**Aims and Objectives:** The Young Mum's program is designed to address issues that are relevant to young mothers

Issues include:

- postnatal depression
- relationship problems
- parenting skill workshops
- budgeting
- child discipline

The aim and objectives are to provide a safe place for young mums to meet on a social level and access information, referral, and advocacy. The setting is unstructured but will provide guest speakers and

specialists if requested

**Risk/protective factors addressed:** Yes. Postnatal depression and prevention of child abuse through improving parenting skills

**Basis of program:** The program is not based on any particular theoretical or practice models. The problems are identified by the youth and a nurse practitioner who attends the group

**Target group/selection criteria:** The target group is 12-25 years

**Strategies:** Strategies are to identify the problem and to refer to relevant agencies to provide support, information and advocacy

**Professional staff employed:** Youth worker; nurse practitioner; 1-2 volunteers to assist with children

**Other infrastructure required:** Free lunch and coffee supplied; toys; reference library; Centrelink outreach worker visits; clothing pool for children

**Duration of the early intervention program:** Previous program ran for 21 months (has just concluded)  
Current group will run until all issues raised have been addressed

**Average length of client stay in the program:** 9 months

**Average frequency of contact with clients:** Weekly

**Average duration of each contact with client:** 3 hours

**Number of clients carried per program per month:** Last group averaged 6-8 clients per week

**Waiting list:** No

**Referring agencies:** Mental health; hospitals; health centres; other youth agencies; GPs

**Agencies clients referred to:** GPs; social workers; child and adolescent workers; domestic violence agency; incest centre

**Effectiveness of program:** The program was successful because the young mothers were better housed, developed negotiation skills, addressed relationship issues, learned about childhood development, left violent partners and improved self esteem and confidence

**Strengths of program:**

- the young mum's commitment to improving life chances
- a facilitator that was a young mum
- workplace support

**Constraints of program:** Lack of money

## **62: BODY IMAGE POSTCARD**

**Program Target:** Universal  
**Location:** The Corner Youth Health Service  
101 Restwell Street  
BANKSTOWN NSW 2200  
**Contacts:** Annita Kierle, Health Promotion Officer  
Phone: 02 9796 8633  
Fax: 02 9707 2344

**Funding:** A collaborative project funded by three youth health services in south western Sydney totalling \$1500

**Aims and Objectives:**

**Aim:**

- to raise awareness of body image issues amongst young women

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*Objectives:*

- to produce a postcard that expresses young women's body image concerns and challenges our society's current trend towards unrealistic body shapes. This postcard is also to provide relevant health information and points of referral
- to further develop the knowledge and skills of group participants around body image issues
- to distribute 5000 postcards to young people, youth services and schools throughout south western Sydney

**Risk/protective factors addressed:** Yes: addresses risk factor

- eating disorders

**Basis of program:** Three youth health services recruited young women to design the postcards. The development of this postcard was well timed as NSW high schools were to receive the new body image curriculum and the NSW Health Department implemented some recommendations from a 1996 Body Image Summit. Also in conjunction with Dolly August 1997 edition, the NSW Health Department released an innovative body image poster. At the local level in south-western Sydney, a network has been established for professionals to discuss eating disorders and body image issues with young people

**Target group/selection criteria:** 12-18 year old young women in south-western Sydney

**Strategies:**

- development of a postcard for young women
- workshopping young women around body image issues and concerns
- dissemination of the postcards to young women throughout south-western Sydney

**Professional staff employed:** Health promotion officers (4)

**Other infrastructure required:** Supportive environment for young women to express ideas freely and openly

**Duration of the early intervention program:**

- workshop = 1 day (3 hours)
- development of postcard = 10 hours
- consultation with young women re dissemination = 10 hours
- dissemination over 6 months
- review = 6-12 months

**Average length of client stay in the program:** All young women completed the project

**Average frequency of contact with clients:** Not applicable

**Average duration of each contact with client:** Not applicable

**Number of clients carried per program per month:** Not applicable

**Waiting list:** No

**Referring agencies:** Not applicable

**Agencies clients referred to:** Not applicable

**Effectiveness of program:** An evaluation process has yet to be completed in relation to the outcome of the effectiveness of the body image messages to young women in south-western Sydney

**Strengths of program:**

- planning, consultation, implementation and evaluation with young women of the postcard proved to be a successful strategy in addressing young women's body image concerns
- through consultation with young women, the development of the postcard was a successful strategy
- working collaboratively and in partnership with three different youth health services and a mix of young women (age, culture and background) assisted in the project

**Constraints of program:**

- the postcard aims to target young women only
- the time-frame of the project was restricted due to being an after school project over a wide geographic area

### 63: PACE CLINIC (PERSONAL ASSESSMENT AND CRISIS EVALUATION)

**Program Target:** Indicated - Case identification / early detection

**Location:** Locked Bag 10  
PARKVILLE VIC 3032

**Contacts:** Lisa Phillips (Co-ordinator)  
Phone: 03 9625 1226/03 9342 2800  
Fax: 03 9387 3003

**Funding:** No information available

**Aims and Objectives:**

- to identify young people at high risk of developing a psychotic illness and to provide treatment aimed at ameliorating presenting symptoms and delaying or preventing the onset of a psychotic episode.
- PACE is a joint clinical and research program.
- the aims of the research are to develop criteria for the accurate identification of the high risk group and to develop appropriate and effective interventions for the group

**Risk/protective factors addressed:** Yes

The group of young people seen at PACE are primarily identified through mental state and psychopathology changes thought to place them at increased risk (other factors such as family history are also taken into consideration).

**Basis of program:** This program was developed partially in response to earlier research suggesting that young people who develop a psychotic illness are often able to identify early changes that may be indicative of an emerging psychotic illness. Psychiatrists from earlier this century such as Harry Stack Sullivan and Ainslie Meares suggested this might be an appropriate time to intervene in a preventive way. This strategy is called 'indicated prevention'.

In addition, PACE incorporates many of the principles embraced by EPPIC (Early Psychosis Prevention and Intervention Centre) including viewing psychosis as resulting from a combination of biological and environmental factors (stress-vulnerability model) and promoting recovery

**Target group/selection criteria:** PACE sees young people aged 14-30 years from Melbourne metropolitan area. Exclusion criteria are previous psychotic episode (treated or untreated), previous treatment with neuroleptic medication, intellectual disability and neurological disorder

**Strategies:** Treatment strategies aim to reduce presenting symptomatology. The project also aims to assist the young people attending the clinic to develop strategies which can be used as putative protective measures – such as stress management

**Professional staff employed:** Consultant/registrar psychiatrist (1.1); clinical psychologist (1.3); research assistants (1); neuropsychologist (0.5); community development officer (0.5)

**Other infrastructure required:**

- close links with referral sources and mental health facilities seeing young people
- administration support from Mental Health Service for Kids and Youth (MH-SKY)
- administrative support and office space at Centre for Adolescent Health

**Duration of the early intervention program:** At present, program has funding until end of 1999  
**Average length of client stay in the program:** There is no time point at present at which clients can no longer stay in the program but on average, clients remain at PACE for approximately 6 months  
**Average frequency of contact with clients:** Fortnightly  
**Average duration of each contact with client:** Approximately 1 hour  
**Number of clients carried per program per month:** No response  
**Waiting list:** No  
**Referring agencies:** Mental health services; health services generally; private psychologists and psychiatrists; schools; youth workers (that is, accommodation, drug and alcohol services etc); university/TAFE counselling services). Any service/individual who is in contact with young people can refer to PACE  
**Agencies clients referred to:** If clients who have been accepted into PACE become psychotic, they are referred to local area mental health service. The program is not a crisis service and hence relies on local CAT services for after hours/crisis support  
**Effectiveness of program:** The program is currently in the process of formally assessing the efficacy of its clinical service. Over a few years, the program staff have been assessing and defining service entry criteria to truly identify young people at high risk of developing a psychotic illness. Results of recent research have demonstrated a transition to psychosis in 41% of a cohort of young people who met intake criteria. (Relevant research paper provided)  
**Strengths of program:** PACE is the first program (program staff are aware of) that was developed to take a real preventive approach to psychotic illnesses. In addition, program staff are conducting research to enable a better understanding of the emergence of a psychotic illness. Results to date have been encouraging. As the program's intake criteria have been demonstrated as able to accurately identify young people at high risk of developing a psychotic illness, program staff believe that they are in a unique position to develop and assess appropriate preventive interventions for this group  
**Constraints of program:** No information provided

## **64: PATS: PSYCHIATRIC AWARENESS THROUGH SPEECH**

**Program Target:** Selective  
**Location:** Centre for Adolescent Health  
2 Gatehouse Street  
PARKVILLE VIC 3152  
**Contacts:** Helen Rimington  
Phone: 03 9345 7950  
Fax: 03 9345 6502

**Funding:** 12 months. Project staff provide free counselling as a way of easing clients into the group - this counselling is not funded

**Aims and Objectives:**

- to support young people who have a parent with mental health issues
- the program aims to increase the participants' knowledge of mental illness and through a peer support model, help them to develop strategies to cope with their home situation

**Risk/protective factors addressed:** Yes, risk factor addressed

- the offspring of people with mental illness have an increased risk of developing a mental disorder and of suicide.

- they also have an increased fear of developing mental illness- which is addressed in this program
- Basis of program:** Based on peer support model developed by the Centre for the innovative and well evaluated CIPS (Chronic Illness Peer Support)

**Target group/selection criteria:**

- 13-18 years old
- parent(s) must have diagnosed mental illness
- adolescent must not be experiencing mental disorder themselves

**Strategies:**

- peer support
- activities to identify feelings
- strategy development
- expression of feelings through art, writing, poetry

**Professional staff employed:** Youth worker (1); peer support leader (ie young person from previous group – 1)

**Other infrastructure required:** Administrative worker (1/2 day per week); co-ordinator of unit

**Duration of the early intervention program:** 6 weeks from follow-up

**Average length of client stay in the program:** 6 weeks

**Average frequency of contact with clients:** 7 contact meetings

**Average duration of each contact with client:** 2-3 months

**Number of clients carried per program per month:** 2-3

**Waiting list:** No

**Referring agencies:** Student welfare co-ordinators; youth services; counsellors; adult mental health workers

**Agencies clients referred to:** PACE – early intervention for mental illness. Association for Relatives and Friends of the Mentally Ill (ARAFMI) – over 18, mental illness family support service

**Effectiveness of program:** Yet to be evaluated as only in first 6 months of operation

**Strengths of program:** Provides adolescents with their first experience of being in a room with other young people who do not stigmatise them but really understand what it is like to have a mentally ill parent

**Constraints of program:**

- stigma – many kids can't face the confronting nature of a group
- lack of parental support
- confidentiality fears

## **65: METROPOLITAN EARLY INTERVENTION TEAM**

**Program Target:** Case identification / early detection

**Location:** Adelaide Central Mission  
10 Pitt Street  
ADELAIDE SA 5000

**Contacts:** Selina Clark  
Phone: 041 781 7038/08 8410 5785

**Funding:** 2 years

**Aims and Objectives:** Early identification of young people with mental health problems

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**Risk/protective factors addressed:** Yes, risk factor addressed

- homelessness

**Basis of program:**

- crisis theory
- problem solving model

**Target group/selection criteria:** Young people 12-18 years at risk or homeless

**Strategies:**

- advocacy
- information
- counselling
- family mediation
- casework
- referral

**Professional staff employed:** Social workers, psychologist (total of 9 professional staff)

**Other infrastructure required:** The service is mobile - so mobile phones and car

**Duration of the early intervention program:** 2 years to December 1998

**Average length of client stay in the program:** 3 months

**Average frequency of contact with clients:** 4 sessions

**Average duration of each contact with client:** 2 hours

**Number of clients carried per program per month:** 30 at any one time

**Waiting list:** No

**Referring agencies:** Centrelink; police; schools; Family and Youth Services (FAYS); Supported Accommodation Assistance Program (SAAP).

**Agencies clients referred to:** As above, plus CAMHS, community health

**Effectiveness of program:**

- client feedback
- statistics - 80% success rate in monitoring young people in their homes

**Strengths of program:**

- mobility
- flexibility of funding available

**Constraints of program:**

- lack of ability to quickly access CAMHS
- no youth equivalent of adult service

## **66: A.S.A.P: ANTI-SUICIDE ADOLESCENT PROGRAM**

**Program Target:** Case identification / early detection  
**Location:** Rockdale Community Health Centre  
16-18 King Street  
ROCKDALE NSW 2216  
**Contacts:** Anthony Hillin  
Phone: 02 9597 2216  
Fax: 02 9597 3860

**Funding:** The project funding consists of a 0.5 adolescent suicide prevention coordinator's post which is a permanent post - that is, not time limited. The other participants in the Child, Youth and Family

Team are permanent positions. The program is currently seeking funding for a research project to evaluate the effectiveness of the ASAP Family Based Assessment-Intervention

***Aims and Objectives:***

***Goals:***

- to facilitate the identification of young people in the community who are suicidal or at risk of suicide and to provide appropriate therapeutic assistance to them and their families as soon as possible

***Objectives:***

- to educate first contact health professionals to recognise, care for and initiate referral of suicide or at risk young people in such a way as to maximise compliance with referral
- to engage these young people and their families in therapeutic relationship as soon as possible
- to provide a brief family-based Assessment-Intervention, following an acute self-harm contact, which will be limited to three sessions
- to assist all family members and the clinician and co-ordinate resources within and outside the family that may contribute to a safety plan. The safety plan is a concrete expression of the 'system of safety' which essentially is the attitude conveyed by the therapist in seeking to have all family members collaborate in mobilising resources to ensure the safety of the young person. Based on systemic principles, its primary aim is to combat patterns of individual and family functioning that have become life-threatening. It directly addresses three specific risk factors within the family and wider systems:
  - isolation
  - secrecy
  - mirroring behaviour (family and service systems)
- to provide or facilitate referral for appropriate ongoing assistance
- to utilise an action research model to constantly re-evaluate and improve the program

The ASAP. Assessment-Intervention is not aimed at cure. Its primary goal is to assist the young person to be safe, preferably within their family context and to provide options which the young person or their family may wish to explore further, including therapy. The therapist's knowledge of other agencies and avenues for help is an important part of this process.

***Risk/protective factors addressed:*** Yes

In targeting suicidality, the program addresses a range of risk and protective factors including:

- depression
- isolation
- self-esteem
- family and wider systemic relationships
- attempts to develop a system of safety

***Basis of program:*** Background to the project:

In November 1995, a meeting was organised by the St George Youth Service to highlight current practices and concerns about co-ordination of services for suicidal adolescents. Representatives attended from the Dept of Paediatrics, Emergency Dept, adult mental health, Clinical Pharmacology and Health Promotion Services. The ASAP working party was set up to address the concerns discussed at the meeting.

Issues identified at the initial ASAP meeting included:

- unclear protocols for assessing and referring adolescents and their families
- unclear protocols for continuity of care between departments
- variable knowledge about issues for assessment and referral of suicidal youth and their families
- current difficulties in data collection techniques

- unclear protocols for joint management
- unclear protocols for after hours care

The participants all agreed that adolescent suicide was a major issue, and that in 1996 co-ordination of services for suicidal youth between the community and the hospital would be a high priority.

- feedback from youth and their families
- relationship with the therapist:

As part of a separate qualitative study (Austin 1997), adolescents and their families were interviewed about their experience of therapy with the Youth Service. The purpose of the study was to document the perceived elements of successful therapy at the Youth Service. Families identified improved communication in their family as one of the outcomes of successful therapy.

The major elements that emerged from the study emphasised the importance of including family members and/or significant others (eg friends, refuge workers, Dept of Community Service, {DOCS}) in the care of adolescents and specific qualities and skills of the therapist. The adolescents and their families consistently noticed personal qualities of the therapist such as skills in listening and asking questions, and attitudes towards family members. They mentioned the ability of the therapist to 'be on everybody's side' and to incorporate and validate the different perspectives of adolescents and adults.

*Systemic issues:*

- in therapy, suicidal adolescents and their families have identified a number of difficulties preceding assessment by the Youth Service. These include:
  - unsympathetic treatment by adults
  - having to repeat their story to several people before an appointment is organised with a therapist
  - not being taken seriously and not knowing where to go for help

*Issues identified in research:*

The suicide literature echoes the concerns expressed by the adolescents who present to this Youth Service. There is general agreement that the probability of the adolescents completing a successful transition from childhood to adulthood is increased when families are able to develop strategies to cope successfully with the inevitable changes occurring at this time (Kerfoot and Huxley 1995). Adams et al (1994) suggest that there is an increased risk of suicidal behaviour and ideation when families are unable to respond to change and to develop successful problem solving strategies.

Recently, family based interventions have been recommended by several authors as the treatment of choice for at-risk adolescents (Kerfoot, Harrington and Dyer 1995; Rotheram-Borus et al 1994). These authors also discussed the necessity for follow up of suicidal adolescents and their families in treatment. Thus it is essential to develop methods of engagement and an awareness of the problems adolescents and their families encounter when they attempt to help. The ASAP project has been designed to address these research findings and perspectives.

*Clinician's approach:*

The Youth Service therapists have a range of experience and training which includes knowledge and skills in both family and individual approaches to therapy such as: cognitive-behavioural, narrative, strategic, systemic and structural. While each of the therapists has their own style, they share a number of assumptions about therapy in general and the specifics of therapy with adolescents and their families. These include:

- a systemic perspective
- aiming to assist adolescents and their families to relate in a non conflictual way
- asking questions in a spirit of collaborative exploration with their clients to help develop a changed perspective
- endeavouring to engage the young person early on
- maintain an unbiased position regarding any conflict between adolescents and their family

- incorporating an understanding of developmental issues in therapy

**Target group/selection criteria:** For ASAP Assessment-Interventions:

**Inclusion Criteria:**

Young people who are exhibiting symptoms of suicidal behaviour and:

- live, work or attend symptoms of suicidal behaviour and:
- whose age is 12-15 years
- whose age is 16-18 years if still attending school (pending resources)
- live with a supportive adult who is motivated to participate in the intervention
- who are deemed safe for a trial of outpatient management
- who are presenting with at-risk behaviours for the first time or are a previous ASAP client

**Exclusion Criteria:**

- long past history of mental health problems and interventions
- living in an unsafe context

For ongoing ASAP Intervention

**Inclusion Criteria**

As for Assessment-Intervention

**Exclusion Criteria**

As for Assessment-Intervention plus Ongoing Therapeutic Relationship

The Youth Service is prepared to participate in case conference for those young people defined in the exclusion criteria

**Strategies:**

- to develop extensive interdepartmental protocols for assisting and referring adolescents in distress between the Youth Service, Adult Mental Health and Emergency Dept
- to provide intensive in-service programs to first-contact health professionals in the Emergency Dept and Adult Mental Health (Acute Care Service and Psychiatry Registrars) about recognising, engaging and referring distressed adolescents with suicidal ideation and their families
- to provide a daily crisis appointment with an ASAP Therapist (from the Child, Youth and Family Team) .
- to contract with the adolescent and the family to attend a three session ASAP Assessment-Intervention
- to develop anti-suicide strategies with the adolescent and family, and document this in a therapeutic summary letter to the family at the completion of the assessment intervention
- to liaise with referrers, general practitioners and other relevant agencies (eg Acute Care Service, Department of Community Services (DOCS) in order to maximise the support system around the young person and to facilitate anti-suicide strategies
- to contract with the adolescent and the family for one of the following service options: time-limited focused ongoing therapy at the Youth Service, referral elsewhere, or an option of a return to the Youth Service if needed, for ongoing counselling
- to collect data relating to interdepartmental referral processes and track individual case outcomes

**Professional staff employed:** Psychiatrist - 2 x 1/2 days/week (0.2); psychiatric registrar (0.5); psychologists - 5 (equivalent to 4.0); social workers - 2.0 (including 1/2 time Youth Suicide Program); so-ordinator position; team leader (Child, Youth & Family Service)

The Clinicians are members of the Child, Youth & Family Team with a special interest and/or expertise in the subject and are not solely occupied with ASAP work. They provide the daily ASAP appointment on a rotating basis

**Other infrastructure required:** Good relationships with the Emergency Dept and Adult Mental Health Teams who make referrals and provide emergency and out of hours support and treatment. Regular in-

services for staff in these services

**Duration of the early intervention program:** The program consists of a 3 session assessment. Following this the service may provide ongoing therapy, close or refer the case as appropriate. Some clients fail to attend the full 3 sessions or assessment contract

**Average length of client stay in the program:** Average length of client stay in Child, Youth & Family Service is 4-6 sessions

**Average frequency of contact with clients:** The average is weekly-twice weekly depending on level of risk

**Average duration of each contact with client:** 1.5 hours (up to 2 hours for initial sessions and 1-1.5 hours for subsequent sessions)

**Number of clients carried per program per month:** Average 7 per month (September - December 1997)

**Waiting list:** Yes (one day)

**Referring agencies:** Local Hospital Emergency Dept, Acute Care Service (Adult Mental Health), plus all the usual referral sources such as schools, GPs, self referrals (referrals from other agencies are dealt with by the CY&F Team but are not classified as ASAP referrals)

**Agencies clients referred to:** Acute Care Service, DOCS, Hospital admission

**Effectiveness of program:** Anecdotal evidence based on the feedback from young people and their families and on the perceptions of clinicians suggests that the program is effectively providing a continuity of care between hospital and community, creating 'systems of safety' for young people and improved family communication.

The Adolescent Suicide Prevention Questionnaire (developed by the adolescent research unit, CAMHS, FMC 1994) will be administered during the first session, on completion of the 3 session assessment and at 6 months after the first session.

The latter will be administered to those clients still receiving counselling and those who are no longer receiving counselling will be contacted and invited to complete the Questionnaire.

Analysis of the results will give some indication of the effectiveness of the program.

This evaluation has only recently commenced and results are not yet available.

Funding is being sought for a part-time research post to develop a tool to measure systemic factors which would help target the service more effectively.

**Strengths of program:**

- provides a rapid (next day appointment) and co-ordinated service following discharge
- during the first appointment a 'system of safety' is developed for the young person by utilising family, extended family and wider community agencies and individuals including schools, DOCS, etc. Once this 'system of safety' is in place, an assessment using a systemic approach is completed and an appropriate treatment plan developed
- the clinicians have all chosen to work with young people and are concerned about the issue of adolescent suicide. They elected to add this service to the team's work as a way of responding to community needs. This work was not imposed on them from above. Thus they are highly motivated and committed to the service.
- the team approach provides support to clinicians and helps with the feelings of isolation which can sometimes mirror client's experience.
- a high quality service is promoted by developing the expertise of the ASAP clinicians through ongoing professional developing (in training, clinical discussions and supervision) and through clear accountability. A psychiatrist is present at team meeting/clinical discussions
- an action research model is used to improve the program's work
- the project arose from a collaborative process involving the Child, Youth & Family Service, Hospital Emergency Service and Adult Mental health Team. Multi-agency collaboration is integral

to the ongoing work of the project and is viewed as essential to successful outcomes

**Constraints of program:**

- Team has been constrained from conducting earlier prevention work or research in the community due to limited resources and not having a brief for this
- project was developed within the constraints of existing funding. Team is one part of the overall Child, youth & Family Service. Time had to be found from other clinical work to develop the ASAP project
- collaborative work has been vital to the project's success, however, it is time consuming.
- high turn over of hospital staff has meant regular in-service training about ASAP is very important. When the project has maintained an active presence within the Emergency Dept referrals have remained high; they have declined when this presence was reduced (due to vacancies in the Child, Youth & Family Team).
- successful collaboration with other services has required not only ongoing training and liaison with front line staff, but also with senior management. Again, this 'Top and Bottom' approach has been time consuming but essential

## **67: HUMAN RELATIONSHIPS**

**Program Target:** Universal  
**Location:** Oakrise  
3 Kelham Street  
LAUNCESTON TAS 7250  
**Contacts:** Louise Ewing

**Funding:** Until end of 1998

**Aims and Objectives:**

- to engage males in the exploration of our society's conditioning and socialisation of males and females
- to challenge current expectations of males which are unhealthy
- to gain a greater understanding of ourselves and others
- improve communication
- by exploring socialisation and conditioning of males and females, a greater understanding will be gained as to why we are the way we are
- this knowledge will provide a basis to further explore ourselves, relationships and communication
- role plays, discussions, single sex sessions and mixed sex sessions and the experimental style of sessions will result in action and therefore empowerment and skilling of participants

**Risk/protective factors addressed:** Yes

- by exploring male socialisation eg boys don't cry; guys drive fast; guys don't share feelings; guys drink alcohol; guys use guns or ropes to commit suicide; guys tough it out etc

**Basis of program:**

- more males present at Oakrise with behavioural problems and ADD.
- more males successfully complete suicide than females
- theoretical underpinnings are cognitive behavioural and feminist theories

**Target group/selection criteria:**

- high school boys and girls - mainly grade 10
- some boys have been selected from the MARSS program

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- works best with whole class rather than selected students

**Strategies:**

- discussion; brain storms; use of video eg “Boys will be boys”; contraceptive kit; role plays; activities to include whole group eg decision making re risk taking scenarios
- 4 sessions for boys only
- 4 sessions for girls only
- 2 sessions boys and girls together

**Professional staff employed:** 2 staff:

**Other infrastructure required:** School support; suitable venue in school

**Duration of the early intervention program:** 6 double lessons, one per week for 6 weeks

**Average length of client stay in the program:** Good retention rate

**Average frequency of contact with clients:** Once weekly for 6 weeks

**Average duration of each contact with client:** 80 minutes

**Number of clients carried per program per month:** Approximately 20

**Waiting list:** No

**Referring agencies:** Schools; Ashley detention centre

**Agencies clients referred to:** Oakrise; sexual health; family planning; Laurel House (sexual assault centre)

**Effectiveness of program:** Written and verbal feedback from participants and teachers (evaluation form provided)

**Strengths of program:** It appears to be addressing an area which is not being addressed in the school curriculum but students are very willing to be involved. However, it is difficult to address these issues.

**Constraints of program:**

- need more male teachers or male workers from various fields to address these issues
- difficult especially in rural areas

## **68: ALIVE (ADOLESCENTS LIVING INDEPENDENTLY VIA EMPOWERMENT)**

**Program Target:** Selective  
**Location:** 2a Woolley Street  
GLEBE NSW 2037  
**Contacts:** Bron Parker  
Phone: 02 9552 6355  
Fax: 02 9552 6416

**Funding:** 3 years: it is subject to the outcome of program evaluations - performed every 2 years

**Aims and Objectives:**

**Aims:**

- to resource young people with services and options to enhance their quality of life
- to empower young people through the use of self-determination principles, to address their needs

**Objectives**

- to formulate case plans with the young people based on their goals and incorporating their skills
- to develop the young person’s skills through referrals to relevant services and through direct casework
- to ensure our program is up-to-date with resource information; and the staff are continually (or

regularly) up-dating and/or learning new skills etc

**Risk/protective factors addressed:** Yes

- working in a holistic manner, all aspects of a young person's health, including mental health, are addressed. Referrals are made when necessary

**Basis of program:**

- it is based on the firm belief that young people, if equipped with the appropriate or necessary resources, can move forward in their life; and through on-going support, if required, to maintain these advances.
- it is also based on the need to 'befriend' these young people – to build rapport and trust - to ensure a positive working relationship

**Target group/selection criteria:** Anyone who is homeless, or at-risk of being homeless, 15-25 years of age. Young people 15-25, who have been in care or are leaving care (wardship, etc)

**Strategies:**

- casework
- referral
- advocacy
- community work/liaison/networking
- brokerage assistance
- teamwork

**Professional staff employed:** Social workers (2); youth workers (5); administrative officer (1)

**Other infrastructure required:** Auspiced by Centacare

**Duration of the early intervention program:** As needed (needs-based program)

**Average length of client stay in the program:** Not applicable

**Average frequency of contact with clients:** Daily-weekly

**Average duration of each contact with client:** Not applicable – some young people will need intensive support over a few days/weeks – others need less support

**Number of clients carried per program per month:** Approximately 30

**Waiting list:** No

**Referring agencies:** Other non-government organisations – community/youth centres; accommodation services; health services – mental health; drug and alcohol; Government departments – Juvenile Justice; community services

**Agencies clients referred to:** Health; accommodation/housing; income support; emergency relief agencies; counsellors; educational facilities/tutoring; drug (and alcohol) services

**Effectiveness of program:** If program staff meet their clients' needs (as defined by them with staff assistance), they are effective. If a person improves an aspect of their lives, which initially was problematic, etc, through the work of the service, then program staff believe they have been effective. For example, a young person (an ex-ward of the state) is referred to the service for after care. He has lived a very itinerant lifestyle for many years going from refuge, boarding house...so much so that the longest he had stayed anywhere in the last five-six years was one-two months. Through the program's intervention, he has moved to an affordable appropriate accommodations service, and has been there continuously for over one year. He is happier and more settled and is looking into a vocation and career now. He is secure now (knowing he has the on-going services support), enough to pursue other goals.

**Strengths of program:** Through assessments; holistic; pay attention to detail; professional approach; respect the young people's abilities for self-determination; program staff do not impose their value systems on theirs; they respect their privacy and information (personal) is obtained only on a need-to-know basis

*Constraints of program:* Limited brokerage funds; not enough staff to do more (that program staff know they could do, particularly for ex-wards in jail, and also to be able to promote their services for access and equity issues).

## **69: ALFRED CHILD AND ADOLESCENT MENTAL HEALTH SERVICE: ADOLESCENT PROGRAM**

**Program Target:** Case identification / early detection  
**Location:** 2nd Floor, 594 St Kilda Road  
MELBOURNE VIC 3000  
**Contacts:** Dr Allan Mawdsley  
Phone: 03 9526 4400  
Fax 03 9529 1931

*Funding:* No information available

*Aims and Objectives:*

- to prevent young adult disturbance by early diagnosis of significant emotional, behavioural, learning, psychiatric and associated legal, accommodation, chemical abuse, work problems etc and early intervention

*Risk/protective factors addressed:* Yes

- depression and suicide risk
- anger and violence risk
- emotional disturbance and chemical abuse risk

*Basis of program:*

- developmental psychology and psychiatry theories
- biopsychosocial intervention theories
- family and carer involvement theories

*Target group/selection criteria:*

- 14-17 years except where precocious and delayed development
- inner south east and middle south Melbourne suburbs for adolescent program

*Strategies:*

- specialist programs and staff skills in:
  - learning difficulties
  - autism
- developmental disorders
- adolescent problems
- professional education
  - casework, secondary and tertiary consultation, education
  - crisis service (1 hour)
  - rapid intake-assessment (1 week)
  - multi-agency assessments and interventions
  - multi-agency interventions on multi-campus settings
  - family and caregiver interventions

*Professional staff employed:* Psychiatrists; trainee psychiatrists; psychologists; social workers; psychiatric nurses; neuropsychologist; speech pathologists; occupational therapists; teachers. Also utilise family therapists; psychoanalytic therapists, behavioural therapists.

***Other infrastructure required:***

- 2 campuses for better access to clients
  - inner south east suburbs
  - middle south suburbs

***Duration of the early intervention program:***

- short-term therapeutic interventions as first approach ( $\leq 8$  sessions)
- limited longer-term therapy as available space
- repeat episodes of care as required

***Average length of client stay in the program:***

- $< 8$  sessions in any one episode of care
- repeat episodes of care

***Average frequency of contact with clients:*** Weekly

***Average duration of each contact with client:*** Hour

***Number of clients carried per program per month:*** 80 (among all 3 early intervention programs cited in this report)

***Waiting list:*** No

***Referring agencies:*** Schools; GPs; casualty at the hospital; corrections; drug and alcohol services; accommodation and refugees; inpatient psychiatric; employment training

***Agencies clients referred to:*** Accommodation; employment training; education; family support; recreation; drug detox; inpatient psychiatry

***Effectiveness of program:***

- consumer feedback system to be initiated
- client feedback as available
- problem resolution assessment on case closure

***Strengths of program:***

- multidisciplinary input
- consultation
- multimodal therapy
- specialist adolescent and infant-child program/workers
- specialist first psychosis program/workers
- specialist programs: developmental disorders; autism; learning difficulties; family therapy; chemical abuse
- professional education to allied agencies
- multi-campus, multi-agency interventions
- family and caregiver involvement

***Constraints of program:***

- outreach

## 70: BROOKVALE EARLY INTERVENTION PROGRAM

**Program Target:** Case identification – treatment – maintenance/relapse prevention  
**Location:** 1 Brookvale Avenue  
BROOKVALE NSW 2100  
**Contacts:** Bev Moss (Team Leader)  
Phone: 02 9938 5350/02 9939 1805  
Fax: 02 9905 2567

**Funding:** Ongoing funding by Area Health Service

**Aims and Objectives:** To provide a program for young people (15-30) who have experienced a first episode of psychosis, which is both comprehensive and integrated. The core goals are to:

- reduce the duration of untreated psychosis by improving community recognition
- provide comprehensive expert treatment of the first episode of psychosis
- reduce the duration of active psychosis in the first episode and beyond
- maximise recovery, re-integration and quality of life

The centre aims to:

- provide information for young people and their families about psychosis, coping strategies and dedication
- minimise disruption to the young person's life caused by psychosis
- provide support to the young person and their family covered by psychosis
- provide support to the young person and their family during the recovery process
- assist in the reduction of the development of co-morbid symptoms associated with a psychotic illness such as depression, anxiety or lack of motivation
- decrease the chance or relapse/minimise the severity of relapse
- work collaboratively with the young person and their family to promote recovery in a way that is the least traumatic and stigmatising

**Risk/protective factors addressed:** Yes

Down the track, project staff hope to talk to youth groups etc about psychosis, and the factors that can trigger an episode if a parent has a predisposition to psychosis eg marijuana use, stress. Also provide information to school counsellors etc on the prodrome

**Basis of program:** Based on Early Psychosis Prevention and Intervention Centre, Melbourne (EPPIC) after 2 staff completed training there, plus literature on first episode psychosis. Also based on local needs considering the other services available. It was decided to change an existing mental health rehabilitation centre into an early intervention centre, with a 6 month transition period. During the 6 months, existing clients were assisted to move on and adjust to the change, and staff did training and planning for the new service.

NB Due to commence on 2nd February 1998.

**Target group/selection criteria:**

*Target group:*

- 15-30 year olds with a primary diagnosis of psychosis, onset in the last 2 years. Clients aged 15-17 years are still case-managed by the Adolescent Team for now and program staff offer specialised group programs. Clients 18 years plus are case-managed by early intervention staff.

*Exclusion criteria:*

- consumers who require specialist tertiary services eg eating disorders
- neurotic disorders
- antisocial/violent/conduct disorders

- organic brain disorders
- primary diagnosis of major substance abuse

**Strategies:**

- individual counselling/ case management
- specific psychological interventions eg CBT
- information and support for individual families
- information evening for family and friends
- group program for young people focusing on sharing, peer support, information and specific skills such as stress management
- regular assessment every three months
- plan for exit from the program from day 1
- time-limited involvement of up to 18 months
- information for GPs, community groups and TAFE/school/uni counsellors to improve early detection
- community based centre just for young people in a residential street

**Professional staff employed:** Occupational therapists (2); psychologist (1 P/T); nurse (1); psychiatrist – 1 afternoon per week plus part-time clerical support

**Other infrastructure required:** Suitable premises – with offices and group room and recreation area; crisis team to provide back-up out-of-hours; inpatient unit; regular liaison with GPs, private psychiatrists and other agencies; community mental health teams to refer on to, if required

**Duration of the early intervention program:** 18 months

**Average length of client stay in the program:** Information not available at present

**Average frequency of contact with clients:** Information not available at present. It is envisaged that daily or at least 3 times weekly contact will occur during the acute phase, tapering off to a monthly contact or phone call in late recovery

**Average duration of each contact with client:** Information not available at present. Anticipate 0.5-1.5 hours face-to-face contact

**Number of clients carried per program per month:** Information not available at present

**Waiting list:** No

**Referring agencies:** GPs; private psychiatrists; in-patient unit; community health centres; crisis team; adolescent team; uni/TAFE counsellors; family

**Agencies clients referred to:** Commonwealth Rehab service; community mental health (if ongoing case-management required); private psychiatrist; mental health rehabilitation service (if in doubt involvement with mental health services is required)

**Effectiveness of program:**

- the program will use standard assessment with individuals such as Brief Psychiatric Rating Scale (BPRS), Health of the National Outcome Scales (HONOS), Scale for the Assessment of Negative Symptoms (SANS), Adolescent Drug Abuse Diagnosis instrument (ADAD)
- additionally, feedback surveys from young people and their family regarding their first contact with the service, on-going service and group programs will be employed.
- the number of hospital admissions will also be used to evaluate effectiveness of the intervention project

**Strengths of program:**

- residential location – non stigmatising; user-friendly premises; experienced staff

**Constraints of program:** None known yet

## 71: EARLY PSYCHOSIS PROJECT (PILOT PROJECT) SOUTH COAST MENTAL HEALTH SERVICE

**Program Target:** Case identification – treatment – maintenance/relapse prevention  
**Location:** Batemans Bay Community Health  
PO Box 139  
BATEMANS BAY NSW 2536  
**Contacts:** Graham Garland (CNC)

**Funding:** No information available

**Aims and Objectives:** To develop 'best practice' criteria in early psychosis

- decision making to involve client/family/carer
- staff trained and familiar with techniques/interventions used
- use of symptom checklist to determine psychosis
- treatment delivered as soon as possible
- early warning signs identified
- education of all stakeholders in client family, GP, mental health staff etc
- common data set
- outcomes measured
- clear written strategies to assist families with crisis/ongoing care
- relapse prevention

**Risk/protective factors addressed:** Yes

Although not a specific program targeting young people the designated Child and Family psychologists within the team will receive education and training

**Basis of program:** It has not yet been decided, however, the EPPIC Centre model (the Early Psychosis Prevention and Intervention Centre, Melbourne) is most likely

**Target group/selection criteria:** Emerging First Episode Psychoses

**Strategies:**

- consumer involvement
- clearly stated policies and procedures
- general practitioner involvement
- identify key stakeholders – provide education and training
- use of outcome measurement tools
- regular evaluation
- education training and supervision for the first 12 months
- broad consultation prior to implementation
- research component

**Professional staff employed:** Psychiatrists; GPs; psychologists; psychiatric nurses; occupational therapist; social worker; and general nurses

**Other infrastructure required:**

- link to other programs for benchmarking
- managerial commitment
- research link to EPPIC centre, Melbourne

**Duration of the early intervention program:** Pilot project approximately 3 years. It has been decided to begin in an area of a broad region. Extension to other areas within the region when appropriate and considered viable by Clinical Support Group – Southern Area Health Service

**Average length of client stay in the program:** Unknown at this stage

**Average frequency of contact with clients:** Unknown at this stage

**Average duration of each contact with client:** Unknown at this stage

**Number of clients carried per program per month:** Program staff predict 24 individuals per calendar year

**Waiting list:** Not applicable

**Referring agencies:** GPs; schools; non-government agencies; families; church groups; other government agencies (eg DOCS); hospitals; general public

**Agencies clients referred to:** Vocational/educational; rehabilitation; housing department; DOCS; psychiatrist; psychologists; victims of crime; domestic violence groups; AA/Al Anon

**Effectiveness of program:** Information not available at present

Plan is to utilise the same outcome measuring tools as used by the EPPIC Centre in Melbourne

**Strengths of program:**

- managerial commitment
- staff commitment
- GP involvement
- psychiatrist commitment
- active consumer group

**Constraints of program:**

- isolation from major centres
- lack of GP support across the board
- inconsistency amongst staff
- varying skill levels

## **72: MAROONDAH HOSPITAL HOMELESS AGENCIES RESOURCE PROJECT**

**Program Target:** Selective  
**Location:** C/- Maroondah CAMHS  
21 Ware Crescent  
EAST RINGWOOD VIC 3135  
**Contacts:** Helen Mildred

**Funding:** Funded until June (through regional mental health office) with possible extension (project staff working off a surplus currently)

**Aims and Objectives:**

- to improve accommodation and mental health outcomes for homeless young people or those at risk of homelessness aged between 12-25 years

**Risk/protective factors addressed:** Yes. Not stated

**Basis of program:** Developed from a variety of practice models which emphasise systemic thinking and collaboration between service systems. In their care, developing a working partnership between the mental health sector and that involved in the accommodation and support of homeless young people

**Target group/selection criteria:** The primary target group is:

- workers/agencies who have contact with homeless young people eg. refuges, protective services, schools, DSS etc

**Strategies:**

- secondary consultation and training to mental health and homelessness workers regarding strategies to assist homeless young people with mental health issues, (which is the majority)
- the project also advocates for clients in the mental health system; lobbies for other programs through submissions and develops resources e.g. pamphlet series on mental health and homelessness.

**Professional staff employed:** Clinical senior psychologist (1)

**Other infrastructure required:**

- clinical accountability through the Director of CAMHS
- reception support
- computer, care and “on costs”, stationery etc
- administration of pay, superannuation etc

**Duration of the early intervention program:** Until June 1997 with possible extension (6 months so far)

**Average length of client stay in the program:** Workers/agencies are the clients and the connection has developed over the last 5 years

**Average frequency of contact with clients:** From several times per week (refuge) through fortnightly contact (Dept of Protective Services), through to monthly contact

**Average duration of each contact with client:** 1.5 hours

**Number of clients carried per program per month:** There can be approximately 30 face to face consults and many more by phone

**Waiting list:** No

**Referring agencies:** Not applicable

**Agencies clients referred to:** Any agencies who can assist the young person with their complex needs e.g. drug and alcohol

**Effectiveness of program:** HARP is part of the Innovative Services for Homeless Youth Program, which was set up in 1991 as a joint National Commonwealth/State funded initiative. In February 1997, the whole program in Victoria was evaluated by external consultants who saw HARP as a model of best practice. Local evaluations with agencies have shown extreme satisfaction with the service and yielded many examples of stabilised or improved mental health status and accommodation of a young person.

**Strengths of program:**

- efficiency and effectiveness.
- it is cheap.
- the model skills up a wide range and large number of workers on mental health and homeless issues
- the client specific consultation strategies can be generalised to help others. It is a way of assisting disenfranchised young people without involving another worker or necessarily giving the young person a mental health history
- the young person receives the service often from the youth worker who may be the only person they can trust.

**Constraints of program:**

- there has been uncertainty about the funding through the program which has led to workers not knowing if they should close down consultations or not

### 73: LODDON/SOUTHERN MALLEE RURAL EARLY PSYCHOSIS PROJECT

**Program Target:** Case identification – treatment – maintenance/relapse prevention  
**Location:** Community Mental Health Team  
Bendigo Health Care Group  
PO Box 78  
STRATHDALE VIC 3550  
**Contacts:** Stephen Edwards  
Phone: 03 5440 6500  
Fax: 03 5440 6502

**Funding:** The development stage has been carried out with considerable assistance from EPPIC Statewide services, but no direct funding for additional resources. Funding will be sought for the implementation of the second stage which includes:

- Implementation and evaluation of early psychosis clinical guidelines;
- Extension of age group from 17-30 to 14-30 to allow greater focus on critical risk factors and facilitation of preventative interventions

**Aims and Objectives:**

*Objectives:*

- provision of early identification and treatment of psychotic disorders in young people in rural/remote area mental health service
- improved access to specialised comprehensive assessment by a multi-disciplinary team and reduction of treatment delays
- reduced secondary morbidity in the recovery stage
- reduced disruption to psycho social development as a result of prodromal and or acute psychosis
- greater well being and reduced burden for family/carers

**Risk/protective factors addressed:** Yes

At this stage of the project, the focus is on interviewing as early as possible once evidence of psychosis is identified in young people aged 17-30 years. Further funding is being investigated to extend the age group down to 14 and 30 to enable intervention aimed at minimising risk factors for psychosis and enhancing protective factors through primary youth support agencies

**Basis of program:** The project was developed in conjunction with the Early Psychosis Prevention and Intervention Centre, Melbourne, which provided tertiary consultation and training between January 1997 and August 1997. Since then the Project has been managed by the Bendigo Health Care Group – Division of Psychiatry with advisory support from EPPIC Statewide Services

**Target group/selection criteria:** The primary target group is young people between the ages of 17 and 30 years who are at risk of, or are experiencing their first episode of psychosis. These young people are treated directly by the Area Mental Health Services. Other groups are serviced by primary or secondary consultation, or by community education, families and/or carers primary health care workers

- professionals in health, welfare or education settings
- mental health professionals

**Strategies:**

- development of guidelines for all trained staff which ensure early intervention, comprehensive assessment and treatment (still in progress)
- professional education and training for clinical staff
- community education for health and welfare professionals
- psycho education and support groups for families/carers of young people with psychosis

- case manager co-ordinated assessment and treatment planning
- psychoeducation groups for young people with psychosis

**Professional staff employed:** Geographically and aged related (0-18, 18-65) based multidisciplinary teams comprising:

Registered psychiatric nurses; medical officer; psychiatrist; psychologist; social worker

All staff require clinical training and experience in mental health service provision

**Other infrastructure required:**

**Entry Point:**

- Triage 24 hour phone based referral service
- Crisis Assessment Team, face-to-face assessment

**Acute:**

- Comprehensive assessment and community based treatment
- Inpatient treatment and assessment

**Recovery:**

- Age related community based teams
- Service development linkages with community agencies

**Duration of the early intervention program:** Initial development stage (12 months 1997) has been completed, and the scope of the full implementation stage (12 months 1998) will be limited to funding availability. Short term project funding is being sought to allow the establishment of an ongoing program without the need for recurrent funding

**Average length of client stay in the program:** Planned length of stay during first episode, acute and recovery phase is anticipated at about eighteen months including both inpatients (if required) and community based treatment

**Average frequency of contact with clients:** Planned optimal at least once per fortnight for first six months and then monthly. Actual frequency of contact data not yet available.

**Average duration of each contact with client:** No pre requisite duration has been established and actual duration data has not been gathered yet

**Number of clients carried per program per month:** Incidence rates in 1995 and 1996 indicate 12-13 clients per year

**Waiting list:** No

**Referring agencies:** Community health Centres; health, welfare and education professionals; families of carers; police; drug and alcohol services

**Agencies clients referred to:** No response

**Effectiveness of program:** Evaluation of the Project is not complete, but it will include assessment of:

- effectiveness of monitoring young people judged as 'at risk' of developing early psychosis
- length of untreated period of psychosis and speed of detection
- knowledge levels of family/carers, primary health care workers and other health/welfare professionals
- evaluation of goals and strategies in the Clinical Guidelines
- mental status and recovery process at the end of each six months

**Strengths of program:**

- concerted focus on delivering high quality, consistent response to early psychosis in a rural/remote setting
- use of a collaborative model in developing Clinical Treatment Guidelines for use across multidisciplinary multi functional teams
- provision of community education and tertiary consultation about early psychosis
- system wide approach to early identification and treatment rather than specialist unit/or worker

approach

**Constraints of program:**

- rural factors include:
- lower incidence rates and community agency infrastructure
- travel and service coverage issues for clients
- service wide approach rather than specialist worker/units approach is more intensive in development stage
- no funding exists for specific implementation project work or for evaluation of the project

## 74: BONDI JUNCTION EARLY INTERVENTION PROGRAM

**Program Target:** Case identification – treatment – maintenance/relapse prevention

**Location:** Bondi Junction Community Health Centre  
26 Llandaff Street  
BONDI JUNCTION NSW 2022

**Contacts:** Kathy Thomas  
Phone: 02 9366 8611  
Fax: 02 9387 1070

**Funding:** No information available

**Aims and Objectives:**

- to prevent or minimise the physical, psychological and social consequences of emerging psychosis
- to reduce the delay between the onset of symptoms and access to care
- to decrease any secondary trauma associated with hospitalisation
- to increase the ability of families to cope with having a young person with a psychosis
- to prevent or minimise long term morbidity associated with psychosis
- to increase consumer's satisfaction with service provision for young people
- to increase the number of young people treated at home

**Aim:**

- to implement an early intervention program

**Risk/protective factors addressed:** Yes: risk factors are addressed

- risk of self harm and/or suicide
- eating disorders
- family violence
- developmental issues
- community education
  - academic detailing with GPs
  - presentations with school counsellors

**Basis of program:** The project developed out of a pilot project, EPOCH, which was supported by the Commonwealth Government.

**Target group/selection criteria:**

- Target group: - 15-30 years
  - years of 'at risk' behaviours or psychosis
  - first onset psychosis
- Intake form provided
- Screening instruments – psychiatric assessment 168

- Attention given to care givers, and/or families of young person

**Strategies:**

- assessment which includes techniques to promote engagement
- medication protocols appropriate for first onset
- family therapy and psychoeducation
- streamline referral
- group therapy – individual therapy
- treatment matching of multidisciplinary team
- consumer advocacy (primary and secondary)
- psychosocial interventions
- mobile outreach
- 24 hours crisis support
- psychiatric back up

**Professional staff employed:** Clinical psychologist (1); family therapist (1); occupational therapist (1); service back up (psychiatrist/registrars/nurses). Volunteers are also utilised: EPPSAM (Early Psychosis Parent Support Advocacy Network – 4); YAP (Youth Advocacy Programs – 4)

**Other infrastructure required:** The team is small and would be improved by:

- full-time registrar with consultant back up
- nurse: to develop home-based care
- hospital beds specific for young people
- respite bed and short-term housing

**Duration of the early intervention program:** The pilot programs lasted 18 months. The Bondi program is now operational

**Average length of client stay in the program:** 1-2 years

**Average frequency of contact with clients:**

In acute phase – twice weekly

Early recovery – fortnightly

Sustained recovery – monthly

**Average duration of each contact with client:** Groups – 1.5 hours

Individual sessions – 1 hours

Family therapy -1-2 hours

Crisis sessions – 15-30 minutes

Medical review – 15 minutes – 1 hour

**Number of clients carried per program per month:** 50-60 clients

**Waiting list:** No

**Referring agencies:** DOCS; youth support agencies; child and adolescent service; GPs in community; services for eating disorders; drug and alcohol services; mothercraft services (for young people with infants); hospitals and schools

**Agencies clients referred to:** As above

**Effectiveness of program:** The publication of an evaluation featuring the EPOCH pilot project is forthcoming

**Strengths of program:**

- team model (cross functional)
- psychotherapeutic and family therapy model of intervention
- mobile ability
- occupational therapy model
- medication protocol

- emphasis on engagement

**Constraints of program:** Space, politics and lack of resources to develop the team

## **75: ALFRED PSYCHIATRY: SERVICE RESPONSE TO EARLY ONSET PSYCHOSIS**

**Program Target:** Case identification – treatment – maintenance/relapse prevention

**Location:** 2nd Floor/ 594 St Kilda Road  
MELBOURNE VIC 3000

**Contacts:** Dr Allan Mawdsley, Program Director  
Phone: 03 9526 4400  
Fax: 03 9529 1931

**Funding:** \$219,374

**Aims and Objectives:**

**Key Objectives:**

- ensure early identification and treatment of the primary symptoms of psychotic illness by improving access to specialised services reducing delays in initial treatment
- promote recovery and reduce secondary morbidity in the post-psychotic stage of illness
- reduce disruption in the social development in the critical period of the early years following onset of illness when the disability tends to accrue
- reduce the burden for carers and promote well being among family members
- promote integration between CAMHS, adult psychiatric services and None Government Organisations (NGOs) to reduce the likelihood of duplication of services to recent onset clients and their families' carers
- establish an information and resource base in relation to early psychosis, including staff education, community education, and client and carer information
- implement the Best Practice Guidelines of the National Early Psychosis Project when they are released in early 1998

**Anticipated benefits, effects, outcomes**

The proposed program should enable clinicians managing early psychosis cases to gain the additional support of a variety of rehabilitative activities for their clients which will occur in community-based settings throughout the week. The specific contribution of activities would be tailored to the needs of each individual client, because different clients have different needs at different stages of their rehabilitation.

The program will also heavily involve families to normalise the day to day life of the clients, and minimise the isolatory effects of institutional care. It is expected that this will assist in maintaining clients in the community and reduce the likelihood of readmission.

**Basis of program:** Young people with the onset of psychotic illness have always been seen at public sector psychiatric services, and by Private Practitioners, and will continue to receive such assessment and case management in the future. However, it has been demonstrated that early recognition and prompt treatment will minimise the disruptive and damaging effects of psychotic illness. It is also acknowledged that maintaining customary patterns of social, recreational, educational and vocational activities to the greatest extent practicable will further support the rehabilitative process. Therefore, the treatment and rehabilitation programs are best delivered in community-based settings which promote as normal a lifestyle as possible for the affected person and utilises Best Practice Guidelines of the

### National Early Psychosis Project

**Target group/selection criteria:** Early Psychosis services in the Inner South East sector will be particularly targeted at early detection and timely treatment of prodromal and first onset psychosis in adolescents and young adults within the 14-25 year age range.

The Alfred CAMHS Inner South East Campus will provide services for children and adolescents to 18 years, consistent with the 'Framework for Service Delivery Child and Adolescent Services' April 1996.

The Alfred CAMHS Inner South East Campus will also accept adolescents and young adults 18-25 years where there is a clear indication, or identified risk of Early Onset psychosis. The service previously proved by Wellington Adolescent and Young Adult Service will be refocussed to concentrate on early Psychosis.

Alfred CAMHS Middle South Campus will provide service for children and adolescents to 18 years.

**Strategies:**

- case management
- linkages
- professional education and training
- family work
- group work
- community development

**Professional staff employed:** 3 FTE

**Other infrastructure required:** Motor vehicle and running expenses; publicity and marketing funds; mobile phones/pagers; IT support; administrative support

**Effectiveness of program:** It is planned that the Program Co-ordinator will produce an annual report covering:

- activities undertaken
- utilisation of staff
- clientele served
- consumer and carer satisfaction
- review of services offered

## **76: LIFESPAN JUVENILE JUSTICE PROJECT**

**Program Target:** Case identification – treatment – maintenance/relapse prevention

**Location:** Locked Bag 10  
PARKVILLE VIC 3052

**Contacts:** Richard Mills

**Funding:** No information provided

**Aims and Objectives:** To reduce suicidal tendencies in young persons with serious mental health problems. This will be achieved through introducing reforms and evaluating current practice at the Centre for Young People's Mental Health, Parkville Victoria, and through the exportation of the program's findings through formal training packages.

Significant features of this project, as it is developing, are improved access and detection for/of young persons with serious mental disorder and development of interventions/treatments that target mental illness generally, and suicidal behaviour specifically.

**Risk/protective factors addressed:** Yes: addresses risks

- the service model aims to address risks associated with access to service through a streamlined

model of client contact and response

- maintaining engagement of health services encouraged through an emphasis on continuity of care and staffing across inpatient and outpatient services.
- specific focus upon individual clients skills in areas of substance abuse, interpersonal relationship, understanding current illness, problem solving and general relapse prevention
- strategies specific to suicidal behaviour and address risk/protective factors

**Basis of program:**

- case management and continuity of staffing and length of stay
- emphasis on cognitive behavioural approaches to intervention

**Target group/selection criteria:** Target group: persons between the ages of 15-30 who have serious mental health problems living in Melbourne's Western Metropolitan Area. Through the training package that will be developed by the project, young persons with serious mental health problems Nationally (and internationally) will be assisted by the project. Particular attention is given to young persons with serious mental health problems who, among this group, are of greatest risk of suicidal behaviour. (That is, the extremely high risk sub group)

**Strategies:** Development of a mental health service that emphasises early detection, rapid/prompt access, and detection of those mentally unwell young persons at highest risk of suicide.

**Professional staff employed:** Psychiatrist (1 for consultation only); psychologist (1 for consultation only); psychologist (2.0); research assistant (0.5); statistician (0.1)

**Other infrastructure required:** Academic support through connections to University of Melbourne; administrative support through Centre for Young People's health, Parkville, Victoria; motor vehicle, office and secretarial/administrative support

**Duration of the early intervention program:** The project has a 2 year life span, ending 1998, with the objective of establishing innovations in existing service that will continue beyond the specific life of the project

**Average length of client stay in the program:** In this specifically designed brief psychological therapy, contact is over 2 months. However, through the mental health service to which the program contributes, young persons have contact for up to 4 years

**Average frequency of contact with clients:** With such a range of programs with which this project is involved, unable to give concise answer to this question

**Average duration of each contact with client:** As above

**Number of clients carried per program per month:** Again, as the program is partly addressing system changes in a local mental health service, the client load is potentially that of the entire service (that is, several hundred per year)

**Waiting list:** No

**Referring agencies:** Public self referral, general health services, welfare services and organisations

**Agencies clients referred to:** As above

**Effectiveness of program:** Several methods:

- standard pre post as follow up individual assessment using range of psychometric measures (with known reliability and validity)
- client feedback procedures including focus groups
- audits of policies
- a range of process measures, particularly targeting/focusing on organisational structures
- interventions, structures based upon comprehensive literature review and consultation with international authorities

**Strengths of program:** Integrated with a leading mental health service in the area of early intervention (EPPIC). Comprehensive ongoing evaluation allowing clear understanding regarding outcomes achieved by approach such as is utilised in this program.

**Constraints of program:** Nil

## **77: MOOD DISORDERS UNIT: “OUT OF THE BLUES”**

**Program Target:** Case detection / early identification - treatment

**Location:** CAMHS  
Flinders Medical Centre  
BEDFORD PARK SA 5042

**Contacts:** Kerin Williams, Sharon Wright, Associate Professor Graham Martin  
Phone: 08 8204 3131  
Fax: 08 8204 5465

**Funding:** 2 years. Resources are generally insufficient to provide optimum service for the number of referrals received. More resources are needed to conduct the widespread optimal program.

**Aims and Objectives:**

- promote access to, and participation in, the service by young people
- provide a respectful, accessible and comprehensive therapeutic service for young people who suffer from a depressive illness
- give young people choices regarding the way treatment is delivered
- actively pursue feedback from clients regarding their experience of the unit and the treatment they have received
- foster strategic alliances with the community

**Risk/protective factors addressed:** Yes: risk factors addressed

- aims to increase awareness and diagnosis of depression thereby promoting best practice treatment in order to reduce the likelihood of suicide

**Basis of program:** Based on NH&MRC Guidelines for clinical practice in managing depression in young people

**Target group/selection criteria:**

- 15-24 year olds who reside in the southern areas of Adelaide specifically defined by the Southern CAMHS catchment area
- those young people who are assessed as suffering from a major depressive illness
- referrals can be made from anyone (GP, health community centre, school, parent or self referral)
- screening instruments (provided) plus psychiatric assessment form used as assessment tools

**Strategies:**

- provides an accessible, friendly service environment concentrating on active follow up to clients who fail to keep appointments
- dissemination of information (brochures) and education sessions for all types of groups and individuals
- conducts regular team meetings to allow for quality communication in an attempt to provide best practice

**Professional staff employed:** Director (0.1); psychiatrist (0.4); registrar (0.5); nurse therapist (1.0); project officer (0.5); clerical (0.6); youth therapist (0.7).

**Other infrastructure required:** Links with Southern Division of General Practice to collaborate on GP education/placement with a view to engaging in co-therapy relationships

**Duration of the early intervention program:** 2 years (ends January 1999)

**Average length of client stay in the program:** 20 sessions (approximately)

**Average frequency of contact with clients:** Approximately every 10 days

**Average duration of each contact with client:** 60-90 minutes

**Number of clients carried per program per month:** Approximately 14

**Waiting list:** No: clients not able to be catered for are referred to another service with appropriate crisis management cover

**Referring agencies:** Mobile services (emergency) for adult mental health services (ACIS); parents; FAYS; community health centres; school counsellors; general practitioners; young people themselves

**Agencies clients referred to:** Employment services; volunteer programs; Supported Accommodation Assistance Program (SAAP) agencies.

**Effectiveness of program:** The anecdotal feedback received from many services would indicate that this service addresses the needs of these young people in a manner which may not have been experienced elsewhere.

The clients themselves praise the nature and quality of the service.

Statistically, there is some preliminary evidence on Beck Depression Inventory (BDI), Hamilton Rating Scale for Depression (HAM-D) and visual analogue scales to suggest rates for depression are decreased in the first 6-8 therapy sessions.

**Strengths of program:**

- easy access to service
- active follow up/caring environment
- individualised care

**Constraints of program:**

- time and money
- facilities within the existing unit for conducting group sessions, meetings

## **78: EARLY INTERVENTION IN OUR FAMILY PSYCHOEDUCATION PROGRAM**

**Program Target:** Case identification – treatment -maintenance

**Location:** G Floor Mental Health Centre  
Royal Brisbane Hospital  
HERSTON QLD 4006

**Contacts:** Angela Burgess, Psychologist  
Phone: 07 3253 1135/07 3253 1140  
Fax: 07 3253 1138

**Funding:** Currently, no guaranteed funding. The program is run from within current resources

**Aims and Objectives:** To assist families and young people:

- to achieve a greater awareness, knowledge and understanding of psychosis through education
- to understand treatment interventions
- to develop management strategies
- to focus on relapse prevention
- to identify symptomatology

- to develop problem solving strategies
- to disseminate information on gaining access to services and support networks

**Risk/protective factors addressed:** No response

**Basis of program:** Utilising the (the Early Psychosis Prevention and Intervention Centre, Melbourne (EPPIC) model currently but staff are bringing in the Partnership model with non-government organisations and soon with GPs

**Target group/selection criteria:** 18-28 year olds with a first presentation psychosis

**Strategies:**

- group discussions and education sessions using multidisciplinary staff input
- 6 week program jointly running one focused on young people, the other for their families
- evaluation interviews at end of program
- focus on the impact developmentally of psychosis
- education sessions on coping with anxiety, reducing stress, coping styles

**Professional staff employed:** 2 facilitators from multidisciplinary staff attend each session

Psychiatric Registrar always attends 2 sessions

Psychologist, Social Worker, Nurse, Occupational Therapist

All facilitators are trained in group facilitation and have a special interest in early intervention.

Representatives from non government organisations attend the last session in every group program

**Other infrastructure required:** Venue, administrative support, time to prepare, facilitate and evaluate program is currently taken from case management time. Recognition of value of early intervention strategies

**Duration of the early intervention program:** Currently the program runs for 2 hours per week for a six week period, twice a year

**Average length of client stay in the program:** The majority of clients attend the full course, with some family attendees occasionally missing one session

**Average frequency of contact with clients:** Average of weekly. Initial contact with patients in the program may be up to 3 hours daily

**Average duration of each contact with client:** 2 hours

**Number of clients carried per program per month:** Each group contains a maximum of 10 clients and there are up to 9 groups per year – a total of 90 clients per year

**Waiting list:** Yes: 13 weeks to 6 months

**Referring agencies:** Private psychiatrists; inpatient units; MIFS program (More intensive flexible service, allied with Commonwealth Rehabilitation Service (CRS).

**Agencies clients referred to:** ARAFMI; Schizophrenia Fellowship; Richmond Fellowship; Private Psychiatrists; Psychologists; outpatients; Area Integrated Mental Health Services; Commonwealth Rehabilitation Service; Brisbane City Council's Leisure activities program

**Effectiveness of program:** An evaluation is completed with each of the attendees at the sessions. Program staff currently run a pilot program and now one full group session for patients with first presentation psychosis.

A family psychoeducation program has not yet been run although family education is very much part of the case management process. (Evaluation forms provided)

**Strengths of program:** The program is in its very early stages and a complete evaluation has not yet been completed

**Constraints of program:** Staffing resources are the major constraint. There needs to be a greater focus on rehabilitation and recognition that young people and their families need large amounts of time following the initial presentation and diagnosis. This can be up to 3 hours daily for the first couple of weeks

## 79: PROGRAM FOR EARLY INTERVENTION AND PREVENTION OF DISABILITY (PEIPOD)

**Program Target:** Case identification/early detection - treatment  
**Location:** Darlinghurst Community Health Centre  
301 Forbes Street  
DARLINGHURST NSW 2010  
**Contacts:** Marc Reynolds  
Phone: 02 9360 3133  
Fax: 02 9360 3678

**Funding:** No additional or foundation funding received. The clinical positions for PEIPOD were provided by downscaling staff levels from other departments in the service

There are no additional funds for any service development, project or intervention plan

**Aims and Objectives:** Introduction of 'best practice' interventions for recent onset psychosis clients into the general work practice of adult psychiatric services by:

- identification of best practice
- service development in line with best practice
- case management of first episode clients
- monitoring of 'high risk' or prodromal clients
- collaboration and supervision of staff in all departments who deal with recent onset of psychosis clients
- identification, implementation and review of evaluation/outcome measures
- addition of value to existing mental health service delivery by developing projects to redress identified needs of this area that are being inadequately met
- development of a recovery program based on individuals and group processes for recent onset clients

**Risk/protective factors addressed:** No

At present there is no direct initiative to target 'at risk' clients beyond education of staff to issues related to prodrome

**Basis of program:** The program was set up in response to a rejection of a 'tertiary' or specialist service. Whilst PEIPOD acts in some ways as a specialist service its aims are always oriented towards generalising its knowledge and work practices throughout adult mental health services

**Target group/selection criteria:**

- aged between 16-24 years. Some flexibility exists based on assessment of developmental stage and perceived possibility of gain from the program
- onset of psychosis within last 2 years (again, this is flexible)
- clients are case managed by PEIPOD if:
  - they live in the inner city area
  - they are experiencing their first episode of psychosis
- Clients are offered specific interventions to compliment general case management offered by Adult Mental Service if:
  - they are dealing with other issues such as homelessness
  - the onset of their illness has been within the last 5 years

**Strategies:**

- counselling
- best practice clinical interventions

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- vocational guidance/referral
- psychoeducation to client
- psychoeducation to family
- some limited family work
- young people's group based on art therapy. At present issues such as self esteem, confidence building, peer support etc are delivered as an 'incidental' to this group which focuses on engagement and participation

**Professional staff employed:** No response

**Other infrastructure required:** No response

**Duration of the early intervention program:** No response

**Average length of client stay in the program:** No response

**Average frequency of contact with clients:** No response

**Average duration of each contact with client:** No response

**Number of clients carried per program per month:** No response

**Waiting list:** No response

**Referring agencies:** Emergency accommodation services for homeless youth; youth welfare agencies (Government and non-government); youth agencies working with marginalised young people; GPs.

**Agencies clients referred to:** Community resources such as gym/activity centre etc; job search case managers eg 121 employment; GPs; accommodation services (emergency; Dept of Housing; support housing projects eg ICLA.

**Effectiveness of program:** Outcomes measures

- Client reported
  - BASIS 32
  - Adolescent Suicide Assess
  - Locus of Control
- Clinician rated
  - Health of the Nation Outcomes Scales (HONOS)
  - Brief Psychiatric Rating Scale (BPRS)
  - Global Assessment of Wellbeing
  - Carer/Family
  - Experience of caregiving inventory
  - Six monthly review of engagement/discharge

**Strengths of program:**

- aiming to 'skill up' staff in all departments of adult mental health provides consistency at all levels of comprehensive care delivery
- PEIPOD has high visibility across all departments encouraging increased awareness of issues for youth and early intervention
- PEIPOD has broad and flexible goals/work practices aiming to 'add value' to existing service provision addressing perceived 'gaps' in service delivery
- well networked with non-government youth services

**Constraints of program:**

- resource constraints for the whole service
- generic youth services in the area target other marginalised groups making 'mainstreaming' of recent onset clients sometimes less than desirable

- environmental constraints related to inner city issues
  - homelessness and transience
  - exploitation
  - drug/alcohol problems

## **80: THE EARLY INTERVENTION IN RECENT ONSET PSYCHOSIS PROGRAM (Sutherland Division Of Mental Health, South Eastern Sydney Area Health Service)**

**Program Target:** Case identification/early detection - treatment  
**Location:** 2A/16 Boyle Street  
SUTHERLAND NSW 2232  
**Contacts:** Ian Wilson, Program Co-ordinator  
Phone: 02 9545 3744  
Fax: 02 9545 3766

**Funding:** Ongoing. The Sutherland Division of Mental Health is relatively poorly resourced in relation to other mental health services, therefore, there is a limit on the services that can be provided to clients by this program. Additional funding is currently being sought in order to provide specific youth-oriented rehabilitation/recovery activities

**Aims and Objectives:** The principle objective of the program is:

- to develop the capacity of the mental health services in the Sutherland Shire to identify people experiencing a recent onset psychosis, and to provide early and effective intervention for those people and their families

Specifically, the program aims to:

- prevent delays in receiving treatment for those people identified as experiencing a recent onset psychosis
- standardise treatment and management strategies to reduce the severity and duration of acute episodes of psychosis
- develop clinical practice guidelines, based on the current literature, that will aid in the introduction of best practice into the clinical settings
- develop strong links with all internal and external service providers, including public and private and sector organisations
- develop the clinical skills and knowledge base of the staff

**Risk/protective factors addressed:** No

**Basis of program:** The program was designed in line with the philosophy of the South Eastern Area Health Service which is to develop early intervention programs within each of the sectors within the Area, and to integrate those early intervention programs within existing, mental health services. Program staff are currently utilising (the Early Psychosis Prevention and Intervention Centre, Melbourne (EPPIC) literature and training resources in both the staff development program and the design of our clinical practice guidelines.

**Target group/selection criteria:** The target group for the program is that sub-group of the population who are referred to the mental health service, and who fulfil the following criteria:

- clear psychotic symptomatology on presentation:-
  - delusions (a)
  - hallucinations (b)

- formal thought disorder (c)
- unusual behaviour (in the presence of (a), (b) or (c))
- onset of symptoms within the 2 years prior to presentation
- program staff do not differentiate between groups within the population, based either on age or ethnicity

(Referral forms provided along with notification flow chart)

**Strategies:** A range of specific strategies are employed to assist in the achievement of the program's objectives, including:

- a comprehensive, multi-disciplinary staff development program, that provides inservice education for all staff of the service
- the use of the divisional newsletter to publicise the program within the wider community
- the development of clinical practice guidelines for the use of the staff of the service
- the clinical involvement of the co-ordinator in managing a small case-load of recent onset psychosis clients – this aids in raising the profile of the program, and increasing the level of integration within the service
- the development of a computer database to aid the collection and analysis of relevant client data
- the development of specific policies and protocols to standardise management

**Professional staff employed:** Mental health nurse (program co-ordinator –1.0)

**Other infrastructure required:** A Steering Committee was formed to provide some oversight and advice on the conduct of the program, and this meets on a fortnightly basis. The committee members represent all arms of the service (inpatient unit/community team/rehab/alcohol and other drugs/administration) and all disciplines.

**Duration of the early intervention program:** The Early Intervention in Recent Onset Psychosis Program is not a time-limited program of specific interventions, but an ongoing effort to develop the service.

**Average length of client stay in the program:** The program is not time-limited, nor does it provide specific interventions and clients are not 'enrolled' in the program as such –therefore, length of stay is not considered – all recent onset psychosis clients are case-managed within the service, or in collaboration with the private sector (eg Non Government Organisations (NGOs) or private psychiatrists), and interventions are provided within the case management framework.

**Average frequency of contact with clients:** Not measured – as all clients are case-managed, the frequency of contact is dependent on a range of factors, including the stage of the illness, severity of the symptoms and the need for either acute, or long-term interventions.

**Average duration of each contact with client:** As above

**Number of clients carried per program per month:** The program currently has a total of 72 clients registered on the database as having been identified as experiencing a recent onset psychosis on presentation (this covers the period 1995-97 inclusive) – of this number, approximately 60 remain active clients of the service

**Waiting list:** No

**Referring agencies:** The Sutherland Division of Mental Health is relatively poorly recovered in relation to other mental health services, therefore, there is a limit on the services that can be provided to clients by this program (eg program staff are currently formulating a proposal for additional funding in order to provide specific youth-oriented rehab/recovery activities).

**Agencies clients referred to:** GPs; private psychiatrists; alcohol and drugs service; child and family mental health team; non government organisations – all referrals are directed through the existing intake/referral process

**Effectiveness of program:** Program staff have not yet decided on the appropriate measures to be used in determining the clinical outcomes for clients and families, although consideration is being given to the use of the Life Skills Profile (LSP), The Family Burden Schedule (FBS), the Health of the Nation Outcome Scales (HONOS) and possibly also the Positive and Negative Symptom Scale (PANSS). In terms of measuring the degree of integration of the program within the existing service, and the hoped for increase in skill and knowledge levels among staff, program staff plan to wait until the completion of the staff development program. (Copies of current data collection forms provided)

**Strengths of program:** The major strength of the program is the focus on developing standards of best practice in the care and management of a specific group of clients, within the existing service structure, as opposed to the setting up of a specialist team outside the existing structure. There is also a view that these standards will be applicable in the care and management of all clients of the service.

**Constraints of program:** The main constraints of the program relate to the difficulty of altering traditional methods of clinical practice, and altering the perceptions of staff regarding the negative outcomes of psychotic illnesses.

## **81: SOUTHERN EARLY PSYCHOSIS PROGRAM (SEPP)**

**Program Target:** Case identification/early detection - treatment

**Location:** Southern Mental Health  
179 Greenhill Road  
PARKSIDE SA 5063

**Contacts:** Christopher Wigg  
Phone: 08 8406 1600  
Fax: 08 8406 1601

**Funding:** Dependent on future reviews and evaluation

**Aims and Objectives:** The primary aim of the Southern Early Psychosis Program (SEPP) is to provide a specialised mental health service for young people, with first onset psychosis, with the objective of minimising the duration of active psychosis and promoting full recovery from their psychotic episode. In undertaking this service SEPP aims to:

- increase the awareness of psychosis and mental health services to all community services in the southern area (eg GPs, schools, universities, community health, non government organisations and services)
- identify clients with early psychosis
- provide a mobile, assertive, therapeutic intervention service for the client and their family
- minimise the trauma, on the client and their family, associated with the onset of a psychotic episode and connection to appropriate services
- address the secondary issues (anxiety, depression, drug use etc) associated with the onset of psychotic illness
- encourage the client's independence and establish and maintain connections to social and vocational networks
- establish and maintain linkages with mainstream community agencies and services, and primary health workers

**Risk/protective factors addressed:** Yes: not specified

**Basis of program:** Biopsychosocial approach to mental health with stress-vulnerability model as key component to intervention and explanatory model. SEPP is based on practice models of the Early

Psychosis, Prevention and Intervention Centre, Melbourne (EPPIC); Falloon's work (OTP); and Birchwood (Birmingham) and Kavanagh (Qld)

**Target group/selection criteria:** The target group for SEPP are those clients, aged 18-30 years of age, who:

- are new to adult mental health services
- are registered with Southern Mental Health
- have a recent history of illness onset
- are likely to be experiencing first onset psychosis, possibly with an associated history of illicit drug use

**Strategies:** All clients fulfilling the criteria of this target group will be 'tagged' and monitored over an 18 month period. Pathways to care will be noted as will any barriers to care which may have contributed to treatment delay. A standardised assessment will be conducted initially and clinical and standardised measures will be used routinely to monitor symptoms, functioning and satisfaction with service by both client and family.

Benchmark therapeutic treatment includes:

- assertive and intensive therapeutic case management
- psycho-education
- family work
- stress management
- problem solving strategies

Clinical therapists co-ordinate the therapy, as required, involving specialist consultants which will involve:

- regular reviews
- medication
- cognitive behavioural therapy
- brief family therapy
- drug and alcohol services
- connection to community services
- ECLIPSE Groups (Encouragement of Clients with Psychosis through Support and Education), and the Family and Friends Education Groups provide additional education and support services.

**Professional staff employed:** Psychiatrist (4 x 0.1); social workers (4 x 0.3); psychiatric nurses (2 x 0.4); clinical psychologist (1 x 0.5); occupational therapist (2 x 0.4)

Consumer involvement (2)

**Other infrastructure required:** Connection to other community services (Southern CAMHS; Second Storey; Southern Division of General Practice; Southern Community Health; Flinders Uni Counselling; Commonwealth Rehabilitation Service (CRS))

**Duration of the early intervention program:** Planned: 6-18 months, dependent on recovery rate

**Average length of client stay in the program:** Information not available at this stage

**Average frequency of contact with clients:** Information not available at this stage. Planned twice weekly initially

**Average duration of each contact with client:** Information not available at this stage

**Number of clients carried per program per month:** Currently have 30 people registered

**Waiting list:** No

**Referring agencies:** Family; GPs; psychiatrists; police; other health services (all through ACIS initially)

**Agencies clients referred to:** Second Storey; private psychiatrists; Commonwealth Rehabilitation Service (CRS); other community services as appropriate

**Effectiveness of program:** Evaluation process is in preparation which involves a combination of general measures, service indicators, standard clinical assessments and standardised measures

**Strengths of program:**

- staff availability
- mobile
- based on current clinical research
- keen and committed, experienced staff

**Constraints of program:**

- staffing resources (that is, designated time has been allocated without any additional staff resources)
- specialised staff training

## 82: THE RECOVERY PLUS PROJECT

**Program Target:** Treatment  
**Location:** EPPIC/MH-SKY  
Locked Bag 10  
PARKVILLE VIC 3052  
**Contacts:** Dana Maude  
Phone: 03 9342 2800  
Fax: 03 9387 3003

**Funding:** No information available

**Aims and Objectives:**

- to determine the effectiveness of the early introduction of a specific therapy and clozapine in the treatment of persisting psychotic symptoms in first-episode psychosis

**Risk/protective factors addressed:** Yes: risk factors addressed

- active positive symptoms and poor recovery
- individual, environmental and biological factors implicated in prolonged recovery

**Basis of program:**

- research indicating that length of time actively psychotic is related to ultimate level of recovery achieved
- research indicating superior effects of clozapine in treatment of chronic symptoms
- research indicating effectiveness of cognitive-behaviour therapies with treatment resistant positive symptoms in patients with longstanding illnesses

**Target group/selection criteria:**

- aged 15-30 years
- experiencing first psychotic episode
- receiving treatment for 12-24 weeks
- continuing to experience hallucinations, delusions, or formal thought disorder at a moderate-severe level
- have been treated for at least 4 weeks with medication up to 500 mg of chlorpromazine equivalents, where side-effects permit
- do not require antidepressant medication, a mood stabiliser or ECT

**Strategies:**

- early introduction of atypical neuroleptics
- early introduction of specific therapy

**Professional staff employed:** Project co-ordinator & therapist (1); research assistant (1); neuropsychologist (1); medical staff/case management from clinical service

**Other infrastructure required:** Access to clinical program; early detection system and referral system; close liaison with treating team

**Duration of the early intervention program:** Funded for 3 years (1996-1998)

**Average length of client stay in the program:** 12 week intervention study and a follow up point 3 months after completion

**Average frequency of contact with clients:** Once-twice weekly

**Average duration of each contact with client:** 60 minutes

**Number of clients carried per program per month:** 5

**Waiting list:** No

**Referring agencies:** Are considering private sector patients and patients in region 12-15 years old

**Agencies clients referred to:** Community agencies; vocational/educational agencies; financial support and accommodation agencies accessed primarily through the case management system

**Effectiveness of program:** The project is a randomised controlled trial which compares:

- psychological therapy with no therapy
- clozapine with standard neuroleptic
- combination of these in a 4 group design:
  - thioridazine plus case management
  - thioridazine plus therapy plus case management
  - clozapine plus case management
  - clozapine plus STOPP plus case management

Outcome is measured in terms of:

- severity of positive symptoms
- severity of overall psychopathology
- drug and alcohol use
- depression
- insight
- social and occupational functioning
- quality of life

**Strengths of program:**

- first study of this type to look at these interventions in the early phase of recovery in first episode psychosis
- first study of this type to look at the combined effects of psychological and pharmacological interventions with persisting symptoms

**Constraints of program:**

- recruitment may be affected by the nature of the patient group ie difficult to engage, ambivalence about medication, fluctuating mental state, acute drug and alcohol use, and nature of the disorder (that is paranoia) leading to refusal to participate
- requirement of weekly blood tests with the use of clozapine increases the refusal rate

### 83: WINDERMERE CHILD & FAMILY SERVICES – SUICIDE PRE AND POST VENTION PROGRAM

**Program Target:** Selective-indicated-case identification/early detection  
**Location:** 48 Webb Street  
NARRE WARREN VIC 3805  
**Contacts:** Melanie Kropp  
Phone: 03 9705 2144  
Fax: 03 9796 7650

**Funding:** Windermere's Suicide Pre and Post Vention Program is not funded by the Federal Department of Human Services. The Program to date has been funded by private trusts and will cease to operate in June 1998, when funds run out

**Aims and Objectives:** The aims of Windermere's Suicide Pre and Post Vention Program are:

- to provide counselling to young people and families to prevent suicide
- to provide bereavement counselling to families and friends of someone who has completed suicide
- to provide secondary consultation services to schools, GPs, other professionals, counsellors and youth workers. This will enable the community to identify young people at risk of suicide and assist them to access appropriate services

**Risk/protective factors addressed:** Yes: risk factors

The program clearly identifies young people at risk of suicide.

The program focuses on:

- young people who have previously attempted suicide
- young people who contemplate suicide through uncommunicated/communicated risk factors and warning signs
- young people who are depressed and feeling hopeless/helpless
- young people and families who have lost someone through suicide

The program addresses, through counselling, a multitude of underlying factors that may lead a young person to contemplate suicide

**Basis of program:** The program is client-centred and eclectic. However, it tends to lean towards a cognitive behavioural and solution focused approach. Family therapy may be utilised, where appropriate.

**Target group/selection criteria:** Windermere covers the City of Greater Dandenong, the City of Casey, and Shire of Cardinia. The age limit for Suicide Prevention is 24 years and under. There is no age limitation for people bereaved by suicide. Since the start of the program, ages have varied from 8-52 years of age. In some families, cultural differences played a factor, eg parents from NESB with children who are growing up in an Australian culture.

(Copy of intake form provided)

**Strategies:** The strategies employed in the Program through personal and/or family counselling are:

- empowering young people
- raising self-awareness
- increasing self-esteem
- creating a support network of families, friends and professionals
- identifying suicide risk and risk factors
- encouraging and ascertaining alternatives to suicide
- enhancing coping mechanisms
- helping the young person deal with underlying factors causing the person to contemplate suicide (ie

abuse, loss, grief, hopelessness, helplessness, isolation, self-esteem)

- looking at choices, options and alternatives also through liaison with family, school, other agencies, etc

**Professional staff employed:** Psychologist (0.8). Intra-agency referral to other Windermere Programs will occur, if appropriate. Referrals can be made to the SAAP Program family support workers, disability support workers and parent educator

**Other infrastructure required:** The program has already been implemented and has proven to be effective. Additional resources, that is, for research and analysis, community education, etc, will always be an advantage

**Duration of the early intervention program:** The Program commenced in July 1996, and funding ceases in June, 1998

**Average length of client stay in the program:** The length varies from one session to 18 months (and longer). However, the average length is around 6 months

**Average frequency of contact with clients:** The frequency of contact can vary from several sessions or contacts per week to a visit per month. However, the average is one session per week

**Average duration of each contact with client:** The number of counselling sessions booked per month varies from 30-40

**Number of clients carried per program per month:** A maximum of 20 different clients are seen per month

**Waiting list:** No

**Referring agencies:** The following agencies/services have referred to the Program: schools, both primary and secondary; Community Health Centres; Dept of Human Services; Coroner's Court; hospital; psychiatric services, both adult and child; GPs; other service providers. Self referrals are also accepted

**Agencies clients referred to:** To date, the Program has referred clients to:

- child and adult psychiatry (for in-patient treatment); employment agencies and training programs; GPs; legal advisers; youth services; housing services

**Effectiveness of program:** The Program is currently in the process of setting up a review mechanism to evaluate the Program's effectiveness and the client's satisfaction. An indicator of the Program's effectiveness is that to date, no clients have died of suicide. Positive written and verbal feedback from clients has also been received.

**Strengths of program:** The Program's strengths are:

- this is the only suicide specific pre and post vention program in the State, working with young people and families
- it has a capacity for crisis response as well as the provision of ongoing counselling looking at underlying factors
- there is no waiting list for crisis response
- it has integrated services with the Regional Youth Services at VISY Cares (Dandenong)
- to date no client has been lost through suicide
- to broaden the program's aspect, community education through schools is being developed

**Constraints of program:** Constraints affecting the operation of the Program are its insecure funding base. To enable the program to continue its operation, ongoing funding from June, 1998, for a minimum of three years will be required.

## 84: CANNABIS AND PSYCHOSIS

**Program Target:** Treatment – maintenance/relapse prevention  
**Location:** MH-SKY  
(Formerly Centre for Young People's Mental Health)  
35 Poplar Road  
PARKVILLE VIC 3052  
**Contacts:** Ms Jane Edwards  
Phone: 03 9342 2800

**Funding:** No information available

**Aims and Objectives:**

- to investigate the impact of cannabis use on psychosis – first episode
- to trial a brief intervention focused on the reduction of cannabis use amongst first episode psychosis patients

**Risk/protective factors addressed:** Yes: risk factor

- cannabis use

**Basis of program:** The project intervention is based on a model of psycho-education with utilisation of drug and alcohol motivational interviewing techniques presented in a format consistent with a brief intervention strategy

**Target group/selection criteria:**

- age group: 15-29 years
- first episode psychosis
- accepted to EPPIC program
- using cannabis

**Strategies:** Project strategy as outlined previously (that is, psycho-education, motivational interviewing, brief intervention)

**Professional staff employed:** Psychologists – (clinical, m. psych student)

**Other infrastructure required:** Not stated

**Duration of the early intervention program:** 3 years

**Average length of client stay in the program:** Intervention comprises 6-10 x 45-55 minutes sessions, 6 with follow up

**Average frequency of contact with clients:** As above

**Average duration of each contact with client:** As above

**Number of clients carried per program per month:** Varies – anticipate 5 new referrals per month

**Waiting list:** No

**Referring agencies:** Not stated

**Agencies clients referred to:** Not stated

**Effectiveness of program:** This research project is fully evaluated – pre-post and 6 month follow up

**Strengths of program:** Not stated

**Constraints of program:**

- difficult group to gain compliance
- recruitment may be difficult

## 85: EPPIC STATEWIDE SERVICES (the Early Psychosis Prevention and Intervention Centre, Melbourne)

**Program Target:** Case identification / early detection  
**Location:** EPPIC Statewide Services  
Locked Bag 10  
PARKVILLE VIC 3052  
**Contacts:** Stephen Haines, Co-ordinator

**Funding:** No information available

**Aims and Objectives:**

- to assist Victorian mental health services to meet the needs of young people with emerging psychosis through primary, secondary and tertiary consultation, staff training, site visits, workshops, development of resources, and the Graduate Diploma in Mental Health Sciences (Young People's Mental Health).

**Risk/protective factors addressed:** The service aims to inform other mental health clinicians about at-risk mental states for psychosis to enable effective screening and early intervention, to assist them in educating primary care of early warning signs for a first episode of psychosis and the need for early intervention, and to review policies and protocols to facilitate an early intervention for psychosis focus with mainstream psychiatric settings

**Basis of program:** The program is informed by preventive models of psychiatry, that if psychosis is detected and treated early and if optimal treatment is provided early in the course of the developing disorder then significant improvements in clinical outcomes can be achieved.

The program is also very mindful of and actively promotes the concept of the 'critical period' (Birchwood 1993; 1997) regarding recovery from psychosis. This acknowledges that most disability that is associated with psychosis occurs early in the course of the disorder, thus reinforcing the importance of early intervention in psychosis.

**Target group/selection criteria:** Victorian mental health clinicians, primarily in public mental health services who are working with young people (15-30 years) who are at significant risk of developing, experiencing or recovering from an early psychosis

**Strategies:** An integrated program of:

*Primary consultation*

This service provides access to second opinions which are provided by EPPIC staff. The service is undertaken directly with young people with early psychosis through referral from their mental health workers

*Secondary consultation*

The provision of a range of clinical services, such as case discussion and clinical consultation directly to mental health workers to assist them in working with young people with first episode psychosis

*Tertiary consultation*

Strategies provided to mental health agencies to assist in the development of appropriate and responsive services for young people with first episode psychosis

*Professional education*

EPPIC Statewide Services provide training, education and resource materials to mental health professionals to facilitate the development of skills in early psychosis. Education and training is provided through a range of forums including workshops, sector specific training, conferences, work manuals and work undertaken for the early psychosis projects

*Early psychosis projects*

These projects involve the provision of a broad range of EPPIC Statewide Services functions on an intensive basis to mental health professionals working in discrete psychiatric areas or sectors, thus promoting best practice in intervention and optimal treatment in early psychosis

*Site visit service*

This program includes seminars, consultation groups and short placements within EPPIC to enable experiential learning

*Graduate Diploma in Mental Health Sciences (Young People's Mental Health)*

This is a postgraduate course offered by the University of Melbourne which runs over two years and is primarily for clinicians wishing to undertake specialised study in the field of early psychosis and young people's mental health. The course is provided via distance education

*Resource development*

This includes the development, production and promotion of a range of resources (multimedia, manuals, fact sheets, booklets, internet services) to assist clinicians working with young people with early psychosis

*Community education*

EPPIC Statewide Services also provide education and resources to the community to promote greater awareness and understanding of early psychosis

*Policy advice*

Advice and support is provided to different audiences to ensure policies are responsive to the needs of young people with psychosis

**Professional staff employed:** Psychiatric nurse (1); psychologist (1); occupational therapist (1); publications officer (1)

**Other infrastructure required:** Close links with EPPIC clinical services. Cars, phones, pagers to ensure accessibility and responsiveness

**Duration of the early intervention program:** Commenced in 1996 and is ongoing

**Average length of client stay in the program:** Not applicable

**Average frequency of contact with clients:** Not applicable

**Average duration of each contact with client:** Not applicable

**Number of clients carried per program per month:** Not applicable

**Waiting list:** No

**Referring agencies:** Not applicable

**Agencies clients referred to:** Not applicable

**Effectiveness of program:** Early psychosis projects are the main focus for the activities of EPPIC Statewide Services. This model of service delivery is currently being evaluated with a comprehensive package of clinical data being gathered regarding all young people presenting with psychosis in the Northern AMHS in Victoria during 1997 (n=38). In the first half of 1998, EPPIC Statewide Services will undertake an Early Psychosis Project in this area. On completion of this project, a similar data set will be collected and compared with the pre-project data

**Strengths of program:** EPPIC Statewide Services is not centre-based and aims to provide its services directly to clinicians in their own environment. Early Psychosis Projects allow a small team operating statewide to have a significant impact on clinical outcomes for young people with psychosis in a way that is meaningful and can be evaluated.

EPPIC Statewide Services have strong links with the EPPIC clinical and research programs and can access these services on behalf of its clients (mental health professionals in mainstream settings)

**Constraints of program:** None reported

## 86: EARLY PSYCHOSIS PROGRAM FOR ADOLESCENTS (EPPA) (and their families)

**Program Target:** Case identification/early detection – treatment – maintenance/relapse prevention  
**Location:** Child and Youth Mental Health Service  
Mater Children's Hospital  
SOUTH BRISBANE QLD 4101  
**Contacts:** Leanne Geppert, Psychologist  
Phone: 07 3840 8188  
Fax: 07 3840 8333

**Funding:** All activities are conducted within and constrained by current resourcing

**Aims and Objectives:**

- prevention of secondary problems/illnesses to psychosis
- promote greater understanding and acceptance of psychosis
- psychosis symptom management

**Risk/protective factors addressed:** Yes: both risk and protective factors are addressed

**Risk:**

- early onset psychosis
- protective:
- family support
- prosocial behaviours
- competence enhancing environment

**Basis of program:** Adapted from the working model proposed and practised by the Early Psychosis Prevention and Intervention Centre (Melbourne). Program (EPPA) is currently being developed to suit the local needs of young people and their families

**Target group/selection criteria:**

**Target group:**

- adolescents aged 13-17 years and their families

**Selection criteria:**

- experienced first episode psychosis in the previous two years
- currently is moderately stable with relation to their psychosis
- parents of adolescents in target group
- CYMHS staff

**Strategies:**

**Key models:**

- multidisciplinary approach
- cognitive/behavioural strategies
- psychoeducation
- group context
- values individual differences within the group
- values consumer expertise
- incorporates existing community resources
- family participation

**Key strategies:**

- empower adolescents by providing information, support and advice regarding their current psychotic

- illness plus anxiety and depression (to assist with stigma, acceptance, treatment compliance etc)
- educate/train adolescents in symptom management to prevent or reduce risk of secondary problems such as post-psychotic depression
  - group activities use a variety of mediums (eg visual, verbal, art/expressive) to promote learning and memory
  - invite an adult consumer to participate in group
  - parent support group
  - staff training in psychoeducation and family work re: psychosis
  - conduct a primary caregiver needs analysis project
  - establish a working party to direct/promote program

**Professional staff employed:** Clinical psychologist (1); psychiatrist (1); clinical nurse (1); child/expressive therapist (1); social worker (1); occupational therapist(1). A teacher (1) is also employed

**Other infrastructure required:**

- referral to group and initial consultation process
- venue for group program
- education and information resources – videos etc
- transport for excursions
- supervision and training

**Duration of the early intervention program:**

**EPPA:**

- 1997 program – 3 days per week over 2 weeks
- 1998 program – 1 afternoon per week over 8-10 week period

**Parent support group:**

- monthly

**Staff training:**

- two half day workshops

**Average length of client stay in the program:** 1997 – 6 day program

**Average frequency of contact with clients:** 1997 – three days/week for 2 weeks

**Average duration of each contact with client:** 1997 – 4-5 hours per day (9.30 am-2.00 pm)

**Number of clients carried per program per month:** 1997 – 8 adolescents and their families per program conducted once yearly

**Waiting list:** Yes: 13 weeks to 6 months

**Referring agencies:** Hospital and Community Child and Youth Mental Health Services; Schizophrenia Fellowship

**Agencies clients referred to:** A mental health information package is provided to each client, including information on services and community support groups. Each client then develops their own resource booklet. Support agencies also make presentations during the program. All clients are followed up by the original referral source. Clients are commonly referred to hospital and community child and youth mental health services

**Effectiveness of program:** A comprehensive evaluation has been conducted (report provided).

**Strengths of program:**

- multidisciplinary
- attends to the needs of the adolescents and their families
- multimodal

**Constraints of program:**

- community awareness of program to enhance early identification of target group
- staff resources and direct funding allocation

## **87: BRIEF INTERVENTION PROGRAM (BIP)**

**Program Target:** Indicated – case identification/early detection-treatment  
**Location:** Brief Intervention Program  
A&RC Child and Adolescent Mental Health Service  
Austin Campus, Studley Road  
HEIDELBERG VIC 3084  
**Contacts:** Mr Simon Crisp - Director  
Phone: 03 9496 5108  
Fax: 03 9496 5910

**Funding:** Recurrent funding

Staffing is at bare minimum to address complex case management needs

**Aims and Objectives:**

- early intervention and prevention of serious mental health disorders in adolescents
- least restrictive and community based treatment through community focused outpatient services where patients reside in their normal home environment and attend on a day-patient basis, thereby maximising contact with community based agencies and services
- short-term, time-limited intervention focused around re-integration of young people into the community utilising community based services and supports as much as possible
- provide the highest standard of services possible by establishing and maintaining links with other sectors such as the Dept of Health Services, Education, Youth and Accommodation Services, Welfare Services, Juvenile Justice Services, Youth Support Agencies etc
- to provide a structured therapeutic program within a supportive and consistent environment for young people with emotional, behavioural, social and/or psychiatric disorders, where it is important to maximise contact with their families, friends, school, work places and the broader community
- to liaise with other service areas and advocate on behalf of the adolescents and their families in gaining access to these services
- to support and provide information and assistance to families of emotionally, behaviourally, socially and psychiatrically disturbed young people in order to facilitate the adolescent's development and their transition back into the community
- to provide a forum where group and individually tailored programs are provided in order to assist with the acquisition of skills necessary for the young person to successfully function within their systems

**Risk/protective factors addressed:** Yes

- the program aims to treat those adolescents most at risk of suicide, social dislocation and of developing psychiatric disorders in adulthood, such as depression, personality disorders, anxiety disorders etc

**Basis of program:**

*General philosophy of the brief intervention program:*

Developmentally informed skill acquisition (coping and social skills) and corrective experience of relationships

*Rationale for the brief intervention program:*

Adolescents who present with the most severe emotional, behavioural or psychiatric disturbance typically have multiple areas of need. The completion of the normal developmental tasks of adolescents have often not been mastered, or have been impeded in a number of significant areas (that is, identity, family and peer relationships, education, work, skills of daily living). The completion of these developmental tasks is fundamental for future mental health and in ensuring freedom from psychiatric disturbance in adulthood.

Adolescents who necessitate an admission as an inpatient frequently require assistance with re-integration back into the community and re-orientation to normal adolescent life. Alternatively, those adolescents where the dislocation and disruption from an in-patient admission is contra-indicated, but who still present with many significant developmental needs frequently still require intensive input in a range of areas.

The peer group increasingly becomes the predominant sphere of planning in adolescence and where many priority developmental tasks are completed. However, adult role models play an integral part in this process so a therapeutic milieu is an ideal setting for adolescents to simultaneously master developmental tasks while acquiring preparatory life skills.

*Theoretical orientation of the brief intervention program:*

The Brief Intervention Program (BIP) incorporates a number of theories in order to develop a comprehensive program that meets the complexities of client needs. A highly individualised and eclectic approach based on a developmental understanding is most often used. A model of experiential reconstruction of developmental foundations is used as the predominant approach along with other models such as cognitive-behavioural therapy, systems and strategic approaches. Here, regardless of the interventions and approaches used, they are based on, and compatible with a comprehensive developmental understanding and framework. The overriding aim is to address underlying causative factors (such as skill deficits or maladaptive inter-personal behavioural patterns) within the therapeutic constraints of the program.

*Therapeutic Premises of a developmental approach:*

- Mental health problems result from gaps or delay (often after trauma) at one or more stages in an individual's development which significantly impede effective adjustment in that, and related areas. This occurs at the time as well as in subsequent developmental stages
- Developmental gaps or delay mean that the individual may be poorly prepared to meet his/her needs or complete future developmental tasks when older. That is, individuals will show poor coping or adaptation, poor relationship skills, poor self concept and self worth
- In challenging, novel and projective situations, individuals will relate to others in a more or less adaptive way to have their needs met. This will highlight the adequacy or coping skills and highlight any developmental delays or gaps

**Target group/selection criteria:** The Brief Intervention Program targets adolescents (aged 13-18 years) and their families residing in the Austin and Repatriation Medical Centre's catchment area (north-east suburbs) who require mental health services. Key groups identified as being at greatest risk and needing greatest intervention by Child and Adolescent Mental Health Services (as described in the 1995 Health and Community Services frameworks for Child and Adolescent Mental Health Services) include:

- those currently experiencing, or most at risk of serious psychiatric disturbances and suicide
- those not serviced by other psychiatric or treatment systems
- victims of physical, sexual or emotional abuse
- adolescents, who in addition to the above, are clients of welfare and juvenile justice systems
- homeless youth

- adolescents with parents who suffer from mental illness or dependence on drugs or alcohol
- adolescents with educational or vocational difficulties

The following indications and contra-indications provide staff in the program with a guide to assessing which young people are suitable for the program

*Indications:*

- peer or interpersonal problems
- poor coping strategies or dysfunctional patterns of dealing with problems
- poor self-esteem, social anxiety, depression, poor motivation, school problems, school refusal, academic difficulties, teacher clashes
- little or no direction: schooling/interests/peer group
- reluctance to engage in other forms of therapy, previous treatment failure
- would benefit from positive peer group experience

*Contra-indications*

- unstable accommodation, unresolved family issues, family and/or young person poorly engaged
- acutely disturbed ie, psychotic, actively suicidal etc
- inability to be contained in an outpatient setting
- intellectual disability
- broader system dysfunction, that is, poor welfare support / housing / protective case management
- inability to form attachments with adults or peers
- destructive of group cohesion

**Strategies:** The program comprises a closed group of 6-8 adolescents (13-18 years) over 10 weeks duration in parallel with school terms. Follow-up support is offered in the following term at a frequency and duration that is appropriate for the need of the young person. The program is structured in three distinct phases: 1) engagement and orientation (week 1), 2) treatment (weeks 2-9), and 3) integration (week 10) and follow-up

Key features of the program include:

- collaborative negotiation with the young person and family of therapeutic objectives
- comprehensive planning and support for community integration from the outset of the program
- integrated weekly parent group
- close liaison with all professionals and community services involved outside the department
- ready referral within the department and other therapy services eg long-term individual psychotherapy and/or family therapy
- multi-modal therapies with a high degree of integration of therapeutic components
- program dedicated multi-disciplinary staff

Program components are selected from the list in Table 1. A time-table of group and individual therapy is developed for each group based on the developmental level of the group (younger or older adolescents) and the predominant issues that are most common to the majority of the group

*Table 1: Program Components*

<i>Type of Group</i>	<i>Typical Frequency</i>
Individual therapy (1 hour)	twice weekly
Group psychotherapy (1 hour)	weekly
Group cognitive behavioural therapy	twice weekly (4 hours)
Wilderness adventure therapy	1 day weekly and 2 x 4-5 day expeditions
Work experience	1/2 day per week
Sex-education, relationships, personal safety group (1 hour)	weekly
Single sex gender issues group (45 minutes)	weekly
Drama therapy (1 & 1/2 hours)	weekly
Group music therapy (2 hours)	weekly
Physical education (2 hours)	weekly
Community meeting (1 hour)	weekly

Within the program, wilderness adventure therapy is integrated with other group and individual therapies through individual objective setting for the wilderness-adventure therapy component. Further, issues that arise in wilderness-adventure therapy are carried over into other groups as appropriate (such as psychotherapy group or Cognitive Behavioural Therapy Group) and vice-versa. A major emphasis is given to the rehearsal of skills and roles learned from conventional therapy during an appropriate time in wilderness-adventure therapy to assist in the transfer and generalisability of those skills into other areas of the adolescents' lives. Integration of behaviour change, insights and group roles from wilderness-adventure therapy are reinforced and generalised to other BIP components through processing exercises in other groups such as drama or music therapy.

**Professional staff employed:** BIP staff are qualified mental health professionals who have received specialist post-graduate training in developmental psychiatry as well as other specialist training in psychotherapy, family therapy etc. Individual staff have additional training in group therapy in a number of different therapeutic modalities, eg group cognitive-behavioural therapy, group psychotherapy, music therapy etc. Wilderness-adventure therapists (Clinical Psychologist and Occupational Therapist) are cross trained in wilderness and adventure activities.

The staff team are trained in many non-speciality areas so content and methods are familiar to all staff to assist in integrating program components in a complementary way.

Team composition is as follows: full-time Senior Clinical Psychologist (Director/Team Leader), full-time Occupational Therapist (Program Manager), half-time Clinical Psychologist and Social Worker, and 2 full-time Special Education teachers. The team is complemented by a Clinical Psychology Registrar (trainee psychologist) and a wilderness-adventure therapy trainee, both on 6 months placement.

**Other infrastructure required:**

- concurrent out-patient therapy and case management as required on an individual basis.
- administration support
- outdoor equipment

**Duration of the early intervention program:** ten weeks duration, parallel with school terms during the year

**Average length of client stay in the program:** The majority of clients remain in the program for the full 10 weeks

**Average frequency of contact with clients:** Given that BIP is a full-time day outpatient program for a period of 10 weeks, young people have contact with staff during this period of time on a daily basis (Monday-Friday)

**Average duration of each contact with client:** See Table 1 (previous page) for this information

**Number of clients carried per program per month:** 6-8 clients per month

**Waiting list:** Yes - clients need to wait approximately 13 weeks - 6 months

**Referring agencies:** Schools, youth services; Dept of Human Services (Child Protection and Juvenile Justice); Housing services; welfare services; and the Child and Adolescent Mental Health service department at the A&RMC

**Agencies clients referred to:** Mainstream secondary colleges; community based/alternative schools; TAFE; ongoing therapy with the Child and Adolescent Mental Health Service department at the A&RMC; Killcare; part or full-time employment if available and appropriate for the young person

**Effectiveness of program:** Program has been evaluated. Reports entitled "The Brief Intervention program under the Microscope," and "An Evaluation of the Brief Intervention Program, Child and Adolescent Mental Health Service, Austin and Repatriation Medical Centre, Melbourne, Australia" (completed May 1997) are available and were provided. Key findings presented included information on the client profile, self-reported changes and placement data. Comparisons between pre-program and post program data indicated the following significant changes:

- a reduction in reported difficulties with social, attentional and attitudinal problems
- an increase in overall self esteem
- an increased use of problem solving strategies by tackling problems systematically by learning about them and taking into account different points of view or options
- increased ambition, commitment and hard work
- increased use of social supports with an inclination towards sharing problems and enlisting support

**In terms of placement outcomes:**

- "excellent placement outcomes" (with associated positive behavioural and attendance reports) were achieved in a variety of educational and employment/training related settings and these were well maintained at follow-up

**Strengths of program:** BIP was the Victorian Metropolitan winner of the 1989 Australian Hospital Health Services Community Outreach Award based on innovation, measurement of outcomes, operational management, professional co-operation, flexibility in service provision and ability to be replicated in other settings.

The innovation and excellence of the program and its efforts to train other professionals resulted in the BIP Director being awarded a 3 month Churchill Fellowship in 1996 to study similar programs in New Zealand, USA and the UK. A detailed 90 page report defining models of best practice and implications for the establishment of wilderness and adventure therapy in Australia is available and was provided.

The report of the Victorian Youth Suicide Prevention Taskforce recommended that the structure and components of BIP should be replicated and provide the basis of future programs developed within the state of Victoria in order to assist in the prevention of youth suicide.

**Constraints of program:**

- high level of specialist training needed
- high level of staff burn-out and irritation
- personal suitability of staff to work in an intense milieu with disturbed adolescents
- dual management of teaching staff (to Directorate of Education) and clinical staff (to AR&RMS CAMHS)

## 88: LIFESPAN JUVENILE PREVENTION PROJECT

**Program Target:** Indicated  
**Location:** Young People's Mental Health  
Locked Bag 10  
PARKVILLE VIC 3052  
**Contacts:** Richard Mills

**Funding:** No information available

**Aims and Objectives:**

- to reduce suicide behaviours in young persons with serious mental health problems.

This will be achieved introducing reforms and evaluating current practice at the Centre for Young People's Mental Health, Parkville, Victoria, and through the exportation of our findings through formal training packages. Significant features of the project, as it is developing, are improved access and detection for/of young persons with serious mental disorder and development of interventions/treatments that target mental illness generally, and suicidal behaviour specifically

**Risk/protective factors addressed:** Yes: risk factors are addressed

- the service model aims to address risks associated with access to service through a streamlined model of client contact and response
- the maintenance of engagement in health services is encouraged through an emphasis on continuity of care and staffing across inpatient and outpatient levels
- there is a specific focus upon individual clients skills in areas of substance use, interpersonal relationships, understanding their current illness, problem solving and general relapse prevention strategies specific to suicidal behaviour to address risk/protective factors

**Basis of program:**

- case management and continuity of staffing over length of stay
- emphasis on cognitive behavioural approaches to interventions

**Target group/selection criteria:** Target group - persons aged between the ages of 15-30 years who have serious mental health problems living in Melbourne's western metropolitan area. Through the training package that will be developed by this project, young persons with serious mental health problems nationally (and internationally) will be assisted by this project. Particular attention is given to young persons with serious mental health problems, who, among this group, are of greatest risk of suicidal behaviour (that is, the extremely high risk sub-group)

**Strategies:** Mental health services that emphasise early detection, rapid/prompt access, and detection of those mentally unwell young persons at highest risk of suicide who are then targeted with specific interventions aimed at reducing this risk

**Professional staff employed:** Psychiatrist (consultation only - 1); psychologist (consultation only -1); psychologist (1.0); research assistant (0.5); statistician (0.1)

**Other infrastructure required:**

- academic support through connections to University of Melbourne
- administrative support (comprehensive) through Centre for Young People's Health
- motor vehicle
- office and secretarial, administrative staff support

**Duration of the early intervention program:** The project has a 2 year life span, ending 1998, with the objective of establishing innovations in the existing service that will continue beyond the specific life of the project

**Average length of client stay in the program:** In this specifically designed brief psychological therapy, contact is over 2 months. However, through the mental health service to which this project contributes, young persons have contact for up to 4 years

**Average frequency of contact with clients:** With such a range of programs with which program staff are involved, from inpatient to outpatient, it is not possible to give a concrete answer to this question

**Average duration of each contact with client:** As above

**Number of clients carried per program per month:** Again, as program staff are partly addressing systems changes in a local mental health service, this program's client load is potentially that of the entire service (that is, several hundred per year)

**Waiting list:** No

**Referring agencies:** Self referral, general health services, welfare services and organisations

**Agencies clients referred to:** As above

**Effectiveness of program:** Several methods of evaluation are employed:

- standard pre post as follow up individual assessments using a range of psychometric measures (with known validity and reliability)
- client feedback per courses including focus groups
- audits of practices
- a range of process measures, particularly targeting/focusing, or organisational structures
- interventions/structures based upon comprehensive literature review and consultation with international authorities

**Strengths of program:**

- integrated with a leading mental health service in the area of early intervention (EPPIC)
- comprehensive ongoing evaluation allowing clear understanding regarding outcomes achieved by the project

**Constraints of program:** Nil

## **89: HOSPITAL LINKS LIAISON OFFICER PROGRAM**

**Program Target:** Indicated  
**Location:** C/- Women s and Children's Hospital  
72 King William Road  
NORTH ADELAIDE SA 5006  
**Contacts:** Greg Shepherd

**Funding:** 18 months initial funding till August 1998

**Aims and Objectives:** The Hospital Links Liaison Officer Program (HILLOP) was designed for the purpose of defining and improving the discharge needs of disadvantaged and at risk youth (12-18 years) within the catchment area of the Adelaide Women's & Children's Hospital. Disadvantaged and 'at risk' youth in this instance is defined as youth who, for whatever reason are 'homeless' or present to the hospital with a diagnosis of 'risk behaviour(s) such as drug and/or alcohol toxicity, overdose, suicide attempts, victims of assaults and mental health issues. Their capacity to access follow up care or maintain a post-discharge regime is compromised due to these related behaviours. The HILLOP is a partnership between the Adelaide Central Mission and the Women's & Children's Hospital who are to participate as equals in accordance with the spirit of the project

*Goal:*

- to improve the co-ordination and provision of post hospital discharge care and services to homeless, disadvantaged and 'at risk' youth by developing closer inter-sectoral linkages between the client, the major hospitals, the youth housing sector and the broader youth sectors.

*Objectives:*

- to build effective links between hospitals and relevant youth services (eg youth health and housing) so that homeless and disadvantaged and 'at risk' youth are more likely to be referred appropriately and supported within both systems
- to improve the access to hospital systems for young homeless and disadvantaged young people by the establishment of the position of YHLO within the Women's and Children's Hospital
- to improve continuity of care to homeless, disadvantaged and 'at risk' youth through improved communication, co-operation and collaboration amongst health workers in the delivery of primary health care
- to increase the understanding of each participating agency (youth, health, housing) of the necessary steps to ensure a smooth transition from hospital to home
- to increase the information available to hospital staff about community organisations who deal with the target group

Through the implementation of the project, the following changes to the organisations structures of the Adelaide Women's & Children's Hospital and the community youth agencies are expected:

- closer ongoing relationships between the various areas and staff in key youth agencies
  - key networks with staff in both sectors
  - by increasing the knowledge of the Hospital staff and improving their familiarity with community youth services
  - by improving the appropriate use of Hospital services by youth agencies as a result of their improved knowledge of, and familiarity with, the Adelaide Women's & Children's Hospital
- clear policies and procedures within the Hospital for the post-discharge management of the target group
  - documented referral information concerning youth agencies
  - protocols with youth agencies that describe arrangements to support young people in the community
- joint education and staff development of the various staff groups to raise their awareness of the client's needs and the actions required to ensure the optimum response to individual needs

**Risk/protective factors addressed:** No response

**Basis of program:** No response

**Target group/selection criteria:** The target group includes young people (12-18 years) who present at the hospital (Women's and Children's Hospital) with drug overdose, suicide attempts, as victims of teenage pregnancies and communicable diseases. Agencies involved in this project include: Community organisations who provide accommodation and support to this target group and relevant hospital units, such as Accident and Emergency, Boylan Ward and the Adolescent Unit. The project is based in the Adelaide Women's and Children's Hospital and encompasses the catchment area of the hospital.

**Strategies:** No response

**Professional staff employed:** No response

**Other infrastructure required:** No response

**Duration of the early intervention program:** No response

**Average length of client stay in the program:** No response

**Average frequency of contact with clients:** Weekly contacts (direct: face to face)

**Average duration of each contact with client:** Approximately 2 hours duration each contact

**Number of clients carried per program per month:** Approximately 12 per month

**Waiting list:** No response

**Referring agencies:** No response

**Agencies clients referred to:** No response

**Effectiveness of program:** A number of program indicators will be employed

- at 3 and 9 months hospital staff will be invited to complete a questionnaire regarding current levels of knowledge of community youth services
- comparisons will be made between previous levels of knowledge and current knowledge
- a comparison will be made between the number of re-admissions of clients who presented with overdosing, self-harm and 'at risk' behaviours for the previous 12 months and at regular intervals during the current project time
- community based youth health services will be invited to comment on the effectiveness of the YHLO's role within the Women's and Children's Hospital at regular intervals during the project time
- hospital staff will be invited to comment on the effectiveness of the YHLO's role within the Women's and Children's hospital at regular intervals during the project time

The second progress report and evaluation plan was provided. This report provides a review of all project objectives, a review of evaluation methods used to date, referral data, results from questionnaires for both hospital and community staff and a summary with overall comments on the progress of the report. The report contains some process measures (eg number of referrals) and results of questionnaires administered to hospital staff and community youth services.

The report indicates that the project is progressing towards its goal and progress is being made with respect to each individual objective

**Strengths of program:**

- hospital based so close liaison with inpatient services
- mobile community service so close liaison with community agencies who support and accommodate disadvantaged young people
- provision of both social work and clinical services by senior practitioners
- collaboration between government (Women's and Children's Hospital) and non government agency (Adelaide Central Mission)

**Constraints of program:** Like any pilot project, time limited funding

## **90: MIND MATTERS - THE NATIONAL MENTAL HEALTH PROJECT IN SCHOOLS**

**Program Target:** Universal  
**Location:** Mental Health project  
Youth Research Centre  
University of Melbourne  
PARKVILLE VIC 3052  
**Contacts:** Shirley Carson  
Phone: 03 9344 9640  
Fax: 03 9344 9632  
email: mindmat@edfac.unimelb.edu.au

**Funding:** No information available

**Aims and Objectives:**

**Aims:**

- develop a comprehensive school based mental health promotion program which uses school settings to promote the mental health and emotional well-being of young people
- promote the psychosocial health of young Australians
- develop curriculum resources and a professional development program for mental health promotion and education suitable for adoption in secondary schools in Australia
- improve the quality and breadth of education for and about mental health

**Objectives:**

- facilitate the implementation of best practice in the promotion of whole school approaches to mental health promotion
- develop mental health education materials, resources and curriculum which are appropriate to a wide range of schools, students and learning areas
- develop a framework for a national mental health promotion program for schools
- trial the guidelines on mental health and youth suicide (developed for the Commonwealth Department of Health and Family Services)
- encourage the development in schools of partnerships between parents, community and support agencies to promote the mental and emotional well-being of young people
- identify knowledge, skills and attitudes necessary for the promotion of a supportive school environment

**Risk/protective factors addressed:** The program is targeting:

- life skills
- understanding mental illness
- bullying and harassment
- loss and grief

using a school-based approach and creating links with community health services

**Basis of program:**

**Guiding principles:**

- mental health in promotion in schools needs to adopt a comprehensive approach
- strategies will enhance and expand school practices that contribute to supportive psychosocial environments
- a flexible approach will ensure that all programs can be adapted to meet local needs
- a broad interpretation of mental health that includes mental illness will be the basis of the project
- programs will reflect research about effective teaching and learning experiences for mental health promotion

**Key project tasks:**

- implement a whole school approach to mental health
- select, support and administer a number of pilot projects in schools nationally
- develop and trial curriculum resources for Australian Secondary Schools
- develop and trial a professional development program to support use of curriculum resources in schools
- develop a strategy to guide the promotion and marketing of curriculum resources and professional development
- provide advice on options for improving and revising resources associated with the project (eg suicide guidelines, and curriculum and professional development resources)

**Target group/selection criteria:** Secondary schools

This target group was defined through research pointing to the secondary schools as being appropriate for this type of educational program. The project team will work with 23 state and territory pilot schools, around half of which will be rural or remote schools. Schools from each of the government (15), catholic (5) and independent (3) sectors are represented according to the following break-up:

- NSW - 4
- Victoria - 4
- Queensland - 3
- NT - 3
- WA - 3
- Tas - 2
- ACT - 1

**Strategies:** Educating adolescents about mental health as a part of the whole school curriculum - developing positive attitudes and life skills through appropriate curriculum materials used across the curriculum spectrum

Specifically, to provide support for the pilot schools, the project team and associated personnel will:

- develop a Mentally Healthy School Checklist to assist each school to map their current policies, practices, curriculum, community and challenges
- assist pilot schools to develop their action plan for mental health promotion
- provide professional development for a whole school approach to mental health, specific mental health issues and the implementation of curriculum materials
- develop curriculum materials for classroom use in the areas of: life skills, grief and loss, destigmatising mental illness and bullying and harassment
- provide funding for schools to support the development of a whole school approach to mental health
- work with schools to document their experiences of mental health promotion
- publish an annotated bibliography of current mental health resources for use in pilot schools

**Professional staff employed:** Teachers will carry out the educational programs in schools

**Other infrastructure required:** No response

**Duration of the early intervention program:** The project itself runs for 2 years (1997-1999) - but project staff are aiming for sustainability through effective training of school staff

**Average length of client stay in the program:** Not applicable

**Average frequency of contact with clients:** Not applicable

**Average duration of each contact with client:** Not applicable

**Number of clients carried per program per month:** Not applicable

**Waiting list:** No

**Referring agencies:** Not applicable

**Agencies clients referred to:** Not applicable

**Effectiveness of program:** Not applicable

**Strengths of program:** Not applicable

**Constraints of program:** No response

## 91: YOUTH 55 LINK

**Program target:** Universal  
**Location:** PO Box 197  
WARRNAMBOOL NSW 3280  
**Contacts:** Mary Clapham  
Phone: 03 5561 9100  
Fax: 03 5561 3813

**Funding:** No information available

**Aims and Objectives:** Support, education and collaborative service delivery between professionals who have primary involvement with youth of the south west area of Victoria.

### *Background*

The 055 Youth Workers' Support group was formed in early 1995 as a multi-agency response following a youth suicide symposium. The need to address psycho-social aspects that often negatively impact upon a young person's desire to continue living was identified. The establishment of a forum was desired to enable youth workers to meet, network and liaise via formal and informal processes.

The group has since changed its name to Youth 55 Link Support group and has widened to incorporate organisations managing contracts to all levels of government as well as private practitioners.

### *Mission Statement*

The mission of the Youth 55 Link Support Group is to provide information, facilitate collaboration and to provide assistance and support to its members in order to meet the holistic needs of young people in the South West of Victoria.

### *Aims*

- to provide a forum for multi-agency/multi-disciplinary staff development and skills enhancement as related to youth issues
- to support and promote the education of the wider community of the 55 area code regarding relevant youth issues
- to provide an arena for the voicing of issues related to the delivery of services for youth in the 55 area and to identify gaps in the area
- to provide a lobbying force for issues relating to the youth of the south west
- to provide a resource material for members to be assisted in the tendering process
- to set up a review process where the mission statement, aims and objectives is reviewed annually

### ***Risk/protective factors addressed:*** Yes

- identification of vulnerable young people who may have higher risk of developing severe emotional disturbance.
- assist in the risk assessment process for young people

***Basis of program:*** Practice model that CAMHS operates from - developmental framework and under policy development - Framework for Service Delivery/CAMHS

***Target group/selection criteria:*** Target group is any professional who has direct contact with young people

### ***Strategies:***

- to meet monthly on a rotational basis throughout the south east
- to share resources with the wider group which can be disseminated by the chairperson and one other group member
- administrative tasks, such as minute-taking and mail outs, are undertaken by a representative of the Department of Human Services

- 2-3 guest speakers are invited to the meetings throughout the year
- the group forms sub committees to discuss relevant issues as identified by the group
- all items for discussion are agreed prior to the meeting
- members are encouraged to write written reports which are distributed with the minutes

**Professional staff employed:** Voluntary involvement to assist the functioning of the group.

All members attend meetings voluntarily - no paid staff. The exception is the assistance of the DHS with recording of minutes

**Other infrastructure required:** Nil at moment

**Duration of the early intervention program:** Has been meeting for 3 years

**Average length of client stay in the program:** Not applicable

**Average frequency of contact with clients:** Not applicable

**Average duration of each contact with client:** Not applicable

**Number of clients carried per program per month:** Not applicable

**Waiting list:** No

**Referring agencies:** Not applicable

**Agencies clients referred to:** Not applicable

**Effectiveness of program:** A number of performance indicators have been developed, detailed as follows:

- have the meetings occurred frequently enough? Do they occur in each area at least once during the year? Do more locations need to be considered?
- is the meeting procedure working adequately?
- has having an external person taking minutes of the meeting proved successful?
- is the group providing enough education for its members? Eg has there been enough guest speakers during the year? What else needs to happen, if anything?
- do the sub committees cover all the issues concerning the group?
- is the agenda procedure working adequately? Are members submitting written reports?
- numbers attending meetings on a regular basis

Attendance at meetings has increased substantially and been maintained

**Strengths of program:**

- is operated by the people who participated - seen as being 'owned' by the group.
- meeting venues rotate in the district, allowing many people to attend at least a few times a year

**Constraints of program:** Funding - to allow to develop more formally

## **92: ALFRED CHILD AND ADOLESCENT PSYCHIATRY HEALTH SERVICE: YOUNG ADULT PROGRAM**

**Program Target:** Case identification/early detection - treatment

**Location:** 2nd Floor, 594 St Kilda Road  
MELBOURNE VIC 3004

**Contacts:** Dr Allan Mawdsley  
Phone: 03 9526 4400  
Fax: 03 9529 1931

**Funding:** No information provided

**Aims and Objectives:**

- to prevent adult chronicity in all psychosocial and biological aspects of side effects by early

diagnosis of first onset psychosis at both prodromal and active level and early intervention

**Objectives**

- early detection
- early intervention
- multidisciplinary interventions
- multi-campus, multi-agency interventions
- family and carer support to interventions
- at-risk populations priority for intervention
- consultation, education plus casework

**Risk/protective factors addressed:**

- screening emotional disturbance/first onset psychosis
- treatment of early psychosis once diagnosed

**Basis of program:**

- developmental psychology and personality theories
- biopsychosocial interventions and theories
- family and carer involvement theories

**Target group/selection criteria:**

- 18-24 year old young adult program
- inner south east Melbourne suburbs

**Strategies:**

- specialist programs and staff skills in
  - young adult psychosis
  - professional education
- casework, secondary and tertiary consultation, education
- crisis service (1 hour)
- rapid intake-assessment (1 week)
- multidisciplinary assessments and interventions
- multi-agency interventions on multi-campus settings
- family and caregiver interventions

**Professional staff employed:** Psychiatrists; trainee psychiatrists; psychologists; social workers; psychiatric nurses; neuropsychologist; speech pathologists; occupational therapists; teachers

**Other infrastructure required:**

- 2 campuses for better access to clients
  - inner south east suburbs
  - middle south suburbs

**Duration of the early intervention program:**

- short-term therapeutic interventions as first approach ( $\leq 8$  sessions)
- limited longer-term therapy as available space
- repeat episodes of care as required

**Average length of client stay in the program:**

- $< 8$  sessions in any one episode of care
- repeat episodes of care, especially in adolescent and young adult programs

**Average frequency of contact with clients:** No information available

**Average duration of each contact with client:** Hour

**Number of clients carried per program per month:** 80 (between all three early intervention programs)

**Waiting list:** No

**Referring agencies:** Drug and alcohol services; corrections; accommodation and refuges; inpatient psychiatric services; employment training

**Agencies clients referred to:** Accommodation; employment training; education; family support; recreation; drug detox; inpatient psychiatry

**Effectiveness of program:**

- consumer feedback system to be initiated
- client feedback as available
- problem resolution assessment of case closure

**Strengths of program:**

- multi-agency input
- consultation
- multimodal therapy
- specialist adolescent and infant-child program/workers
- specialist first psychosis program/workers
- multi-campus, multi-agency interventions
- family and caregiver interventions

**Constraints of program:** outreach in young adult program

## **93: STREETWORK**

**Program Target:** Selective  
**Location:** Barnardos Australia  
Locked bag 1,000,000  
BROADWAY NSW 2007  
**Contacts:** Sue Tregeagle  
Phone: 02 6281 5284  
Fax: 02 6232 4226

**Funding:** No information available

**Aims and Objectives:**

- provide outreach to isolated young people
- drug and alcohol information
- harm minimisation
- health promotion
- stress reduction

**Risk/protective factors addressed:** Yes: risk factors addressed

- drug and alcohol abuse
- social isolation

**Basis of program:** Streetwork

**Target group/selection criteria:**

- any cultural background but workers have skills with Pacific islanders, Arabic, Indo-Chinese
- 12-20 years
- Canterbury/Marrickville/Penrith areas
- those at risk of drug and alcohol misuse

**Strategies:** Streetwork

**Professional staff employed:** Welfare worker

**Other infrastructure required:** Agency infrastructure  
**Duration of the early intervention program:** Vulnerable  
**Average length of client stay in the program:** Too variable to be meaningful  
**Average frequency of contact with clients:** Vulnerable  
**Average duration of each contact with client:** No response  
**Number of clients carried per program per month:** 307 - Marrickville/Campsie  
475 - Penrith  
**Waiting list:** No  
**Referring agencies:** Wide variety of health, education, training, counselling  
**Agencies clients referred to:** Government; non government organisations  
**Effectiveness of program:** Client feedback  
**Strengths of program:**

- reaches many alienated very disturbed homeless people
- program has 'exit' services in the agency which support this program, especially accommodation

**Constraints of program:** No response

## 94: RECOGNISING THE SIGNS

**Program Target:** Case identification / early detection  
**Location:** Southern CAMHS  
Flinders Medical Centre  
BEDFORD PARK SA 5042  
**Contacts:** Associate Professor Graham Martin  
Phone: 08 8357 5788  
Fax: 08 8357 5484

**Funding:** Funding was for video/manual materials only. \$37,000 to make video: "Recognising the Signs"; \$11,000 to remake parts and then distribute 300 copies. Additional funding would allow the program as workshops to be completed as well as evaluation

**Aims and Objectives:**

- raising awareness in education staff regarding risk factors for suicidal behaviours in young people.

**Risk/protective factors addressed:** Yes

- wide range of risk factors for suicidal behaviour

**Basis of program:** Bio-psycho-socio-cultural approach to risk factors. Program based on adult education principles

**Target group/selection criteria:**

- secondary/high school teachers/school counsellors, guidance and other support staff.
- the overall target is young people in high school (ages 12-19)

**Strategies:**

- video education program
- manual
- brief workshop program

**Professional staff employed:** None. School counsellors, social workers and guidance officers volunteer

**Other infrastructure required:** The program could be much more comprehensive if there was any infrastructure and/or salaries

**Duration of the early intervention program:** 5 year life of materials

**Average length of client stay in the program:** If client teacher, then 1 hour

**Average frequency of contact with clients:** If client teacher, then once

**Average duration of each contact with client:** If client teacher, then one hour

**Number of clients carried per program per month:** Not known - the impact on young people has not been tested, nor has the outcome

**Waiting list:** No

**Referring agencies:** Teachers refer to education support staff and mental health services

**Agencies clients referred to:** Supported accommodation; housing; Centacare; FACS; private psychiatry; GPs

**Effectiveness of program:**

- video tapes/manuals were placed in every high school and Reception-12 school (Department of Education/Catholic and Independent in South Australia).
- support staff (counsellor/social workers) are now beginning to work the workshop program and will evaluate.
- no formal assessment of impact on outcome has been completed to date.

**Strengths of program:** Video resources based on extensive 5 year research program. The video resources have a life of 5 years plus.

**Constraints of program:**

- delivery of video was seen as end point.
- no clear workshop program was planned because no funding was available in 1996.
- no evaluation was planned given the total lack of resources (including time/energy/money)

## **95: EARLY DETECTION OF EMOTIONAL DISORDER**

**Program Target:** Case identification/early detection

**Location:** Southern CAMHS  
Flinders Medical Centre  
BEDFORD PARK SA 5042

**Contacts:** Associate Professor Graham Martin (Director of Education Department Program)  
Ms Kerin Williams (Independent Schools Program)  
Dr Graham Fleming (Rural Adolescent Programs)  
Phone: 08 8357 5788  
Fax: 08 8357 5484

**Funding:**

Program 1 to 1998 (3 x \$57,000)

Program 2 to 1998 (2 x \$15,000)

Program 3 to 1998 (\$50,000)

Further funding applied for

**Aims and Objectives:**

- development of questionnaires on mental health
- training of school counsellors and other education staff
- detection of 'vulnerable' young people in year 8 (age 13), year 9 (age 14) and year 10 (age 15)
- assessment of 'vulnerable' young people
- referral and management where warranted

- case control study to evaluate programs

**Risk/protective factors addressed:** Yes

The questionnaire targets young people who score highly on a number of questionnaires for emotional disorder eg depression, self esteem, risk taking, locus of control, abuse, delinquency, drug/alcohol, abuse, dysfunctional family on parenting.

'Indicated' prevention: targets those with risk factors or early symptoms.

**Basis of program:** A bio-psycho-social-cultural approach was taken to define what questions/questionnaires were included in the overall questionnaire ('The Youth Assessment Checklist'). The underlying premise was that some addition (algorithm) of risk factors would define 'vulnerability'.

Further premises were that:

- Vulnerability might be stable over 3 years
- Vulnerability in year 10 would be predicted from year 8

**Target group/selection criteria:** Young people aged 12-17 years. About 14% are defined as vulnerable and further assessed. About 10% of these are referred to mental health services. It must be stated that there are 3 programs: 2 developed out of the first and each lagging by one year.

- Department of Education program targets metro/country schools
- ISB targets metro private school children
- RAP targets rural young people

**Strategies:**

- questionnaire survey
- school counsellor interview
- formal mental health assessment
- 'cases' referred to mental health service for further assessment and therapy

**Professional staff employed:** Research staff (2 at 0.2 FTE); psychiatric nurse (2 at 0.5 FTE)

School counsellors from 27 schools (42) 'voluntarily' work on the program

**Other infrastructure required:** Southern CAMHS supplied telephones, chairs/ desks/ rooms/ budgeting/ reception and clinical staff when needed. Information technology also supplied by Southern CAMHS.

**Duration of the early intervention program:** 3 years with extensions 1995-1998. Planned second phase 1998-2002. NH&MRC study 1999-2000

**Average length of client stay in the program:** Initial questionnaire - 45 minutes, Assessment (where needed) - 1 hour, Referred assessment - 2 hours, Therapy (when needed) - average 3 x 1.5 hours

**Average frequency of contact with clients:** Level 1 (questionnaire) - once, Level 2 (assessment) - 1-2 x Level 3 (referred assessment) - 1-2 x Therapy - average 3 sessions

**Average duration of each contact with client:** Depending on level, about one hour (see above)

**Number of clients carried per program per month:** Overall 3000, 'seen' 3 times in 3 phases, 450 'vulnerable' seen twice, (same repeated in years 2 and 3), 45-50 referred for therapy

**Waiting list:** No

**Referring agencies:** Department of Education; independent and country schools.

**Agencies clients referred to:** Housing; supported accommodation; FACS; Centacare; private practitioners; GPs

**Effectiveness of program:**

- second year report available.
- counsellor feedback (currently being written up)
- clinical reports validate 'vulnerability' defined from questionnaire

**Strengths of program:**

- interagency approach

- based on 5 years previous research in cross-sectional studies
- exciting, innovative, thorough approach to finding young people 'indicated' to be at risk

**Constraints of program:**

- funding has been a major constraint. The whole thing has been done on a shoe string
- issue of 'consent' versus 'assent' by parent. In schools where consent needed, return rates were down to 6%-18% which totally undermined the approach
- confidentiality was a problem in schools and had to be dealt with
- innovation: therefore, community initially highly suspicious of program

## **96: KEEP YOURSELF ALIVE**

**Program Target:** Case identification/early detection  
**Location:** Southern CAMHS  
Flinders Medical Centre  
BEDFORD PARK SA 5042  
**Contacts:** Associate Professor Graham Martin  
Phone: 08 8357 5788  
Fax: 08 8357 5484

**Funding:** 2 years, \$650,000 Commonwealth project over 2 years under Youth Suicide Prevention Initiative (now NYSPS) - for materials, workshops in 5 states/territories and personnel

**Aims and Objectives:**

- to educate general practitioners in suicide awareness and prevention with special reference to depression in young people
  - to recognise the signs of possible self destructive behaviours
  - to intervene at a time of crisis
  - therapy skills with young people
  - what to do after a suicide death
- to educate community health and community mental health personnel in the same manner

**Risk/protective factors addressed:** Yes: risk and protective factors for suicidal behaviours are addressed

- selective prevention aimed at some population at risk
- indicated prevention aimed at individuals with risk factors or early signs of a range of mental health problems
- case recognition, assessment and preliminary (mainly crisis) management

**Basis of program:** Takes a bio-psycho-socio-cultural perspective on mental health problems, disorders and illness. Underlying premise was that GPs and community health professionals have very time limited training, understanding and experience in managing suicidal behaviour

**Target group/selection criteria:**

- general target is 15-24 years old young people with a range of mental health problems and/or suicidal behaviours.
- transitional targets of the target are GPs and community health professionals.

**Strategies:**

- multi-media workshop: video/audio/OHT/group practice/workshop modules provide broad education and experience in working with young people
- train the trainer program

- satellite broadcast to rural areas
  - distance education option for general practitioners
- Professional staff employed:** Psychiatrist (0.05); General practitioners (2 at 0.1 FTE each); project officer/social worker (1.0)
- Volunteers: GPs (4 x P/T); community health workers (6 x P/T; (as result of train-the-trainer workshop)
- Other infrastructure required:** 0.4 FTE administration staff. Other infrastructure (eg reception, rooms, information technology, business, furniture, phones) supplied by Southern CAMHS
- Duration of the early intervention program:** 2 years but sustainable through train-the-trainer and extension programs
- Average length of client stay in the program:** GPs and community health professionals as clients - 7 hours in workshop
- Average frequency of contact with clients:** No contact directly with young people
- Average duration of each contact with client:** No contact directly with young people
- Number of clients carried per program per month:** Further to evaluation reports from GPs, while there is great variability with over 2000 professionals trained, program staff average 4,000 to 10,000 client contacts (overall target) per month
- Waiting list:** No
- Referring agencies:** Referrals from community to GPs and community health professionals
- Agencies clients referred to:** GPs and community health professionals refer to mental health agencies as appropriate
- Effectiveness of program:**
- process evaluation of workshops
  - self evaluation of participants
  - with general practitioners
    - follow-up evaluation 3/12
    - practice audit. Currently 250 plus GPs entered
    - complete self evaluation
    - complete case vignettes/problem based learning
    - 25-50 questionnaires from young people per GP at Time 1 and Time 2 (6 months later)
- Strengths of program:**
- multimedia approaches (with national prizes for audio, video and overall kit)
  - multifaceted workshop
  - follow-up with GPs
- Constraints of program:**
- material took longer to develop than predicted
  - early difficulties in advertising workshops

## **97: CHILD AND ADOLESCENT MENTAL HEALTH POSITION**

**Program Target:** Case identification/early detection  
**Location:** 22 York Street  
TAREE NSW 2429  
**Contacts:** Judy Frost/Meegan Shepherd  
Phone: 02 6551 1315  
Fax: 02 6551 0982

**Funding:** No information available

**Aims and Objectives:** The above position includes duties such as developing programs to promote early intervention to enhance the mental health of young people. Such programs are utilised at high schools, by invitation, community agencies dealing with youth and other health professionals. Each presentation is tailored to the needs of the audience.

The Department School Education and Community Youth Agencies Program is focused at Mental Health awareness and what resources are available on a local level. It aims to promote awareness and early intervention. Space is also available in the program to encourage audience input and question time.

The Health Professionals Program is held as an in-service and is available to non mental health professionals or mental health workers, The latter would concentrate on the specific needs of adolescents.

Another facet to the position is to assess and provide counselling and case management to young people with mental health concerns.

**Risk/protective factors addressed:** Yes

An awareness and early intervention video was produced which looks specifically at early psychosis, eating disorders and self harm behaviour as examples of what mental health issues can affect young people. This video was accompanied by a literature package looking at mental health needs of young people. The package includes a video and literature which was distributed to the community and high schools in the mid north coast health service area

**Basis of program:** This early intervention program was designed on the basis that demand of mental health services for adolescents was much greater than what could be provided. e.g. one mental health professional per sector at Mid North Coast Health Service. Therefore, the package was designed for youth workers to empower them with knowledge of mental health issues to enable them to work effectively with young people regarding mental health issues.

The video was designed using youth focus groups to be appealing to adolescents. This video was designed to be shown in a classroom setting, to provoke discussion. The teacher aided by the literature package can answer questions and have more insight in such issues. A list of the resources in the local area where the young person may seek help is contained in the video.

**Target group/selection criteria:** Youth

**Strategies:**

- video “Whyz up” and “Mind Your Head” literature
- Mental Health Youth Forum
- educational presentations

**Professional staff employed:** Mental health nurse (1)

**Other infrastructure required:** More staff and funds for equipment required

**Duration of the early intervention program:** Full time position and educational presentations vary between 1 hour to a full day

**Average length of client stay in the program:** Individual basis is incorporated in counselling and case management

**Average frequency of contact with clients:** Once second monthly for education presentations. Individual basis for counselling and case management

**Average duration of each contact with client:** On counselling and case management, usually one hour is sufficient but this is varied due to client’s needs. Presentations are to a classroom (20-30 people) for usually one hour

**Number of clients carried per program per month:** Not applicable

**Waiting list:** Yes: up to one month

**Referring agencies:** Community youth agencies; other health professionals; Department of Education school staff; parents; Department of Social Security; Centrelink; Department of Community Services; church groups; police department

**Agencies clients referred to:** Community youth agencies; other health professionals; other agencies (as above)

**Effectiveness of program:** Pre and post presentation questionnaires were utilised for introduction of video and literature package. Majority of audience were youth workers with some young people attending. No evaluation format has been developed for the educational presentations as yet - this is in process

**Strengths of program:** Educational presentations are non intrusive and discussion and audience participation is encouraged. Invitation to speak at one to one level always offered for after the talk

**Constraints of program:**

- lack of staff
- no money

## **BRIEF DESCRIPTIONS OF OTHER SELF-IDENTIFIED EARLY INTERVENTION PROGRAMS**

### **98: YOUNG PARENT'S GROUP FOR ADOLESCENTS**

**Program Target:** Selective  
**Location:** CAMHS  
Dept of Psychiatry  
Mildura Base Hospital  
PO Box 306  
MILDURA VIC 3502  
**Contact:** Ms Roz Devilee, Mental Health Promotions Officer  
Phone: 03 5022 3500  
Fax: 03 5022 3354

**Funding:** Funding is required to maintain this group

**Aims and Objectives:** The Young Parent's Group is a collaborative venture of three local agencies. It offers an innovative service tailored to meet the complex and wider needs of adolescent parents and is run by staff who have extensive experience in nursing, early childhood development, health and issues related to youth

**Program Objectives:**

- to increase self esteem
- provide a range of pre and postnatal support and resources which can be accessed from a central source
- provide relevant information in a non-judgemental and easily understood manner
- empower parents to make informed decisions
- increase parent's ability to recognise and act upon their child's needs
- increase parent's social support networks

**Target group/selection criteria:** Adolescents (pregnant or parenting)

**Strategies:** Sessions are structured in consultation with group participants and include a component aimed at educating and informing members of the roles of local agencies by way of guest speakers. Personal development sessions are also conducted and include anger management and communication skills

Children are present for most of the sessions which allows group facilitators to model appropriate child rearing practices

## **99: HERE FOR LIFE**

**Program Target:** Universal  
**Location:** 317 Victoria Street  
WEST MELBOURNE VIC 3003  
Phone: 03 9329 1611  
Fax: 03 9329 1565  
**Contacts:** Andrew Kay

**Funding:** No information available

**Program Description:** Here for Life is a non-government, not-for profit organisation composed of concerned citizens, health professionals and business people. It has a commitment to reducing the levels of youth suicide in Australia. Here for Life sees itself as having an important role in that it works as a national body to advocate for the prevention of youth suicide, as well as providing educational and preventative projects for youth and the community. Here for Life's philosophy is that the community is a critical element in addressing the issue of youth suicide.

The following projects and activities have been developed to support youth mental health and general well being.

*Education and awareness workshops* with school teachers, parents and other groups working with youth. These workshops discuss warning signs and early detection.

*Community intervention regional projects* driven by that community to address youth suicide and relevant issues.

*Personal development workshops for VCE students.* The program equips young people with skills to cope with stress and conflict resolution.

*Advocacy and lobbying* to the media and governments.

*National adolescent health campaigns* directed towards peers and professional referral

## 100: CRISIS SUPPORT SERVICE: BUNDABERG AREA YOUTH SERVICE INC (BAYS)

**Program Target:** Indicated - case identification  
**Location:** 71 Woongarra Street  
BUNDABERG QLD 4670  
PO Box 1743  
BUNDABERG QLD 4670  
Phone: 07 4151 7610  
Fax: 07 4153 3445  
**Contacts:** Mr Peter Haimes

**Funding:** No information available

### **Aims of the Service:**

- To provide an effective targeted Crisis Support Service to young people who have, or are at risk of developing, a mental disorder, that is flexible and responsive to need, in an environment that maximises potential for positive consumer outcomes, and
- To prevent admission to, or reduce length of stay in, the inpatient Mental Health facility
- To network and collaborate with Mental Health Service Providers to address local young people's mental health issues
- To develop this project as a program that is transportable to other community locations throughout Queensland, that is, other community agencies working with young people with a mental disorder

### **Program Description:**

This program provides an individualised crisis support service is an easily accessible service (BAYS) for young people who have, or are at risk of developing, a mental disorder. The service is targeted at addressing individual mental health needs of consumers in crisis and ensure that individual needs receive appropriate advocacy and action. This may include:

- Support, advocacy, counselling, supervision
- Utilisation of appropriate referral sources e.g. CAMHS, Integrated Mental Health Services
- Assistance with practical needs e.g. safety, crisis accommodation, transport, financial advice in ways which ensure equity

The focus is on reducing the impact of the crisis by avoiding admission to/ reducing length of stay in the Mental Health Unit and maximising potential for positive consumer outcomes

The Crisis Support Service project is being developed as a model for use in other community locations throughout Queensland, that is, agencies working with young people with a mental disorder. This will be achieved via documentation of all stages of the project including:

- Planning, development and implementation processes involved
- Crisis support strategies
- Evaluation and reporting mechanisms
- Opportunities, strengths and challenges of providing the service

### **Networking/ Linking with Mental Health Services**

Effective networking and linking with local mental health services will enhance crisis support and promote the development of collaborative strategies to address local young people's Mental Health issues. BAYS has already established links with local Mental Health Service providers, these will be further strengthened via the Crisis Support Worker:

- Attending, meetings, forums and workshops organised by Mental Health Services
- Liaising and consulting with local service providers

- Involving service providers, consumers and youth workers in planning, management and evaluation processes

*Evaluation:*

*Crisis Support:*

A variety of performance measures will be developed. Performance media will include action research, written surveys, consumer satisfaction ratings and consultations with consumers and service providers.

Measures will include:

*Qualitative:*

- Subjective feedback from consumers and/ or families and carers e.g. level of satisfaction, achievement of positive outcomes, improved access
- Enhancement/ improvement of mental status
- Stated and written feedback from Mental Health Service Providers e.g. improved liaison with community agency BAYS
- Reports/feedback from funding body, that is, Mental Health Branch
- Quality and outcomes of referrals to other agencies
- Service policies and protocols endorsed by consumers and mental health representatives

*Quantitative:*

- Number of consumers accessing the Crisis Support Service
- Participation of consumers in planning, developing and evaluation of the service
- Level of referrals
- Reduction of admissions to Mental Health Unit
- Reduced length of stay
- Meeting budget requirements

*Pilot Project Model Development*

*Measures:*

- A model process has been developed and documented
- The model has been evaluated by the Mental Health Branch
- Transportability of the model
- Number of areas in Queensland implementing the model

*Networking / Linking with Mental Health Services*

*Measures:*

- Number and quality of collaborative strategies developed
- Number of strategies successfully implemented
- Quality of referrals between agencies
- Enhanced access for young people to services and agencies
- Participation of consumers in development of strategies
- Quality of response by BAYS and Mental Health Service providers to local young people's mental health issues
- Reduction in inpatient admission rate
- Reduction in length of stay

## 101: BEYOND IMAGINATION: CITY OF MARION YOUTH SERVICES

**Program Target:** Universal  
**Location:** 245 Sturt Road  
STURT SA 5047  
Phone: 08 8357 6680  
Fax: 08 8357 6699  
**Contacts:** Eric Plet

**Funding:** No information provided.

**Aims of the Service:**

**Program Goals:**

- To encourage young people to develop positive social behaviours
- To encourage young people to gain social skills and life skills necessary to lead healthy and productive lifestyles
- To help young people develop self-confidence and motivation to succeed at school, in relationships and life generally
- To help young people develop clarity on goals and a sense of direction and future in their life
- To help young people develop strong commitments to themselves and to healthy relationships with their peers, families and teachers
- To encourage young people to develop determination and courage to achieve
- To provide teachers and parents with appropriate support mechanisms and new knowledge needed in supporting young people

**Values Promoted in Beyond Imagination**

- Positive friendships
- Learning can be fun
- Self-discipline
- Healthy lifestyles
- Mistakes are learning experiences
- Respect for others
- Confidentiality and responsibility
- Honesty and fun
- Celebration of life
- Kindness and support for others
- Commitment to agreements and family values
- Service to others
- Courage and determination
- Spontaneity and creativity

**Social Competencies and Skills Developed in Beyond Imagination**

- Developing and setting goals
- Improving communication and public speaking skills
- Understanding and managing emotions
- Being responsible for one's actions and agreements
- Enhancing and appreciating peer and family relationships
- Solving problems and making healthy decisions
- Understanding and developing lateral thinking patterns
- Recognition of self limiting behavior

**Program Description:** Beyond Imagination is a leadership and personal development course for teenagers aged 13-18 years. The program uses educational methodologies and accelerated learning techniques. Relaxing /energising music is played. Teenagers will participate in a low ropes course and other types of physical exercises. These are designed to develop team work, leadership skills and promote positive social, emotional and physical experiences.

The program is complemented by individual confidence building activities such as: public speaking, juggling, skills to manage confronting issues and adopt an optimistic approach to problem solving. Communication, responsibility, visualisation and relaxation techniques are also included in the program. Positive thinking and dispensing of negative beliefs are integral components of 'Beyond Imagination' as this is seen as a strengthening of character.

These experiences expect to foster the following outcomes for participants: increase self confidence and success in life, more spontaneity and less procrastination, trusting yourself and your abilities, increase self motivation, more clarity on goals and direction in life, increase creativity, making excellent friends, having as much fun as possible.

## **102: THE FREEDOM CENTRE (PART OF YOUTH SEXUALITY PROJECT)**

**Program Target:** Universal  
**Location:** 664 Murray Street  
WEST PERTH WA 6005  
PO Box 1510  
WEST PERTH WA 6005  
Phone: 08 9429 9900  
Fax: 08 9429 9901  
Email: waac@highway1.com.au  
Home Page: <http://wayouth.queer.org.au>  
**Contacts:** Graham Brown / Pia Coates

**Funding:** No information available

**Program Description:** At the Freedom Centre, young people dealing with same sex attractions can access information and develop friendships with other youth who understand the issues. It offers an opportunity to join support groups, personal development courses, social groups, and provides information and education on HIV/AIDS, STDs and other health related issues.

The Freedom Centre provides information on a range of topics from health related questions to information around sexuality and sexual identity. Information is provided in the form of referral to other agencies, pamphlets, books to read, videos and answering questions in person.

*Social support groups and personal development courses* provide the opportunity for young people to come to terms with their sexuality in a safe and supportive environment. Young people can be referred to support groups and personal development courses provided through the Gay and Lesbian Counselling Service and the WA AIDS Council.

*Peer facilitation/ staff training and resources:* training and resources are provided to young people who staff the centre and facilitate different youth groups to enable young people to make choices that lead to healthy outcomes.

*Advocacy:* 1526 Youth Voice raises the profile of the existence and identifies the needs of gay, lesbian, bisexual, transgender and questioning youth in Western Australia.

*Other Voices Gay/Bisexual Guys Youth Voice* addresses issues concerning young guys and HIV/AIDS through Gay Men's Peer Education at the WA AIDS Council.

### **103: EARLY PSYCHOSIS ENTRY PROGRAM: VALLEY INTEGRATED ADULT MENTAL HEALTH SERVICE: PSYCHIATRIC ASSESSMENT REHABILITATION UNIT (PARU)**

**Program Target:** Treatment – maintenance/relapse prevention  
**Location:** 63 Clarence Road  
INDOOROOPILLY QLD 4068  
Phone: 07 3371 4455  
Fax: 07 3371 2578  
**Contacts:** Keri Pavia – Clinical Psychologist  
Sara Simpson, Occupational Therapist

**Funding:** No information available

**Project Description:**

- Aimed to meet the needs of young adult clients who have recently experienced their first psychosis episode or developed a psychotic disorder
- Consists of two main components : (a) psychoeducation; (b) activity-based sessions  
*psychoeducation component includes:*
  - introduction to psychosis
  - impact of psychosis
  - early warning signs
  - treatment for psychosis – medication
  - other treatment for psychosis
  - the role of stress in illness
  - drugs and alcohol
  - goal setting

Activity-based sessions aimed to increase engagement of young people to facilitate recovery and reintegration, and to improve and learn social and living skills. Participants chose from a range of age and interest appropriate recreational and creative activities

### **104: YOUNG OCCUPATIONS UNLIMITED (YOU): GOLD COAST INTEGRATED MENTAL HEALTH SERVICE**

**Program Target:** Maintenance/relapse prevention  
**Location:** Psychiatric Unit  
Little High Street  
SOUTHPORT QLD 4215  
Phone: 07 5571 8949  
Fax: 07 5571 8909  
**Contacts:** Chris Lloyd – Senior Occupational Therapist

**Funding:** No information available

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**Program Description:** This program is for young persons aged 18-25 years, recently diagnosed with psychosis who have the goal of further education, training or work. YOU addresses such issues as self esteem and self awareness, drug and alcohol abuse, symptom management, role functioning, vocational skills, leisure and time management and community access. All sessions incorporate a combination of education and activity.

## **105: FAMILY PSYCHOEDUCATION PROGRAM: GOLD COAST INTEGRATED MENTAL HEALTH SERVICE**

**Program Target:** Maintenance/relapse prevention  
**Location:** Psychiatric Unit  
Little High Street  
SOUTHPORT QLD 4215  
Phone: 07 5571 8949  
Fax: 07 5571 8909  
**Contacts:** Chris Lloyd – Senior Occupational Therapist

**Funding:** No information available

**Program Description:**

This program is for families who have a family member who has recently experienced a psychotic episode. The program provides ongoing support and education through the provision of family psycho-education workshops and multiple family groups.

The Family Psycho-Education Training committee is currently looking at establishing a consumer support group for young people recently diagnosed with psychosis.

# CHAPTER 5

## OTHER PROGRAMS

Includes:

BRIEF DESCRIPTIONS OF OTHER SELF-  
IDENTIFIED EARLY INTERVENTION PROGRAMS

## NOTES

The fourteen self-identified early intervention programs described in this chapter tend to be much 'broader' programs than those described in previous chapters. Rather than providing specific early intervention programs for clearly defined target groups, programs presented here tend to use a wide range of strategies for very broad target groups with varied problems/issues. As such, they can be considered to be more generalist or whole community programs. An example of such a program is *Lifeline Sydney* which has broad aims and objectives (that is, 'providing assistance', 'offering a face to face counselling service', 'training volunteer counsellors' and 'developing new programs') and provides its service to the general community.

Other programs described in this section can be seen as offering more of a secondary consultation service. This is illustrated by the *Secondary Consultation, Liaison and Educational Program* which has a target group of agencies working with children and youth aged 0-18 years and which aims to develop collaborative systems for early identification and screening of mental health problems for children and young people.

A further group of programs presented in this chapter provides generalist programs for a specific group such as indigenous Australians or people with a language other than English. Examples of these programs include the *Koorie Mental Health Project*, *Wuchopperen Medical Service*, *Cairns: Social Health Program*, the *Transcultural Mental Health Centre*, *NSW: Projects on Young People of Non-English Speaking Background (NESB)*, the *Association for Services to Torture and Trauma Survivors: Child and Adolescent Team* and the *Non-English Speakers Program*.

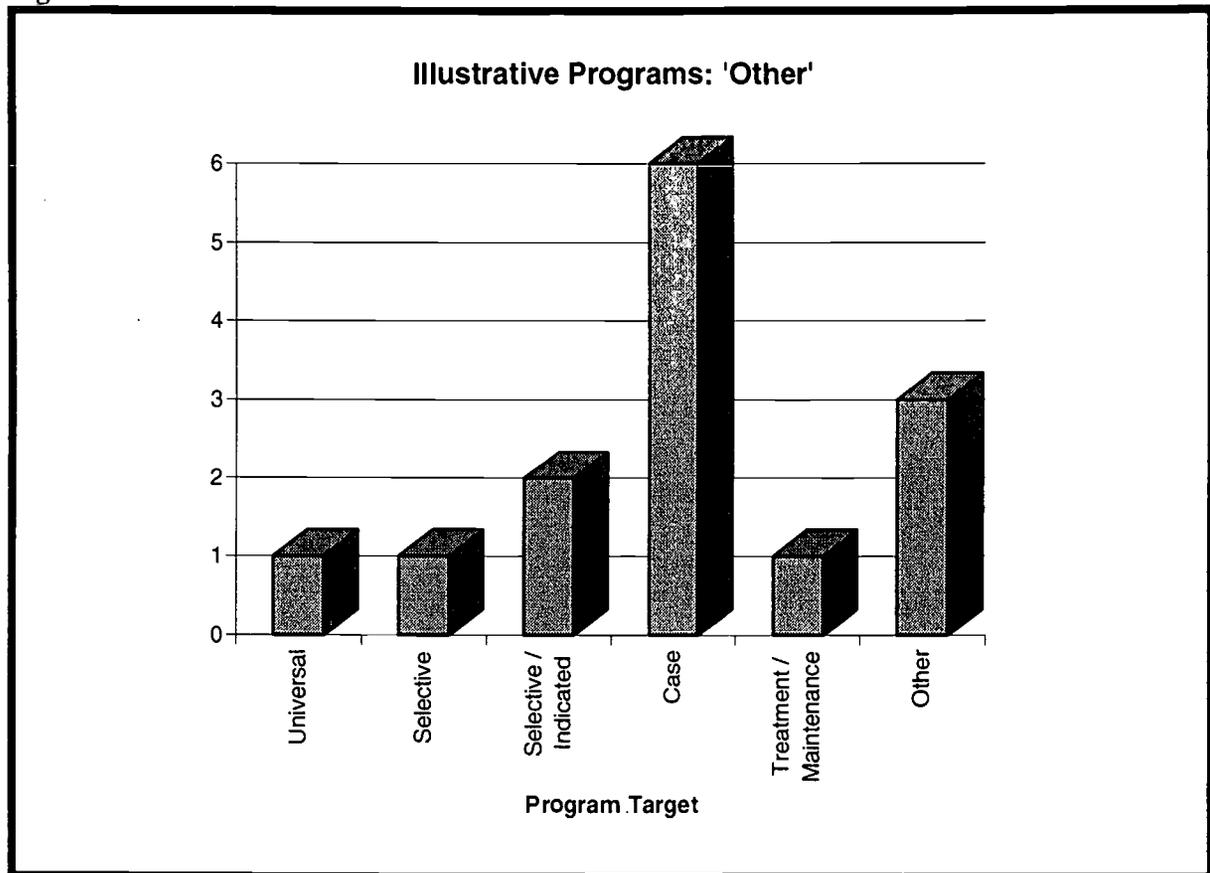
As with the previously noted programs, these programs have broad target groups, and utilise a range of strategies to impact on broadly defined problems/issues. For example, the *Transcultural Mental Health Centre NSW: Projects on Young People of Non-English Speaking Background (NESB)* aim to increase knowledge on key mental health issues for young people of culturally and linguistically diverse backgrounds to enable appropriate cross cultural early intervention principles to be developed and utilised. The target group for the program is primarily communities of people from a non-English speaking background, as well as mainstream health services, youth services, relevant non-government organisations and ethno-specific services. The strategies employed are seen as contributing to further knowledge to the area of early intervention.

As illustrated in Figure 10, the majority of programs reported in this chapter can be seen as having/contributing to a case identification preventive intervention program target. One program, the *Non English Speakers' Program* can be classified as having selective-indicated and case identification preventive intervention program targets. This program aims to increase CAMHS access and utilisation by non-English speaking children, adolescents and families, to provide services to selective and indicated populations of refugees who are survivors of torture and trauma, and to develop a model of service access and utilisation by people of a non-English speaking background, especially refugee children and adolescents. Interestingly, the model was constructed following Mrazek and Haggerty's (1994) adaptation of Gordon's model for prevention for mental health. That is, program staff have researched from the general population, to help establish links with selective populations (refugees) to help identify indicated populations (victims of torture and trauma aged 0-18 years).

The 'other' category in Figure 10 includes *The Australian Child and Adolescent Development Study*. This program is a longitudinal study of a representative sample of intellectually disabled young people in New South Wales and Victoria. The program adopts a descriptive empirical approach to the understanding of psychopathology in young intellectually disabled people. A range of behavioural and emotional problems and their link with biopsychosocial factors are being studied. It is anticipated that

this will subsequently allow informed planning and effective prevention and intervention programs to be developed.

Figure 10



***Risk and protective factors addressed by the programs***

Both risk and protective factors are addressed by several of the self identified early intervention programs described in this chapter. Risk factors addressed by these programs include:

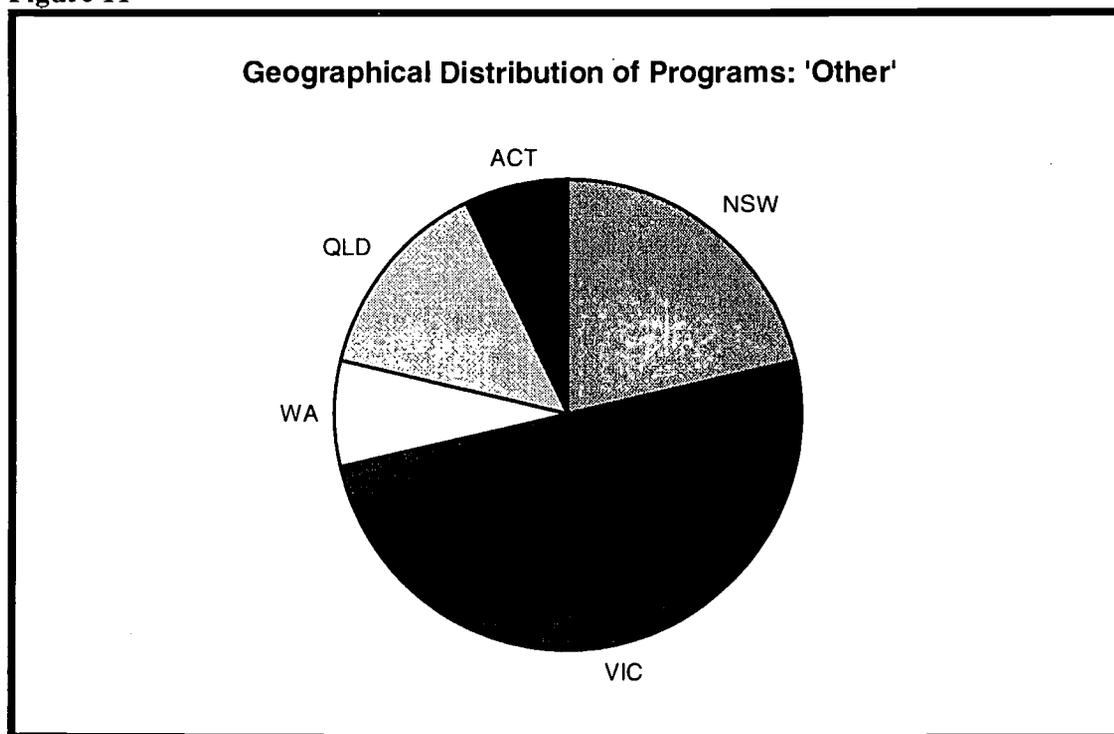
- abuse/ 'at risk' of abuse
- parental mental illness
- homelessness
- suicide attempts
- early school failure/dropout
- anti-social behaviour
- post traumatic stress
- depression
- adjustment disorder

Protective factors addressed include:

- parenting style
- stable supportive environment
- education

*Geographical distribution of programs*

Figure 11



As with programs described in the previous chapters, the majority of programs summarised in this chapter are located in Victoria and NSW.

***Theoretical models/practice models utilised***

A number of the programs outlined the underlying theoretical bases of their program and the practice models employed. The *Association for Services to Torture and Trauma Survivors: Child and Adolescent Team* draws on the work of Raundalen, Pynoos and Eth, Ven Der Kolk and scrapbook work by Lewenstein while the *Koorie Mental Health Project* employs a practice model which incorporates a culturally sensitive, narrative style using appropriate symbolism. A community development model is utilised by the *Our Families Our Communities: The Family & Neighbourhood Links Project, City of Whittlesea*. Several of the programs have a more eclectic approach: the *Child, Family and Youth Health Program (CFYHP) ACT Community Care* uses a 'variety of clinical models and practices, based on primary health care principles and community pediatrics'. This is a multidisciplinary program that encompasses a wide variety of services for target groups.

**Strategies**

As noted, programs in this chapter tend to employ varied strategies to meet their stated aims and objectives. Strategies include the development of intersectoral collaboration, provision of support and secondary consultation and the development of resource materials and training packages. Other strategies identified include:

- counselling, art therapy, group therapy, family therapy
- provision of relevant referrals
- education via training sessions
- research

- screening and surveillance
- assessment
- provision of therapeutic services
- health promotion
- the use of culturally sensitive strategies
- provision of a retraining program for GPs
- phone support

### ***Staffing***

Staffing of the illustrative programs described varies and includes consultant child psychiatrists, psychologists, nurses, trained volunteers, support staff, social workers, counsellor/art therapists, education officers, occupational therapists, physiotherapists, pediatricians, nutritionists and project officers.

### ***Infrastructure needed***

Infrastructure needed to support the various programs includes suitable venues, administrative support as well as support from other services. One program, the *ADD and ADHD Parents and Children Support Line* highlights the importance of a range of infrastructure to meet its aim of providing support and respite to parents of/with children with ADD and ADHD and co-existing disorders. This includes a large house and land, educational and fun toys, bedding, a mini bus and funding for a 1800 phone number, nation wide.

### ***Other program characteristics***

Given the nature of the programs described in this chapter, it is difficult to provide any summarised or aggregated information related to program characteristics. Of those programs providing direct services (that is, some form of direct therapy or intervention) to a target group, the numbers of clients 'seen' varies enormously. *Lifeline Sydney* report receiving eighteen hundred calls per month while the *Association for Services to Torture and Trauma Survivors: Child and Adolescent Team* sees about twenty clients for counselling per month and a further forty to fifty for group work.

Organisations which deliver services through the implementation of specific programs (e.g. health promotion programs) such as the *Child, Family and Youth Health Program (CFYHP) ACT Community Care* provide information on the number of programs conducted. (In this case, thirty seven programs during the past year).

More detailed information on the characteristics of each program is provided within the section entitled 'Illustrative Programs'.

### ***Measuring effectiveness***

There is limited information available on the effectiveness of the programs presented in this chapter. For those programs providing direct services to a client group (e.g. *Association for Services to Torture and Trauma Survivors: Child and Adolescent Team*), measures of effectiveness employed range from reviews of case notes, feedback from schools and families and a range of process evaluation measures such as statistics for client numbers/visits, numbers of referrals, interagency satisfaction/feedback and client surveys. Programs such as *CLASP: Collaborative Learning and Sharing Program* which aim to strengthen the skills and knowledge of GPs re the care of clients with mental illness, employ pre and post measures with GPs and clients. Other programs which have endeavored to evaluate effectiveness employ a range of indicators including training evaluations or interagency forum evaluations, feedback from workshops and research reports.

In terms of the criteria developed by Nathan and Gorman (1997) to assess the strength of evidence for effectiveness, the programs reported in this chapter are able to provide only limited support for their effectiveness.

### ***Strengths of the programs***

Programs described in this chapter articulate a number of strengths. In the case of a *Lifeline Sydney*, a large organisation providing a generalist and broad community service, anonymity, twenty four hour availability and an extensive referral base were considered to be program strengths. Other strengths identified by programs include:

- endorsement of the particular program by key agencies and by state government mental health policy frameworks (*Non English Speakers' Program*)
- accessibility of the particular program
- comprehensiveness of the particular program

### ***Constraints identified***

A number of program constraints are noted. Similarly to programs described in previous chapters, lack of secure funding and resources was identified as a major constraint. One respondent commented that their program was sequentially developed with each stage being grant funded, noting that the development of the model (a major aim of the project) was constrained by the grants available while another observed that new learning and skills (a key aim of the program) could not be reinforced because of the limited time and funding available to the program. Other constraints identified included the difficulties of evaluating programs and fragmentation and poor integration of services.

The difficulties encountered in reorienting service activities from assessment and treatment to early intervention activities<sup>1</sup> were highlighted by one respondent as was achieving sustainable intersectoral co-operation.

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<sup>1</sup> The complexities and challenges of 'reorientation' of services is of particular interest to the AusEinet project team, given that one of the objectives of the AusEinet project is to reorient services to more of an early intervention focus. A separate AusEikit discussing opportunities, barriers, and constraints in the reorientation process will be produced and disseminated by the AusEinet project in mid 1999. This will detail findings from the reorientation stream of the project which has involved the placement of mental health workers in a variety of agencies to explore and assist with the reorientation process.

## ILLUSTRATIVE PROGRAMS

### 106: SECONDARY CONSULTATION, LIAISON AND EDUCATIONAL PROGRAM

**Program Target:** Case identification/early detection  
**Location:** South Brisbane CYMHS  
Management Unit, Aubigny Place  
Mater Hospital Complex  
SOUTH BRISBANE QLD 4101  
**Contacts:** Erica Lee, Co-ordinator  
Phone: 07 3840 1640  
Fax: 07 3840 1644

**Funding:** No response. Ongoing. All activities are conducted within and constrained by current resourcing

**Aims and Objectives:**

- develop collaborative systems for early identification and screening of mental health problems for children and young people
- mental health promotion
- develop 'frontline' workers skills in early detection and referral
- timely referral/early access to CYMHS

**Risk/protective factors addressed:** Yes, both risk and protective factors are addressed

**Risk**

- abuse
- parent with a mental illness
- homelessness
- suicide attempt
- early school failure/dropout
- anti-social behaviour

**Protective**

- parenting style
- stable, supportive environment
- education

**Basis of program:**

**Theoretical:**

'Scope for Prevention in Mental Health' (NH&MRC). Promoting Competence - Competence Enhancing Environments

**Practice:**

South Australian Health Commission Family and Community Services, SA Education Department 'A Shared Responsibility'

Vermont System of Care, USA

HARP -Victoria

**Target group/selection criteria:** The target group is agencies working with children and youth aged 0-18 years. Each clinic allocates resources within their catchment area according to priority in those agencies working with at-risk populations and who demonstrate a willingness to work collaboratively:

- Department of Family Services

- Education Department
- School for Indigenous Children
- Child Care Centres
- Child Health
- Youth Agencies

**Strategies:**

- development of intersectoral collaboration between CYMHS and other departments/agencies eg Family Services, Child Health eg Interagency Forum Provision of primary consultation within Child Health
- provision of support and secondary consultation to other programs/workers, including contributing psychiatric, behavioural, developmental and systemic perspectives
- development of resource material/packages for 'frontline' professionals/workers eg Child Care Centres
- provision of training for 'frontline' professionals/workers eg interagency collaborations
- provision of training and assisting development of early intervention systems eg Case Conference within Child health (CASELINK)
- participation in interagency network meetings

**Professional staff employed:** Consultant Child Psychiatrist (within Child Health, 6 hrs per week -1); CYMHS Co-ordinator, CYMHS Director (Interagency Forum, Monthly -2); Child Psychiatrist, Team Leader, Team member (Child health CASELINK, 1.5 hrs, 3 weeks per month)

Team members per clinic as allocated to consultation, liaison and education activities

**Other infrastructure required:** Interagency Forum requires a venue, maintenance of minutes, chairperson, terms of reference, protocols etc.

**Duration of the early intervention program:** Ongoing

**Specific activities:**

- Interagency forum commenced end 1996
- Child Health consultation commenced mid 1996
- CASELINK training commenced February 1997
- Child Care Centre mental health needs survey 1997

**Average length of client stay in the program:** Not applicable

**Average frequency of contact with clients:** Not applicable

**Average duration of each contact with client:** Not applicable

**Number of clients carried per program per month:** Not applicable

**Waiting list:** No

**Referring agencies:** Not applicable

**Agencies clients referred to:** Not applicable

**Effectiveness of program:**

**Outcomes:**

- increased agency referral of at-risk children and young people
- interagency satisfaction/feedback
- sustained interagency forums

**Specific evaluation:**

- training evaluations
- interagency Forum evaluation

**Strengths of program:** Program is a district wide CYMHS initiative, overseen by an internal Program Development Committee, with each of the four CYMHS sites prioritising allocation of resources within local area

**Constraints of program:**

- reorienting service activities from assessment and treatment to include early intervention activities

- staff training in providing screening, primary and secondary consultation activities
- human resources, that is, adequate staff allocation to meet needs
- sustainable intersectoral co-operation

## 107: LIFELINE SYDNEY

**Program Target:** Case identification/early detection  
**Location:** 53 Regent Street  
CHIPPENDALE NSW 2008  
**Contacts:** Ms Anne Lenehan  
Phone: 02 9951 5577  
Fax: 02 9951 5511

**Funding:** No information available

**Aims and Objectives:**

- provide assistance to individuals in crisis 24 hours per day with a quality telephone counselling service accessible to all community groups
- offer a face to face counselling service for those clients who are ready to work on their issues through counselling but are unable to afford commercial counselling services
- provide accurate referral, assessment, and information to clients
- fully train new volunteer counsellors, and provide ongoing training, support and supervision of existing volunteer counsellors to ensure that they are equipped to provide the best possible service to our callers and clients
- continue to develop new programs aimed at extending our service to our clients and the community, with particular regard to suicide prevention as per programs being developed by Lifeline nationally

**Risk/protective factors addressed:** Yes - but none reported

**Basis of program:** No response

**Target group/selection criteria:** The service is affordable to the general community, regardless of age or condition

**Strategies:**

- counselling - help to work through issues
- provision of relevant referrals

**Professional staff employed:** Psychologists (3); trainer (1); nurse (1); support staff (1). Trained volunteers are also utilised (210). These undertake a 6 month training course

**Other infrastructure required:** Counselling facilities for telephone counselling and face to face counselling

**Duration of the early intervention program:** No response

**Average length of client stay in the program:** No response

**Average frequency of contact with clients:** No response

**Average duration of each contact with client:** No response

**Number of clients carried per program per month:** Telephone counselling (approximately 1800 calls per month); face to face counselling (approximately 60 appointments per month)

**Waiting list:** No

**Referring agencies:** Hospitals, mental health services and community centres, psychologists

**Agencies clients referred to:** An extensive referral data base is employed

**Effectiveness of program:** A program of follow-up is commencing. To date, there are no results

**Strengths of program:**

- anonymity
- 24 hour availability
- extensive referral data base

**Constraints of program:** difficult to evaluate

## 108: MENTAL HEALTH PROMOTIONS

**Program Target:** Case identification/early detection

**Location:** Division of Psychiatry  
PO Box 78  
STRATHDALE VIC 3550

**Contacts:** Ms Annette McHugh

**Funding:** 5 years funding

**Aims and Objectives:**

- educating workers, parents, and the community at large about young people's mental health problems to increase the likelihood of referral to support services before major mental illness develops
- developing programs in schools to facilitate good mental health in young people

**Risk/protective factors addressed:** No response

**Basis of program:** No response

**Target group/selection criteria:**

- whole community in Southern Loddon Mallee Region - including teachers, parents, peers of young people and workers in the helping profession
- depends on the school, generally this is tackled structurally by developing whole school policies which support positive mental health outcomes. Confined to schools in Southern Loddon Mallee region

**Strategies:**

- education via training sessions, forums and information distribution
- peer education, staff training, policy development in whole school

**Professional staff employed:** No response

**Other infrastructure required:** No response

**Duration of the early intervention program:** No response

**Average length of client stay in the program:** Training sessions are generally 1 day or 2-3 hours. In the schools which implement these programs, students would receive the benefit for all the years they attend

**Average frequency of contact with clients:** Both programs are targeted at the structures in society rather than individual clients

**Average duration of each contact with client:** No response

**Number of clients carried per program per month:** No response

**Waiting list:** No

**Referring agencies:** No response

**Agencies clients referred to:** No response

**Effectiveness of program:** Feedback from workshops is positive. The program is yet to be formally evaluated.

**Strengths of program:** Mental Health Promotion occurs across the staff because the positions are government funded. The position/program fills the gaps between existing services, and approaches. It allows for training and program development responses which meet the needs of specific communities across a range of geographic areas.

**Constraints of program:** No response

## 109: TRANSCULTURAL MENTAL HEALTH CENTRE, NEW SOUTH WALES: PROJECTS ON YOUNG PEOPLE OF NON-ENGLISH SPEAKING BACKGROUND (NESB)

**Program Target:** Selective-Case identification/early detection  
**Location:** Transcultural Mental Health Centre (TMHC)  
Cumberland Hospital  
Locked Bag 7118  
PARRAMATTA BC NSW 2150  
**Contacts:** Ms Maria Cassaniti/Ms Andrew Sozomenou

**Funding:** No information available

**Aims and Objectives:** An aim of the Transcultural Mental Health Centre (TMHC) young people's projects is to increase knowledge on key mental health issues for young people of culturally and linguistically diverse backgrounds to enable appropriate cross cultural early intervention principles to be developed and utilised.

The main objectives for this program include:

- developing discussion papers on mental health issues for young people of NESB
- co-ordinating a training program on adolescent mental health issues for the Centre's sessional workers and bilingual counsellors employed by the NSW Health Department
- developing a training program on transcultural issues for mainstream adolescent mental health professionals
- exploring effective counselling models for working with young people of NESB and their families
- participating in the policy/planning of services/programs in areas related to adolescent mental health to ensure that the needs of young people of NESB are addressed

**Risk/protective factors addressed:** Yes, the project on "Promoting the mental health of young people from culturally diverse communities living with parents with mental health problems" addresses the issue of this group of young people being at increased risk of developing a mental health problem. Therefore, early intervention programs for this population are vital.

Forums are being held which focus on young people entering the Juvenile Justice System, as well as on refugee young people. These aim to raise essential issues relevant to these particular groups who are at increased risk of developing mental health problems. Both forums will also explore useful/possible early intervention models.

**Basis of program:** No particular theoretical model has been adopted. Project staff are currently aiming to increase the knowledge base in the area of young people of NESB, and in turn, use this information to inform relevant bodies on early intervention models which reflect the linguistic and cultural diversity of society.

**Target group/selection criteria:** The target group is primarily communities of NESB, as well as mainstream health services, youth services, relevant non-government organisations and ethno-specific services

**Strategies:** Project staff are undertaking several initiatives in the area of young people of NESB and mental health. While, some of these projects are not directly focused on early intervention, they all contribute further knowledge to the area of early intervention.

The projects include

- report on “Young people of NESB and mental health”. The aim of this report is to seek to understand the experiences of young people from diverse cultural backgrounds in the context in which they live their lives: education; health; leisure and health services.
- forum series on young people of NESB and mental health. All three forums address early intervention issues for young people of NESB, a ground which is very diverse. The overall aims of the forum series are to:
  - increase knowledge of mental health issues relevant to young people of NESB
  - investigate the diverse range of skills required in working with young people of NESB and their families
  - investigate the models available (including early intervention models) and consider the development of new models
  - document the recommendations based on the experiences of young people, family members and workers

The first forum, entitled “Youth in Trouble: Young People, Culture, Mental Health issues and Juvenile Justice: was held at the NSW Institute of Psychiatry on 5/2/98. The objectives of the forum were to investigate issues that may contribute to juvenile offending behaviour with reference to young people of NESB who have experienced mental health issues; explore models of intervention for the wider NESB community as well as specific communities; and examine current policy frameworks and identify gaps.

The second forum, entitled “Effective Models of Early Intervention for Young People of NESB”, was held on 2/4/98 at the institute. The objectives included: evaluating current early intervention strategies; exploring effective models of early intervention for young people of NESB; examining the implications of policy for early intervention techniques that may successfully engage young people of NESB.

The third forum entitled “Working with Young People of Refugee Background: Theory and Practice”, was held on the 28/5/98. The objectives of this forum included: examining the diversity of cultural and life experiences which impact on young people of refugee background; exploring useful practical skills which can be utilised with young refugees; raising the overall knowledge base of local issues relevant to young refugees.

Papers from these forums as well as recommendations are to be published.

- the TMHC is also in the process of running a Course in Adolescent Mental health and Cultural Issues which has been specifically designed for our Centre’s sessional workers, as well as bilingual workers throughout the state of NSW. This first Course is to be run as a pilot. The TMHC is conducting the Course in conjunction with the NSW Institute of Psychiatry.

The Course aims to extend the knowledge and skills of participants in working across generations and cultures with young people who experience mental health problems and their families. The Course content includes information in the areas of: adolescent development issues; issues pertinent to young people of NESB and signs of early identification of mental health problems; impact of migration on adolescents; growing up with diverse cultures; young people of refugee background; school and peer relationships; separation and divorce; trauma and grief; sexuality and gender; disorders and diagnostic categories; strategies for working with adolescents and family therapy models.

The pilot Course is to be held at the NSW Institute of Psychiatry and will be run for over two one week blocks. The first week will be from 4-8 May and the second week will be from 22-26 June.

- Developing a CD-ROM training program on transcultural issues for mainstream adolescent mental health professionals and youth health services. The material presented in the program will be appropriate for professional mental health staff with tertiary level credentials. The program will be configured in self-guided learning stages, to meet the needs of the target audience. Those wishing

to undergo the program must have a fundamental grounding in working with basic mainstream mental health treatment modalities and the diagnostic system.

- The Centre is currently working collaboratively on a research project aiming to promote the mental health of young people from culturally diverse backgrounds living with parents with mental health problems. The other partners involved in this project include: Liverpool Paediatric Mental Health Services; Service for the Treatment and Rehabilitation of Survivors of Torture and Trauma (STARTTS), and Fairfield/Liverpool Cross Cultural Mental Health program.

A number of programs have been developed to address the needs of young people living with parents with mental health problems. However, there is no information available on the extent to which these programs have targeted, or are appropriate to the needs of young people from culturally and linguistically diverse communities.

This project is being conducted to explore the needs of young people from NESB so that future developments in this area do not overlook linguistic and cultural diversity when examining the effectiveness of programs.

The objectives of this project are to: enhance the personal coping skills of young people from NESB living with parents with a mental health problem; enhance the quality of the family environment and the parenting skills of parents from NESB affected by mental health problems; enhance the level and quality of community support available to young people from NESB with parents affected by mental health problems; and, disseminate information about the needs of young people from NESB with parents affected by mental health problems, as well as interventions that are found to be effective in addressing their needs.

The project is to be conducted in three stages. The first stage will involve conducting a community needs assessment/consultation with young people from Cambodian, Vietnamese and Spanish speaking backgrounds who have a parent with a mental health problem, their parents, mental health workers and youth workers.

The second stage will involve using the results of the community needs assessment to tailor interventions developed by the Gaining Ground Adolescent Peer Support program to the specific needs of young people and their parents from NESB. It is anticipated that these will include a parenting skills program for parents with mental health problems, as well as advocacy to develop and enhance support structures for young people of NESB in the community. Stage two will also include training workers to deliver interventions.

The third stage of the project will involve delivery and evaluation of the interventions.

- Participate in the development of policy and planning of services and programs in areas related to adolescent mental health to ensure the needs of young people from NESB are addressed. This includes activities such as liaising with relevant government departments such as Juvenile Justice etc and inputting into policy/program development for young people of NESB, providing assistance to the NSW Centre for the advancement of Adolescent Health in examine barriers to accessing youth mental health services.

**Professional staff employed:** This listing includes staff involved in all adolescent project work - which includes early intervention issues. Psychologists (2: 1 works 2 days, 1 works 3 days); social worker (1 - works 2 days)

**Other infrastructure required:** Support from the administration staff and other Centre staff when forums, courses etc are held

**Duration of the early intervention program:** The forums and the course will be completed by June 1998. The CD-ROM project will be completed early 1999 and the Research project is to be completed May 2000

**Average length of client stay in the program:** Not applicable

**Average frequency of contact with clients:** Not applicable

**Average duration of each contact with client:** Not applicable

*Number of clients carried per program per month:* Not applicable  
*Waiting list:* Not applicable  
*Referring agencies:* Not applicable  
*Agencies clients referred to:* Not applicable  
*Effectiveness of program:* Not applicable  
*Strengths of program:* Not applicable  
*Constraints of program:* Not applicable

## 110: ASSOCIATION FOR SERVICES TO TORTURE AND TRAUMA SURVIVORS: CHILD AND ADOLESCENT TEAM

**Program Target:** Selective  
**Location:** 3rd Floor, 80 Barrack Street  
PERTH WA 6000  
**Contacts:** Jennifer Barnard/Chris Howard  
Phone: 08 9325 6272  
Fax: 08 9221 5092

**Funding:** 1 year. Funding is required over 3 years to develop a model properly and to assess it. More counsellors would assist. There is also a need for an advocate for children in practical matters (eg school)

**Aims and Objectives:**

- to identify children/adolescents (from refugee backgrounds) at risk to post traumatic reactions and provide a range of counselling/advocacy/education services to support the children, their families, their schools and communities

**Risk/protective factors addressed:** Yes: post traumatic stress disorder

- children are at risk of being minimised or unidentified if torture and trauma survivors/secondary trauma survivors
- language is also a problem in accessing resources for traumatised children in this category

**Basis of program:** The project staff recognised that their adult clients had children traumatised by prolonged exposure to trauma in a war/violent situation. Often their situations allowed no in home visits, to see the children. Advocacy and counselling was needed. The need was there so the program was developed. Some reference in the project's work relates to similar work done by Raundalen, Pynoos and Eth, Ven Der Kolk, and scrapbook work by Lewenstein

**Target group/selection criteria:** Referral forms were provided.

**Target group:** traumatised children (refugee background). Main countries at the moment: Ethiopia, Somalia, Middle East, Bosnia, Serbia, Croatia, Burma, Cambodia, Vietnam.

**Age group:** 2-25 years old

Both family and individual work is provided, as are school based interventions.

Professionals in the Perth metropolitan area who work with traumatised children are also trained, to assist them in working effectively with the children.

Consultations are offered to related professionals by phone - this includes professionals in country areas

**Strategies:**

- interventions include: counselling, art therapy, group therapy, family therapy, community work: camps, family days, excursions - to raise awareness of torture and trauma issues and gain trust for working therapeutically

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- education: provided to teachers/schools re child trauma and how the school can help. School based interventions in classrooms with children (curriculum based)

**Professional staff employed:** Psychologist (0.5); counsellor/art therapist (0.5); education officer (teacher -1.0)

**Other infrastructure required:** The Association for Services to Torture and Trauma Survivors (ASSETTS) office staff provide support as do other counsellors, supervisor and other community early intervention workers in the adult field. Another full time counsellor would benefit the program

**Duration of the early intervention program:** 1 year with a possibility of a further 3 (yet to be confirmed)

**Average length of client stay in the program:** This particular program commenced in November 1997 - the ASSETTS average ranges from 6 months to 2 years

**Average frequency of contact with clients:** Once a week/fortnight

**Average duration of each contact with client:** 1 hour-2 hours (with 0.5 hours for smaller children)

**Number of clients carried per program per month:** Counselling - 20; group work 40-50

**Waiting list:** Yes: up to one month, but generally less

**Referring agencies:** Schools; intensive language centres; community nurses; migrant resource centre; psychologists; GPs

**Agencies clients referred to:** Schools; migrant resource centres; GPs/medical resources/hospitals; Family and Children's Services

**Effectiveness of program:**

- case note reviews - good supervision (all cases are reviewed every 6 months). Some testing has been conducted via a university honours project (using Achenbach)
- ASSETTS does community consultations to assess effectiveness via clients
- process evaluation measures are employed (eg statistics for client numbers/visits etc)
- feedback from families and schools
- protocols are being developed. The next school based intervention will be tested and evaluated

**Strengths of program:**

- it is comprehensive, fits the milieu of the children. Home and school visits are conducted and are fitted in with the family.
- staff are trained in the use of interpreters. Work undertaken is culturally sensitive and comprehensive.
- an ecological understanding is included of all the factors around the child who needs support, as well as the children themselves. The aim is to empower the client.
- the program is child centred and community based.
- a further strength is that the organisation is non-government

**Constraints of program:**

- not enough funding
- linking in with other less skilled service providers to resource clients - the clients are often let down by these people
- too many concerns in a crowded school to take on the issues of torture and trauma survivors
- the myth that children will "grow out" of torture and trauma issues. They are resilient, sometimes, but not always!
- other government agencies constrained - funds to provide appropriate resources for families, individuals and communities

## 111: NON ENGLISH SPEAKERS' PROGRAM

**Program Target:** Selective-indicated-case identification  
**Location:** Edward Wilson Building  
Austin Hospital Campus  
HEIDELBERG VIC 3084  
**Contacts:** Ric Pawsey, NESP Co-ordinator  
Phone: 03 9496 3620  
fax: 03 9496 3653  
email: rpawsey@austin.unimelb.edu.au

**Funding:** External funding is sought for project activities, that is, Stage 1 research was funded by a Victorian Mental Health Branch innovation grant. Stage 2 will be funded by an A&RMC innovation grant

**Aims and Objectives:**

- to increase CAMHS access and utilisation by non-English speaking children, adolescents and families
- to provide services to selective and indicated populations of refugees who are survivors of torture and trauma
- to develop a model of service access and utilisation by NESB, especially refugees, children and adolescents

**Risk/protective factors addressed:** Yes

- post traumatic stress
- depression
- adjustment disorder

**Basis of program:** The model was constructed following Mrazek and Haggerty's (1994) adaptation of Gordon's model for prevention, for mental health. That is, program staff have researched from the general population, to help establish links with selective populations (refugees) to identify indicated populations (victims of torture and trauma aged 0-18 years)

**Target group/selection criteria:**

- children and adolescents, and parents, 0-18
- from two municipalities in Northern Melbourne (Darebin and Whittlesea) which have close to 50% NESB 0-18 populations
- selective sub-populations of refugee children who are victims of torture and trauma

**Strategies:**

- research (report available late March 1998)
- reference group comprising clinical staff and representative community members
- development of a model for NESB access and utilisation

**Professional staff employed:** Clinical psychologist (0.1); social worker (0.1); community psychiatric nurse (0.1). A community reference group (numbering 3) is also utilised

**Other infrastructure required:**

- support from hospital translating services
- support from transcultural psychiatry unit
- support from Victorian Foundation for Victims of Torture and Trauma

**Duration of the early intervention program:**

Stage 1: research was undertaken in 1997, now completed. Report due March 1998

Stage 2: duration of 1998: development of an access and utilisation model for NESB, especially refugee, children and adolescent, use of CAMHS

**Average length of client stay in the program:** Not applicable

*Average frequency of contact with clients:* Not applicable  
*Average duration of each contact with client:* Not applicable  
*Number of clients carried per program per month:* Not applicable  
*Waiting list:* No

*Referring agencies:* Schools; GPs; disability services

*Agencies clients referred to:* CAMHS

*Effectiveness of program:* Research report from Stage 1 is now available

*Strengths of program:*

- endorsed by state government mental health policy frameworks
- endorsed by key agencies working with adult NESB populations, that is, Victorian Transcultural Psychiatry Unit and Victorian Foundation for Victims of Torture and Trauma
- endorsed by CAMHS
- stage-wise incremental development of the project makes it realistic within funding constraints

*Constraints of program:* This is a sequentially developed program, each stage is grant-funded. Development of the model is constrained by grants available, as salaried staff time is very limited

## **112: CHILD, FAMILY AND YOUTH HEALTH PROGRAM (CFYHP) ACT COMMUNITY CARE**

**Program Target:** Case identification/early detection

**Location:** 3rd Floor Health Building  
Cnr Moore and Alinga Streets  
CANBERRA ACT 2611

**Contacts:** Jenny Richmond  
Phone: 02 6205 5471

*Funding:* No information available

*Aims and Objectives:* CFYPT Program is a multidisciplinary program that encompasses a wide variety of services for target groups.

The Youth Health component has a number of early intervention programs that aim to:

- address the priority health issues as identified by ACT Youth Strategy and related policies
- identify 'at risk' factors that would affect the mental and behavioural health of young people
- provide services, information and a referral base for young people

CFYH Program is a community health service that provides primary maternal and child health services, youth health clinics, secondary therapies and postnatal services as well as health promotion activities for the target groups. The program does not cover services for assessment and treatment of mental health disorders.

*Risk/protective factors addressed:* Yes

- case management of children 'at risk' of abuse
- health promotion to inform the community of child abuse issues and responsibilities
- behavioural assessments/programs for young children
- services to provide their parents with support and information on self esteem issues and coping with developmental concerns for young people

*Basis of program:* A variety of clinical models and practices, based on primary health care principles and community paediatrics. Health promotion programs based on Ottawa Charter

*Target group/selection criteria:*

- 0-25 years

- well children and families, well adults, teenage parents
- all referrals are actioned through an intake line (PPIRS).
- no screening is used, however, Griffith Assessment, NH&MRC screening and surveillance are used for primary and secondary assessment

**Strategies:**

- screening and surveillance
- assessment
- early intervention development assessment
- therapeutic services
- health promotion
- home visiting
- advocacy
- information and referral management
- case management

**Professional staff employed:** Nurses, child health medical health officer, social worker, occupational therapists, physiotherapists, nutritionist, paediatrician (78 staff). Two specifically trained workers (health promotion officers) are also employed.

**Other infrastructure required:**

- ACT Community Care's corporate services
- partnerships with community group and agencies, for example, Division of General Practice
- Departmental support services (ACT Department of Health and Community Care)

**Duration of the early intervention program:** Not applicable - ongoing services

**Average length of client stay in the program:** Varies according to need

**Average frequency of contact with clients:** See above - difficult to define because of comprehensiveness of early intervention throughout the components of service delivery

**Average duration of each contact with client:** Varies according to services and needs  
10/60 - 5 hours

**Number of clients carried per program per month:** Depending on definition of early intervention. The program has contact with a great number of children and families each month

**Waiting list:** No

**Referring agencies:** Hospital; GPs; school staff; paediatricians; non-government agencies; self

**Agencies clients referred to:** A very wide variety depending on client need

**Effectiveness of program:**

- all Health Promotion Programs are contracted and must be evaluated against indicators based on the Ottawa Charter
- all new initiatives are evaluated
- screening protocols are used
- client surveys and feedback

**Strengths of program:**

- variety of health promotion programs (37 in past year)
- no waiting lists
- accessible across ACT and services types
- comprehensiveness

**Constraints of program:**

- fragmentation and poor integration of mental health services in the ACT

## 113: KOORIE MENTAL HEALTH PROJECT

**Program Target:** Selective-treatment  
**Location:** PO Box 197  
WARRNAMBOOL VIC 3280  
**Contacts:** L. Abrahams  
Phone: 03 5561 9100  
Fax: 03 5561 3813

**Funding:** No information available

**Aims and Objectives:**

- to provide a culturally sensitive service to at risk Koori young people to the age of 18 years.
- the project is currently being developed.
- the project also addresses adult clients as well as aged clients

**Risk/protective factors addressed:** No response

**Basis of program:** In consultation with the Warrnambool District Base Hospital, Koori Liaison worker project to be overseen by Director of Guaditjmarra Co-op. Culturally sensitive, narrative style using appropriate symbolism

**Target group/selection criteria:** Koori young people to the age of 18 years at risk of developing a mental illness

**Strategies:** Culturally sensitive around the Guaditjmarra belief system

**Professional staff employed:** Not known at this stage

**Other infrastructure required:** Not known at this stage

**Duration of the early intervention program:** Not known at this stage

**Average length of client stay in the program:** Not known at this stage

**Average frequency of contact with clients:** Not known at this stage

**Average duration of each contact with client:** Not known at this stage

**Number of clients carried per program per month:** Not known at this stage

**Waiting list:** Not known at this stage

**Referring agencies:** Not known at this stage

**Agencies clients referred to:** Not known at this stage

**Effectiveness of program:** Not known at this stage

**Strengths of program:** Not known at this stage

**Constraints of program:** Not known at this stage

## 114: CLASP: COLLABORATIVE LEARNING AND SHARING PROGRAM

**Program Target:** Case identification/early detection - treatment  
**Location:** 716 Reservoir Road  
RESERVOIR VIC 3073  
**Contacts:** Dr Shane Conway & Robyn Duff  
Phone: 03 9478 1511

**Funding:** 1 year (attempting to gain funding for a second year)

**Aims and Objectives:**

- strengthen skills and knowledge of GPs re: care of clients with mental illness; in particular, clients with serious mental illness (SMI)

- strengthen the links between GPs and mental health services in the area
- increase the numbers of 'shared' clients between GPs and the mental health services in the Whittlesea area

**Risk/protective factors addressed:** Yes: one component of the retraining program focused on early detection and prevention of psychosis

**Basis of program:** Not applicable

**Target group/selection criteria:**

- GPs in the northern area
- staff from the Darebin-Whittlesea CMHC and Northern CATT
- clients from Whittlesea CMHC

**Strategies:**

- retraining program for GPs
- regular information –fax
- on site visits by GPs to CATT and CMHC
- shared care program
- consultation liaison program

**Professional staff employed:** Management committee: GP; manager NMHS and a project officer. Advisory Committee: above plus representative from NMHS and relevant NGOs. 1 project officer

**Other infrastructure required:** Lots of time and energy

**Duration of the early intervention program:** 1 year. Application for a second year of funding being made

**Average length of client stay in the program:** Shared care arrangement

**Average frequency of contact with clients:** As required for case management by CMHC

**Average duration of each contact with client:** As above

**Number of clients carried per program per month:** Currently have 6 Shared Care arrangements in place

**Waiting list:** No

**Referring agencies:** Not applicable

**Agencies clients referred to:** PACE; EPPIC; NEAMI; Schizophrenia Fellowship; local counselling services; NEPS and other employment services

**Effectiveness of program:**

- pre and post : qualitative and quantitative evaluation of both GPs and NMHS staff
- pre and post quantitative evaluation of clients

**Strengths of program:**

- based on needs assessment of the area, that is, individualised program
- commitment of both Northern Division of General Practice and NMHS to program

**Constraints of program:**

- time
- optimally require a second year of funding in order to reinforce new learning and skills

## 115: ADD AND ADHD 24 HOUR PARENTS AND CHILDREN SUPPORT LINE

**Program Target:** Treatment - maintenance  
**Location:** PO Box 6624  
COFFS HARBOUR NSW 2450  
**Contacts:** Carol Matthews and Steve Caught

**Funding:** Nil at present: seeking funding. Applications are being made to both Federal and State governments for assistance

**Aims and Objectives:** The service staff plan is to provide an ear for parents who are frustrated, unable to cope, have run out of ideas, or who just need support. The service for children is mainly for teenagers but support staff will meet the needs of any child who rings. This service is for the purpose of explaining their difficulties of not understanding their disabilities, need someone other than their parents to talk to because their parents do not understand, just talk to someone who has a good ear, to take out their anger with us rather than destroy things or hurt people who love them and to give both parents and children a better understanding of this disability and the co-existing disorders that are associated with it.

As soon as funding becomes available, it is planned to provide an 1800 number nation wide.

It is believed by support staff that these services are very much needed in the community as a whole as there is nothing currently available after hours.

As soon as suitable premises are available, support staff will provide a respite service for parents of these children and while the child is in respite care, will develop a program which works for both the child and the parents. Parents will be provided with back up support to give them the confidence to carry on with the program in their own environment and still have the 24 hour support. It is believed that education of schools in understanding children with these disabilities is essential.

**Risk/protective factors addressed:** Yes

- learning to cope with their disability and co-existing disorders eg anxiety, conduct disorder, oppositional defiant disorder, learning difficulties, self-esteem problems, social problems
- developing strategies for managing in the classroom

**Basis of program:** Use of support staff's own experiences (23 years 'hand on') that children with these disabilities do not just have problems during office hours. Support staff believe that many parents are unable to access the support and understanding from friends or other members of their family or community and that support and understanding are the key ingredients

**Target group/selection criteria:**

- parents of/with children and children with ADD and ADHD and co-existing disorders
- no age limit

**Strategies:** Please see response under "Aims and Objectives"

**Professional staff employed:** Support staff are volunteers. Other volunteers are being sought. It is anticipated that as the service expands, there will be paid staff

**Other infrastructure required:**

- a large house on 2 acres of land
- educational and fun toys
- a mini bus
- bunks and bedding
- a 1800 number nation wide

**Duration of the early intervention program:** As long as necessary

**Average length of client stay in the program:** Dependent on how long the parents and child feel they need the service and the support

**Average frequency of contact with clients:** Variable: ranges from 3-4 times daily contact, to weekly contact

**Average duration of each contact with client:** 1 hour – 8 hours

**Number of clients carried per program per month:** Service commenced on 5.1.98 so difficult to estimate at present

**Waiting list:** No

**Referring agencies:** Paediatricians; CAPS.; Coffs Harbour youth refuge; ADD support unit; DOCS; parent support groups; Coffs respite for disabled children; Burnside

**Agencies clients referred to:** As above

**Effectiveness of program:** Feedback from parents is utilised

**Strengths of program:**

- 24 hour service with support and understanding
- 'hands-on' experience of support staff

**Constraints of program:** Lack of funding

## 116: THE AUSTRALIAN CHILD AND ADOLESCENT DEVELOPMENT STUDY

**Program Target:** Selective - treatment  
**Location:** Centre for Developmental Psychiatry  
Monash Medical Centre  
246 Clayton Road  
CLAYTON VIC 3168  
**Contact:** Professor Bruce Tonge  
Phone: 03 9550 1300  
Fax: 03 9550 1333

**Funding:** No information available

**Aims and Objectives:** This program is a longitudinal study of a representative community sample of 570 intellectually disabled young people in NSW and Victoria. Young people with Autism (N=147), Down Syndrome (N=90), Fragile X (N=63), Williams Syndrome (N=70) and Prader Willi (N=45) also participate in the study. The program investigates the epidemiology, course, nature and process of change of emotional and behavioural disorders in young people with intellectual disabilities. The relationship between psychopathology and psychosocial factors is being investigated. The program specifically aims to:

- assess changes in the prevalence and types of emotional and behavioural disturbance over time
- examine the relationships between psychopathology and biopsychosocial factors
- identify both protective and risk factors for the development of emotional and behavioural disturbances

**Risk/protective factors addressed:** Yes - A range of biopsychosocial factors are examined as potential risk and protective factors for the development of emotional and behavioural disturbance:

- biological: age, sex, motor and sensory disabilities, epilepsy and other brain disorders
- psychological: degree of intellectual disability (ranging from borderline to profound) and temperament
- social: adverse life events, parental mental health, family functioning and family employment status

**Basis of program:** The program adopts a descriptive empirical approach to the understanding of psychopathology in young intellectually disabled people. A range of behavioural and emotional

problems and their link with biopsychosocial factors are being studied. This will subsequently allow informed planning and effective prevention and intervention programs to be developed

**Target group/selection criteria:** Young intellectually disabled people, aged from early childhood to early adulthood, and their families/primary caregivers participate in the program. The Developmental Behaviour checklist (DBC), completed by parents or carers, is used to assess the level of overall emotional and behavioural disturbance experienced by the young person over a six month period. It also allows for the description of six dimensions of disturbance: disruptive, self-absorbed, communication, anxiety, autistic relating and antisocial. A cutoff for the DBC total score has been derived to identify subjects as a psychiatric 'case' or 'non case'. Although derived empirically, this cutoff has shown to be clinically sensitive

**Strategies:** This study is methodologically rigorous and uses valid and reliable questionnaires. Measures of psychopathology and biopsychosocial variables were obtained at time 1 (1991 to 1992) and time 2 (1995 to early 1997). They will also be obtained at time 3 in 1999. This provides an excellent database to examine the development of psychopathology and links with psychosocial factors over time. A range of statistical analyses is being used to identify risk and protective factors for the development of behavioural and emotional problems within the population

**Professional staff employed:** The program is staffed by a multidisciplinary team comprising psychiatrists, psychologists, geneticists and research assistants

**Other infrastructure required:** The program is a five year program funded by the National Health and Medical Research Council of Australia Public Health Research and Development Committee (NH&MRC PHRDC)

**Duration of the early intervention program:** In total, NH&MRC PHRDC will fund the program for 7 years, from 1992 until 1999

**Average length of client stay in the program:** Not applicable

**Average frequency of contact with clients:** Not applicable

**Average duration of each contact with client:** Not applicable

**Number of clients carried per program per month:** Not applicable

**Waiting list:** Not applicable

**Referring agencies:** This is a research based program and therefore does not accept additional referrals to the epidemiological follow-up study. However, the program does recruit new subjects to the syndrome group studies. Intervention programs for young people with psychopathology are currently being developed and therefore the project may accept referrals in the future

**Agencies clients referred to:** Not applicable

**Effectiveness of program:** Preliminary analyses suggest that behavioural and emotional disturbance among intellectually disabled young people is relatively stable over time. However, the degree of psychopathology has shown to vary across time according to IQ. A higher IQ was associated with increased DBC disruptive behaviour at time 2 compared to time 1. A lower IQ was found to be associated with increased DBC self-absorbed behaviour and poorer social rating. Analyses have also identified psychological factors including temperament and IQ level, and social factors including parental mental health as predictors of DBC total and subscale scores.

These results suggest that specific psychological factors and social factors may be potential risk and protective factors for the development of psychopathology amongst the epidemiological sample. The inclusion of time 3 information will add to the power and interpretative value to the analyses, which will aid in the development of effective intervention and prevention programs.

**Strengths of program:** Behavioural and emotional disturbance is 2 to 3 times more common among the intellectually disabled compared with the general community. These problems create an additional source of burden for the disabled person and their carer. However, psychopathology among the

intellectually disabled is often poorly identified and unrecognised. The current program is one of few world-wide which attempts to detail the epidemiology, risk and protective factors of psychopathology in young intellectually disabled people.

*Constraints of program:* None reported

## BRIEF DESCRIPTIONS OF OTHER SELF-IDENTIFIED EARLY INTERVENTION PROGRAMS

### 117: WUCHOPPEREN MEDICAL SERVICE, CAIRNS: SOCIAL HEALTH PROGRAM

**Program Target:** Case identification/early detection – treatment  
**Location:** PO Box 878M, Festival Faire  
MANUNDA QLD 4870  
**Contacts:** Karen Dini-Paul, Program Manager, Social Health Program, Wuchopperen

*Funding:* No information available

*Aims and Objectives:* Wuchopperen Social Health Program is a new initiative of the Wuchopperen Medical Service. It is a community controlled organisation (managed by Aboriginal people for Aboriginal people) and provides the cultural safety for clients that is not available in the mainstream health services. Community control has its roots in the recognised right to self-determination and refers to the local Aboriginal and Torres Strait Islander community exercising this right to make (collective decisions for themselves).

The program offers:

- early intervention and prevention and mental health promotion, development of intersectoral networks; cross-cultural training; support person to Cairns District Health Service, Police and Watch house
- a culturally appropriate service for Aboriginal and Torres Strait Islander people; which represents the intersection of psychiatric model and social health model

### 118: OUR FAMILIES OUR COMMUNITIES: THE FAMILY & NEIGHBOURHOOD LINKS PROJECT, CITY OF WHITTLESEA

**Program Target:** Universal  
**Location:** Children's Protection Society Inc.  
70 Altona Street  
HEIDELBERG WEST VIC 3081  
**Contact:** Judy McDougall  
Phone: 03 9458 3566  
Fax: 03 9457 6057  
Mobile: 041 173 5497

*Funding:* No response

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**Aims and Objectives:** The Family and Neighbourhood Links (FANL) Project is an initiative of the Department of Human Services and aims to encourage a cohesive and collaborative children's and family service system in the municipality which will effectively maintain and enhance the ability of families to care for their own children. The project focuses strongly on primary care. It seeks to demonstrate that the development of service systems which provide preventive care and early assistance to families will result in a decrease in families requiring more intensive support services.

The specific objectives of the project are to:

- identify family needs, community assets and service system gaps in the City of Whittlesea
- enhance the operation of the primary and secondary prevention service systems through formal and informal mechanisms
- enhance linkages between primary, secondary and tertiary services
- encourage community acceptance of responsibility for children
- demonstrate a shift in service demand from tertiary towards primary and secondary services

*Primary services* are community-based services accessed directly by families, eg Maternal and Child Health Services, GPs

*Secondary services* are more intensive support services, such as counselling services and may be accessed directly by families through referral by other service providers

*Tertiary services* are intensive support services such as foster care and hospital care, Profile of the Whittlesea Community

The community is characterised by cultural and linguistic diversity, with high proportion of families with young children and a growing number of families with adolescents.

**Basis of program:** Community development

**Strategies:** FANL has five distinct phases:

Phase 1: Implementation

Phase 2: Development of an assets-based neighbourhood assessment

Phase 3: Focussing on meeting needs

Phase 4: Identifying required actions and development of action plans

Phase 5: Implementation of action plans

## **119: MENTAL HEALTH ENHANCEMENT PROGRAM: SPRINGVALE COMMUNITY HEALTH CENTRE**

**Program Target:** Selective - Universal  
**Location:** Springvale Community Health Centre  
55 Buckingham Avenue  
SPRINGVALE VIC 3171  
**Contacts:** Dr Bala Mudaly  
Phone: 03 9548 3255  
Fax: 03 9546 3465

**Funding:** State government funding of \$70,000

**Aims and Objectives:** The mental health enhancement program has been developed to enhance the mental health of young people as a way of preventing suicide and self harm. The centre's youth specific services incorporate individual and family counselling, a reproductive and sexual health service, emotional and practical support for homeless youth, provision of health information, referral services, drug and alcohol information, needle exchange, recreation programs and group programs addressing issues such as anger management, peer education and personal development.

**Target group/selection criteria:** Parents; families; young children 5-9 years; children 10-14 years; adolescents 15-19 years; young adults 20-24 years

**Target issues:**

Family issues; family size/type; parental support; parental styles; community/peer issues; peer relationships; culturally and/or linguistically diverse background; location in rural, remote or isolated area; relationship with parent figures/substitutes; gender; suicidal behaviour in peers; unemployment; homelessness

School factors: school environment/health promotion: chronic absenteeism or dropout.

Individual factors: social competence; risk taking behaviour; substance abuse; relationships; gay, lesbian, bisexual or transgender sexuality; antisocial behaviour; mental health problems; child abuse; depression; contact with the justice system

**Strategies:** Community development and support approaches: peer education and support services; community advocacy groups promoting mental health and resilience; enhancing young people's self-esteem and/or life coping skills; improving social, economic or other environmental conditions; crisis intervention and primary care activities: screening and early identification; formal assessment, treatment for mental health problems/disorders; support activities: support, counselling and other services for individuals, support groups/self help groups

**Effectiveness of program:** Annual review - operational plans and reports for funders

**Constraints of program:** Insufficient funding

## **APPENDIX A**

**AusEinet: THE AUSTRALIAN EARLY INTERVENTION NETWORK FOR  
MENTAL HEALTH IN YOUNG PEOPLE**

**NATIONAL STOCKTAKE OF EARLY INTERVENTION PROGRAMS**

The Commonwealth Department of Health and Family Services through its National Mental Health Strategy, has recently funded Associate Professor Graham Martin and Professor Robert Kosky to undertake a national stocktake of programs for children and young people which utilise the strategy of early intervention to enhance the mental health of young people. The stocktake will also include programs which are to be implemented in 1998.

Whilst the project team is most interested in programs which are explicitly designed to provide early intervention in mental disorders impacting on the mental health of children and young people (up to age 20 years), it is clear that there are many programs in the mental health, education, early childhood and community sectors (government and non-government) which do utilise early intervention principles and strategies in their work with children and young people.

The project team wishes to identify the auspicing body for any programs which meet the above criteria. It is recognised that these programs may be local, regional or state wide, and provided within the government and non-government sector.

Your assistance in *identifying relevant programs or other peak body contacts who may have such information* within your State or Territory is sought.

Please return the completed pro forma by November 12<sup>th</sup> 1997 to:

Cathy Davis  
Senior Project Officer  
CAMHS  
Flinders Medical Centre  
BEDFORD PARK 5042  
Phone: 02 6209 1125  
Fax: 02 6209 1105  
Email: cathy.davis@flinders.edu.au

A/Professor Graham Martin  
Joint Project Officer  
AusEinet  
CAMHS  
Flinders Medical Centre  
BEDFORD PARK 5042  
Telephone: 08 8357 5788  
Fax: 08 8357 5484  
Mobile: 041 980 6286

Professor Robert Kosky  
Joint Project Officer  
AusEinet  
Department of Psychiatry  
University of Adelaide  
ADELAIDE 5000  
Telephone: 08 8204 7228  
Fax: 08 8204 7371  
Mobile: 041 780 1469

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# PRO FORMA

Please photocopy additional pages as required

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program 1. Statewide 2. Regional 3. Other	Target Group (if known)

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## APPENDIX B

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**AUSEINET: The Australian Early Intervention Network for Mental Health in Young People  
National Stocktake of Early Intervention Programs – July 1998**

**A Framework for Examining Preventive Interventions (Mrazek and Haggerty 1994:505)**

**Program Name:** \_\_\_\_\_

<b>1. Description of the Risk and Protective Factors Addressed</b>	<b>2. Description of the Targeted Population Group</b>	<b>3. Description of the Intervention program</b>	<b>4. Description of the Research Methodologies</b>	<b>5. Description of the Evidence Concerning Implementation</b>	<b>6. Description of the Evidence Concerning Outcomes</b>
Documentation	Universal, Selective, or Indicated	Goals and Content	Methods of Recruitment	Exposure of target group to intervention	Changes in status of risk and/or protective factors
Relationship to developmental risk	Evidence that group is at risk for disorder or problem	Protocols	Sample size	Fidelity of delivery in accordance with design	Evidence of reduction of new cases
Casual status	Socio-demographic variables	Personnel delivering the intervention	Randomisation		Evidence of reduction of new cases
Status in malleability		Site	Baseline measures		Evidence of delay of onset
Correlation with incidence and prevalence		Institutional or cultural context	Statistical analysis		Side effects
		Ethical considerations	Attrition of subjects		Benefit -costs and cost-effectiveness analyses
		Equipment or instrumentation			
		Method of delivery and techniques			
		Duration and extent			
	Multiple components				

## **APPENDIX C**

**AusEinet: THE AUSTRALIAN EARLY INTERVENTION NETWORK FOR MENTAL HEALTH  
IN YOUNG PEOPLE: NATIONAL STOCKTAKE OF EARLY INTERVENTION PROGRAMS**

The Commonwealth Department of Health and Family Services through its National Mental Health Strategy, has recently funded A/Professor Graham Martin and Professor Robert Kosky to undertake a national stocktake of programs and young people which utilise the strategy of early intervention to enhance the mental health of young people. The stocktake will also include programs which are to be implemented in 1998. Findings from the national stocktake will be disseminated through the AusEinet Clearinghouse and will be used to inform recommendations about training needs, policy change and research strategies necessary to promote early intervention in Australia.

Whilst the project team is most interested in programs which are explicitly designed to provide early intervention in mental disorders impacting on the mental health of children and young people (up to age 24 years), it is clear that there are many programs in the mental health, education, early childhood and community sectors (government and non-government) which do utilise early intervention principles and strategies in their work with children and young people.

The first stage of the national stocktake has involved identification of possible early intervention programs. If you were one of the many agencies/services who completed a pro forma and provided us with some details of your program(s) we thank you for this. The project team is now seeking more detailed information about early intervention programs and has developed a questionnaire, which is being systematically disseminated to a variety of agencies and service providers throughout Australia. We would greatly appreciate it if you complete the questionnaire and return it by Monday (*date provided*). Ideally, a separate questionnaire should be completed for each early intervention program that you implement.

Should you have any further inquiries concerning the questionnaire or if you would like additional copies, please contact:

Cathy Davis  
Senior Project Officer  
AusEinet, Southern CAMHS  
Flinders Medical Centre  
BEDFORD PARK SA 5042  
Phone: 08 8357 5481  
Fax: 08 8357 5484  
Mobile: 041 1208 484  
Email: cathy.davis@flinders.edu.au

A/Professor Graham Martin  
Joint Project Director  
AusEinet  
Southern CAMHS  
Flinders Medical Centre  
Telephone: 08 8357 5788  
Mobile: 041 980 6286

Professor Robert Kosky  
Joint Project Director  
AusEinet  
Department of Psychiatry  
University of Adelaide  
Mobile: 041 780 14679

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**AUSEINET: The Australian Early Intervention Network for Mental Health in Young People**  
***National Stocktake of Early Intervention Programs – July 1998***

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What is the duration of your early intervention program?


What is the average length of client stay in the program?


What is the average frequency of contact with clients in your early intervention program?


What is the average duration of each contact with each client?


How many clients does your early intervention program carry per month?


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**AUSEINET: The Australian Early Intervention Network for Mental Health in Young People  
National Stocktake of Early Intervention Programs – July 1998**

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Does your early intervention program have a waiting list?

Yes  No



Approximately how long do your clients need to wait?

- up to 1 month
- 5 weeks to 3 months
- 13 weeks to 6 months
- more than 6 months

What is the duration of your early intervention program's guaranteed funding?

(This is an optional question: it is asked to ascertain whether the length of the funding cycle impacts on the implementation of programs such as early intervention programs).

Would you like to make any other comments about your project's funding?

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What types of other agencies/services refer clients to you for your early intervention program?

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What types of agencies/services do you refer your clients to?

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## **APPENDIX D**

Possible early intervention programs identified through Stage 1 of the National Stocktake. These programs did not complete questionnaires (Stage II of the National Stocktake).

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Whyalla Community Health	Dan Donaghey	CLASS (Community Living and Social Skills)	171 Nicholson Avenue Whyalla Norrie	(08) 8648 8930	(08) 8648 8940	Local	People with chronic mental illness
Victorian Child and Adolescent Mental Health Services (CAMHS)	Ric Pawsey	Child and Adolescent Mental Health Promotion	Edward Wilson Building, Austin Hospital, Heidelberg Vic 3084	(03) 9496 3620	(03) 9496 3653	Local	Children and adolescents 0-18
Austin CAMHS	Ric Pawsey	Austin CAMHP	As above	As above	As above	Regional	As above
Austin CAMHS	Gabrielle Opashimis	Homelessness Agencies Resource Project (HARP)	As above	As above	As above	Regional	Homeless adolescents 12-18 years

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Gunnedah Community Health Centre	Mrs Jean Clark	Early Intervention Program	PO Box 243 Gunnedah NSW	(02) 6742 0666	(02) 6742 9461	Local	Developmentally delayed children to six years to prepare for school
Centacare Alive Program	Bron Parker	Alive Program	2A Wooley Avenue Glebe NSW	(02) 9552 6355		Regional	Homeless young people and young people leaving care
Centre for Adolescent Health	Sara Glover	"Gate House" project	William Buckland House, 2 Gatehouse Street, Parkville Vic 3052	(03) 9345 6249	(03) 9345 6502	Limited number of specific school sites	16 years – 30 years
	Bob Brown CAMHS Bendigo	Bendigo Child & Adolescent Service will participate in the Gate House project					

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
NT Department of Education Early Childhood Intervention Services	Manager, Carolyn Borci	NT Early Intervention Resource Centre	C/- Malak School, Malak Cresc, Malak NT 0812	(08) 894 56260	(08) 894 56293	Territory wide	Children – birth until entry into full-time schooling and their families who have an identified disability or developmental delay OR are at risk of developing such
Inverell Mental Health Service	Elvie Purkiss or Lisa Coxon	Mental Health Service which encompasses young adults and adults (18-65 years)	PO Box 279 Swanbrook Road Inverell NSW	(02) 6722 3722	(02) 6722 4589	Other - Inverell and outlying areas	18-65 years
Caboolture Redcliffe Child and Youth Mental Health Service	John Pearson	As for service	Locked Bag 4, Caboolture Qld 4511	(07) 54993100	(07) 54993171	Regional	0-19 years

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Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Whyalla Women's Health Service	Yvonne Ayliffe or Lisa Brown Campbell	National Women's Health Program, Whyalla	171 Nicholson Street Whyalla SA	(08) 8648 8930	(08) 8648 8940	1. Whyalla and surrounding areas	Women aged between 15-24 years, especially Aboriginal and migrant women
ARAFEMI Victoria	Judith Player	Offspring Group	615 Camberwell Road Camberwell Victoria 3124	(03) 9889 3733	(03) 9889 2878	Organisation is statewide. Program is offered in different locations – so far, only metro Melbourne	Young people who have a parent(s) with a mental illness
Lifeline Sydney	Bruce Turley	Living Works	C/- Lifeline Australia 124 Marsden Street Paramatta NSW	(03) 9662 1677	(03) 9663 1135	National	Communities – educational re: awareness and intervention strategies

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Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
SANE Australia	Ms Barbara Hocking	(1) 'Something is not quite right' education brochure (2) 'The Alice Guide to Psychosis' computer program (3) 'SANE sane@ncnet.net. au (www.vicnet.net. t/au/~sane/)	PO Box 226, South Melbourne Victoria 3205	(03) 9682 5933	(03) 9682 5944	National	Families of young people who may have a mental illness  Interactive guide to psychosis for young people  Web site with information on mental illness aimed at young people

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Whyalla Hospital and Health Service	Natalie Szabo, Community Health Nurse	SAND Project (stillbirth and neonatal death) Resource folder for distribution to clients following miscarriage, stillbirth, neonatal death. Folder contains flyers from local & state support agencies as well as additional material on the nature of grief following the loss of a child.	PO Box 246 Whyalla SA 5600	(08) 8648 8930	(08) 8648 8940	Local	Women in the reproductive age and their significant others

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Youth Research Centre	Shirley Carson	Mental Health in Secondary Schools	Youth Research Centre Faculty of Education University of Melbourne Parkville Vic 3052	(03) 9344 9640	(03) 9344 9632	National	Secondary school students years 7-12
Southern Area Health Service (South Coast Mental Health Sector)	David West	Early Intervention for Psychotic Illness (planned for 1998)	PO Box 226 Pambula NSW 2549	(02) 6495 7294	(02) 6495 7448	South coast sector of Southern Health Service (NSW)	Young people with prodromal symptoms of psychosis
Psychiatric Assessment and Rehabilitation Unit	Ms Sara Simpson	Early Psychosis Program	63 Clarence Road Indooroopilly Qld 4068	(07) 3371 4455	(07) 3371 2578	Regional	17-30 year olds, first presentation psychosis

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Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Yarran Early Intervention Centre	Margaret Smith		PO Box 309 Bateau Bay 2261	(02) 4332 3981		Regional	Developmental disabilities
Pre-Adolescent Program	Peter Santangelo	Division of Mental Health		(02) 4320 3170	(02) 4323 6228	Regional	
Prevention Positions	Peter Santangelo	Division of Mental Health					
Reorientation of Counselling Services to isolated young people (ROCSY)	Deb Howe	Division of Mental Health					
"Dumping Depression" Project	Gary Wall	Division of Mental Health	YPPI Centre PO Box 361 Gosford NSW 2250	(02) 4320 2662	(02) 4320 2779	Regional	Targeting young people experiencing depression

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Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Young People and Psychiatric Illness – Intervention and Assessment (YPPIE-IA)	Deb Howe	Division of Mental Health	YPPI Centre PO Box 361 Gosford NSW 2250	(02) 4320 2578	(02) 4320 2779	National Demonstration Project	Young People with significant mental health problems who are at risk of suicide
McKillop College	Lyn Brown	Bereavement, Loss and Separation Workshop		(02) 658 202			Students who have experienced loss
Adelaide Central Mission	Robyn Sutherland  Grant Pearson	Youth and Parent Service	(Accommodation) 100 George Street Thebarton SA  (Counselling) 10 Pitt Street Adelaide (different site)	(08)8443 3802  (08)8202 5160	(08)8234 5961  (08)8410 5785	Regional	Though this service is not a mental health service, staff take a high number of young people from Boylan Ward who are working on reconciliation with their families

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Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Warrnambool and District Base Hospital Psychiatric Services Division	Michael Struth (Manager)	Ward Nine Inpatient Unit and Warrnambool adult community team	PO Box 197 Warrnambool	(03) 5561 9100	(03) 5561 3813	Regional	18 + years
Warrnambool and District Base Hospital Psychiatric Services Division	Russell Porter	Child and adolescent mental health team	As above	As above	As above	As above	0-18 years
Tweed Valley Mental Health Service	Ken Lee, Julie Wilson	Young People's Mental Health Service	Suite 9, Tweed Heads Specialist Centre Cnr Keith Compton Drive and Banks Avenue, Tweed Heads NSW 2485	(07) 55 369 955	(07) 55 367 972	Tweed Valley	12-18 year olds

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Mid North Coast, Southern Sector Mental health Service	Ms Mary Ferrett, Project Worker or Ms Judy Frost, program Co-ordinator	Rural and Regional Youth Counselling Suicide Prevention	22 York Street Taree NSW 2430	(02) 6551 1315	(02) 6551 0982	Regional	Young people 10-24 years -- significant focus on young males
Child and Adolescent Mental Health Service	Tom McVey, Co-ordinator	Intersectoral Suicide Prevention Project	Locked Bag 28 Kenmore Hospital Goulburn NSW 2580	(02) 482 73925	(02) 482 3282	Regional (linked statewide)	15-25 years (2 year project from 1998)
Department of Liaison Psychiatry Prince of Wales Hospital, Randwick NSW	Dr Michaela Skopek (staff specialist liaison psychiatry)	Early intervention for failed suicide by carbon monoxide poisoning	Dept. Liaison Psychiatry Prince of Wales Hospital High Street Randwick NSW 2031	(02) 9382 2796	(02) 9382 2177	Regional/ statewide	All deliberate carbon monoxide poisoning presentations for hyperbaric oxygen treatment and/or to Emergency Department

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Greenslopes Child & Youth Mental Health Service	Alison Kroger	Consulting / screening program for 'at risk' groups	34 Curd Street Greenslopes Qld 4120	(07) 3397 9077	(07) 3394 4057	District	All children and young people
Greenslopes Child and Youth Mental Health Service	Alison Kroger	Assessment groups	As above	As above	As above	District	All children and Young people
Greenslopes Child and Youth Mental Health Service	Alison Kroger	Consultation liaison – child and youth mental health services	As above	As above	As above	District	All children and young people
Greenslopes Child and Youth Mental Health Service	Alison Kroger	Adolescent Interest Group	As above	As above	As above	District	All children and young people

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Child and Youth Mental Health Service	Fiona Heath/ Phil Martin	Parenting Programs: 4 weeks – discussion groups for age groups 1-3, 3-4, primary school age, high school age	7 Kittyhawk Avenue Inala Qld 4077	(07) 3372 5577	(07) 3879 1483	Local area	Parents of children 1 year – teenage who have had contact with a primary health agency eg community health
Child and Youth Mental Health Service	Fiona Heath/Julie King	Addressing the mental health needs of children in child care centres	As above	(07) 3372 5577	(07) 3879 1483	District	Parents and children attending child care centres where there are concerns about behaviour and emotional development
South Brisbane Child and Youth Mental Health Service	Alana English / Neil Acorn	Bereavement group	34 Curd Street Greenslopes Qld	(07) 3397 9077	(07) 3394 4057	Regional	Children who have experienced loss of parent or sibling

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Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Education Dept - Inala/Redbank School Support Centre 1998 Richlans State School Child & Youth Mental Health Service Child & Youth Health Service	Kate Cuskelly	Managment Young Children Program	Progress Road Inala Qld 4077	(07) 3372 2250		Local (other MYCP run elsewhere)	Children and parents 4-6 years with behavioural problems
Centre for Adolescent Health	Jane Maher	CHAT Confident Happy Adolescents Talking. Peer support group for young persons who are shy, lonely, bullied	2 Gatehouse Street Parkville Vic 3052	(03) 9345 7986	(03) 94345 6502	Statewide	11-19 years old

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Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Child & Youth Mental Health Service - Yeronga	Kathy Eichmann / Sue Waterman	Social skills group with concurrent parents group	51 Park Road Yeronga Qld 4104	(07) 3848 8011	(07) 3892 1425	Catchment area specific (must be clients of clinic)	Primary school aged children
Child & Youth Mental Health Service Child & Youth Health Service	Helen Hourigan - Youth Health nurse	Young Mum's Support Group	Wirraway Parade Inala Qld 4077	(07) 3275 5333		Local	Teenage and early 20s mothers
Child & Youth Mental Health Service - Mater Children's Hospital	Jane O'Sullivan	Communicate group	Mater Children's Hospital Annerley Road South Brisbane Qld 4101	(07) 3840 8188	(07) 3840 8333	Hospital based	Upper primary children

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Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Child & Youth Mental Health Service – Mater Children's Hospital	Jane O'Sullivan	Lower primary group	Mater Children's Hospital Annerley Road South Brisbane Qld 4101	(07) 3840 8188	(07) 3840 8333	Regional	Children requiring group activities to explore mental health problems
Child & Youth Mental Health Service – Mater Children's Hospital	Jane O'Sullivan	Upper primary group	As above	As above	As above	As above	As above
Child & Youth Mental Health Service – Mater Children's Hospital	Sue O'Rourke / Kristina Vaka	Friends program	As above	As above	As above	As above	Children demonstrating signs of anxiety

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Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Child & Youth Mental Health Service – Mater Children's Hospital	Kristina Vaka / Jane O'Sullivan	OCD Program	Mater Children's Hospital Annerley Road South Brisbane Qld 4101	(07) 3840 8188	(07) 3840 8333	Regional	Children diagnosed OCD
Child & Youth Mental Health Service – Mater Children's Hospital	Jane O'Sullivan	Relaxation Program	As above	As above	As above	Hospital inpatients and day patients of Child & Youth Mental Health Service	All current inpatients and day patients
Child & Youth Mental Health Service – Mater Children's Hospital	Alison Wrigley	Stress Management Program	As above	(07) 3840 8438	(07) 3840 8333	As above	As above

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Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Child & Youth Mental Health Service – Mater Children's Hospital	Jane O'Sullivan	Staying Cool at School	Mater Children's Hospital Annerley Road South Brisbane Qld 4101	(07) 3840 8188	(07) 3840 8333	Regional	Grade 7 boys and girls
Child and Youth Mental Health Service – Mater Children's Hospital	Leanne Geppert	Day program	As above	As above	As above	As above	School aged children with mental health problems
The Corner Youth Health Service	Voula Kougelos	Burdekin Funds. Adolescent depression and suicide prevention	101 Restwell Street Bankstown NSW 2200	(02) 9796 8633	(02) 9707 2344	Sector	12-18 year olds

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
The Corner Youth Health Service	James Bradbury	Burdekin Funds. Early psychosis intervention	101 Restwell Street Bankstown NSW 2200	(02) 9796 8693	(02) 9707 2344	Sector	12-24 year olds
Liverpool Community Health Centre	Helen Stefanie	Burdekin Funds. Conduct and emotional funds				Sector	0-10 year olds
Fairfield Community Health Centre	Martin Healy	Burdekin Funds. Conduct and emotional funds		(02) 9616 8169		Sector	0-10 year olds
Liverpool Community Health Centre	Carmen Jarratt	Positive Parenting Program (Triple P)		(02) 9780 2777		Sector	0-10 year olds

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
New England Health (Mental Health)	Warren Bartik (Program Manager)	Child and Adolescent Intervention Programs (CAIP)	Locked Bag No. 8 New England Health Armidale NSW 2350	(02)67714533	(02)67721206	New England area (North West) NSW	<p>Early intervention (psychosis &lt; 18 years)</p> <p>Young people &lt; 18 or victims of serious abuse (counselling intervention)</p> <p>Young people &lt; 18 years – out of home placements, (counselling intervention)</p> <p>Young people &lt; 18 recently released from incarceration (counselling intervention)</p> <p>Aboriginal young people (activity based intervention)</p>

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
New England Health (Mental Health)	Warren Bartik (Program Manager)	Child and Adolescent Intervention Programs (CAIP)	Locked Bag No. 8 New England Health Armidale NSW 2350	(02) 677 14533	(02) 677 21206	New England area (North West) NSW	Children of parents with a mental illness  Identification of anxiety in young children – pilot to be extended across schools and communities
Statewide Services Eastern Community Mental Health Service Glenside Campus	H. Hustig		Glenside Campus Eastwood SA	(08) 8303 1233	(08) 8305 1592	Statewide	Target groups 1-6 to be implemented in 1998. Program 7 commenced in 1997 with a pilot to occur in early 1998  Treatment – severely disabled often violent clientele

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Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Multicultural Community Forum Inc	Marija Podnieks	Youth Support Project	Hutchinson Street Coober Pedy PO Box 584 Cooper Pedy SA 5723	(08) 8672 3299	(08) 8672 3242	Regional, rural; remote	Youth 0-24 years
Dept of Child and Adolescent Psychiatry	Mr J Crumpton or Dr N Kowalenko	Head Injury Service	Block 4, level 2 RNS Hospital Pacific Highway St Leonards NSW 2065	(02) 9926 8905	(02) 9906 8136	Regional	Children and adolescents (0-18) with head injury followed up by multi-disciplinary team co-ordinated by child psychiatry to address family needs and mental health rehab
Traxside	Megan Brooks	C'wealth Funding for rural youth counselling under National Youth Suicide Prevention Strategy	4 Langdon Avenue Campbelltown NSW 2560	02 4625 2525	02 4625 2547	Sector	12-18 year olds

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Central Sydney Area Mental Health Service	Professor Marie Bashir	Prevention Early Intervention in Psychosis Program	Mental Health Directorate Rozelle Hospital PO Box 1 Rozelle 2039	(02) 9556 9297	(02) 9556 9292	Area wide	Children & adolescents
Central Sydney Area Mental Health Service	Anne Sullivan / Steve Harris	Specialist Adolescent Consultant Mobile Service	South Sydney Youth Services PO Box 501 Waterloo 2017	(02) 9318 0539	(02) 9310 3878	South Sydney/ Botany	12-25 year olds, male and female, A&TSI, D&A, Gay/lesbian, families, NESB, homeless, pregnant, students, mental health
Central Sydney Area Mental Health Service	Professor Joseph Rey	Rivendell Child Adolescent & Family Service	Thomas Walker Hospital, Hospital Road Concord NSW 2138	(02) 9736 2288	(02) 9743 6264		Intensive assessment, residential outpatient and day patient program for referred young people at risk of ongoing mental health problems including psychosis, major depression and suicide

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Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Central Sydney Area Mental Health Service	Unit Director	Burwood Child, Adolescent & Family Mental Health	Suite 3, 32 Burwood Road, Burwood NSW 2134	(02) 9745 2222	(02) 9744 8036	LGA	Children, adolescents and families
Central Sydney Area Mental Health Service	Unit Director	Broadway Child, Adolescent & Family Centre	Level 2, 225 Broadway Glebe NSW 2007	(02) 9660 1888		LGA	Children, adolescents and families
Central Sydney Area Mental Health Service	Unit Director	Marrickville Child & Family Service	184 Livingstone Road Marrickville NSW 2204	(02) 9550 0155	(02) 9564 1167	LGA	Children, adolescents and families
Central Sydney Area Mental Health Service	Unit Director	Cellblock Adolescent Mental Health Service					Homeless, 'at risk' adolescents

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Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Central Sydney Area Mental Health Service		Suicide Prevention Young People Strategy					Program of co-ordinated early intervention & continuing care after initial presentation at the Area's Teaching Hospital's Accident & Emergency Departments, RPAH & CRGH, following an episode of self-harm
Central Sydney Area Mental Health Service		Mental Health consultancy services to Aboriginal Medical Service, Redfern				Redfern	Residents of Central Sydney and Beyond

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Central Sydney Area Mental Health Service		Mother-baby post natal depression program	Missenden Unit, RPAH Camperdown NSW 2050	(02) 9515 8165	(02) 9515 6442	Central Sydney Area Health Service	Young/new mothers
Central Sydney Area Mental Health Service		Early identification post natal depression program	All early childhood centres				Identifies young mothers at risk including adolescent mothers
Central Sydney Area Mental Health Service		Drugs in Pregnancy Program	King George V Hospital, RPAH	(02) 9515 8356	(02) 9515 7452	Central Sydney Area Health Service	Young/new mothers
Central Sydney Area	Co-ordinator or youth workers	Arrunga Youth Services	PO Box 188 Dulwich Hill 2203	(02) 9550 0958		Inner Western Sydney	Ex-offender, A&TSI, D&A, HIV, Gay/lesbian, homeless, students, NESB
Central Sydney Area Mental Health Service		Barnados Marrickville Youth Services	100A Silver Street Marrickville 2204	(02) 9564 6799	(02) 9552 6416	Inner west & south east Sydney	Age 15 to 25, female & male

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Central Sydney Area Mental Health Service	Co-ordinator	Burwood Community Welfare Service – Stead House	45 Belmore Street Burwood 2134	(02) 9744 1866	(02) 9744 0886	Inner West	Any age, female & male
Central Sydney Area	Counsellor	Dalmar Child & Family Centre – Wesley Mission	64 The Boulevard Lewisham 2049	(02) 9569 1788	(02) 9550 0765	Sydney metropolitan	Any age, female & male, families
Central Sydney Area		Ethnic Child Care Family & Community Services Co-operative	Hut 13, 142 Addison Road, Marrickville 2204	(02) 9569 1288	(02) 9564 2772	NSW	Disability, families, NESB, refugee
Central Sydney Area	Youth worker	Erskineville Youth Housing	13 Knight Street Erskineville 2043	(02) 9557 2810	(02) 9519 7882	Inner west, south west, inner city	Age 16-19, female & male, homeless

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Central Sydney Area		Glebe Youth Centre	51 & 84 Glebe Point Road Glebe 2037	(02) 9552 2873	(02) 9660 6437	Glebe	Age 12-24 years, female & male
Central Sydney Area	Co-ordinator	Marrickville Youth Resource Centre	Yabsley Avenue Marrickville 2204	(02) 9564 3232	(02) 9568 3008	Marrickville LGA	Age 12-24 years, A&TSI, students, NESB, refugee
Central Sydney Area	Co-ordinator	The Fact Tree Youth Service	703 Elizabeth Street Waterloo 2017	(02) 9319 2708	(02) 9319 7584	South Sydney	Age 11 to 19, female & male
Central Sydney Area	Case worker	Twenty Ten Lesbian & Gay Youth Services	PO Box 213 Glebe 2037	(02) 9552 6130	(02) 9552 6324		Ex-offender, sex worker, A&TSI, HIV, transexual, gay/lesbian, families, homeless, pregnant, students, mental health, NESB, refugee

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Central Sydney Area	Youth worker	South Sydney Youth Services	Cnr Elizabeth & Allen Streets Waterloo 2017	(02) 9318 0539	(02) 9310 3878	South Sydney/ Botany	Age 12-25, ex-offender, A&TSI, D&A. gay/lesbian, families, homeless, pregnant, students, mental health, NESB
Central Sydney Area		Rosemount Sydney Youth Services	39 Weston Street Dulwich Hill 2203	(02) 9560 4588	(02) 9560 0414		Age 12-18, families, homeless, students
Central Sydney Area		Eastern & Central Sexual Assault Services	RPAH, Level 5, Building 72, Missenden Road, Camperdown 2050	(02) 9515 7566	(02) 9515 8106	Eastern & Central Sydney	Age 16 & over, sex worker, A&TSI, D&A, disability, HIV, transexual, gay/lesbian, families, homeless, pregnant, students, mental health, NESB, refugees

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Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Child & Adolescent Family Health Service	J. Blieden / H. Jeffrie	Post natal depression group	C/- Koala Cottage Burdett Street Hornsby 2077	(02) 9477 9547	(02) 9477 9575	Hornsby-Kuringai Shire	Women suffering from PND
Child & Adolescent Mental Health Team	B. Freeman	Early intervention with children whose parents suffer from mental illness or drug/alcohol problem	36 Palmerston Road Hornsby 2077	(02) 94779190	(02) 9477 9575	As above	Children with parents who are mentally ill or have drug/alcohol problems
Adolescent Centre	Steve Allen Team leader	Adolescent service (general mental health)	19-21 Gipps Street Wollongong 2500	(02) 4229 4077	(02) 4227 6943	Area wide	Adolescents 12-18 years
Early intervention co-ordinator	Shirril Spears	To implement early intervention program across area	C/- 19-21 Gipps street Wollongong 2500	(02) 4229 4077	(02) 4227 6943	Area wide	Planning early intervention model for Illawarra Area Health Service Mental Health Service

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Community Health for Adolescents in Need (CHAIN)	Kate Gooden	Multiple programs for adolescents 12-24 years	1A Dennison Street Wollongong	(02) 4226 5816	(02) 4227 2424	Area	Adolescents in need 12-24 years
Wollongong Youth Accommodation	Ms N Clay / Ms E Johannsson	Youth accommodation 10 projects underway including RAFT (Resourcing Adolescents and Family Team)	467 Crown Street Wollongong 2500	(02) 4226 5681  (02) 4228 1946	(02) 4226 6364	Area	Adolescents in need  RAFT is a specifically funded early intervention program
Mobile Treatment Team	Peter Brown Coordinator	24 hour/7 day crisis and acute home based service	C/- Port Kembla Hospital PO Box 21 Warrawong 2502	(02) 4223 8001	(02) 4223 8050	Area	People in crisis who <u>may</u> have a mental illness

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Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Child & Youth Mental Health Service Glenala State High School	Fiona Heath / Kelly Watson	Various programs run as per need in school eg to address issues early with eating disorders, relationships, particularly girls at risk of DV r'ships	7 Kittyhawk Avenue Inala 4077 Glenala Road Inala 4077	(07) 3372 5577 (07) 3372 2300	(07) 3879 1483	Local area	
Centre for Mental Health	Meredity Nirui	73 Miller Street North Sydney	Rural and regional youth counselling program	(02) 9391 9619	(02) 9391 9041	Rural and regional (NSW)	Youth
Central Sydney Area Mental health Service	Unit Director	Canterbury Child, Adolescent & Family Service	438 Burwood Road Belmore 2192	(02) 9740 7555	(02) 9740 5173	LGA	Children, adolescents and families

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Macquarie Mental Health Service - Mental Health Promotion Unit	Myra Murray	Alternate Schools Program - Wellington (Joint program TAFE, MH and High School)	PO Box M205 Dubbo East 2830	(02) 6881 2200	(02) 6882 8143	Wellington township	Adolescent males with problem behaviours at school (14-16 years)
Macquarie Mental Health Service - Mental Health Promotion Unit	Myra Murray	Positive Parenting: parenting as a public health activity	As above	As above	As above	Dubbo town community	Parents of children 0-12 years
Macquarie Mental Health Service - Mental Health Promotion Unit	Myra Murray	Delroy School and MHPU "coolness under Pressure - Aboriginal Education Asssist	As above	As above	As above	Delroy school	Male Aboriginal students years 7 and 8

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Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Macquarie Area Mental Health Services	Mark Harris	Community Mental Health Team Dubbo	Windsor Court Health Centre 62 Windsor Pde Dubbo 2830	(02) 6882 12200	(02) 6882 8143	Regional	25 years and under. <ul style="list-style-type: none"> <li>• Specialist adolescent MHWs within a generic MH team</li> <li>• triage system</li> <li>• 24 hour access to immediate MH assessment/ intervention for children &amp; adolescents</li> <li>• liaison/ consultation for other services</li> <li>• assessment/ intervention / support for children of parents with a mental illness</li> <li>• rural &amp; remote outreach for children/ adolescents</li> </ul>

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Macquarie Area Mental Health Services	Mark Harris	Community Mental Health Team Dubbo	Windsor Court Health Centre 62 Windsor Pde Dubbo 2830	(02) 6882 12200	(02) 6882 8143	Regional	Under 25 years <ul style="list-style-type: none"> <li>• consultations via tele-medicine to New Children's Hospital</li> <li>• shared care with pediatricians</li> <li>• social support group 17-24 year olds</li> </ul>
Ryde Community Mental Health Service	Andrea Taylor	Children of parents with a mental illness	32 Church Street Ryde 2112	(02) 9807 3733	(02) 9809 5275	Sub area	18-25 years
Ryde Community Mental Health Service	Andrea Taylor	Early intervention groups	32 Church Street Ryde 2112	(02) 9807 3733	(02) 9809 5275	Sub area	18-25 years
Ryde Community Mental Health Service	Andrea Taylor	Early intervention housing project	32 Church Street Ryde 2112	(02) 9807 3733	(02) 9809 5275	Sub area	18-25 years

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Macquarie Mental Health Service - Mental Health Promotion Unit	Myra Murray	Carers in workforce	PO Box M205 Dubbo East 2830	(02) 6882 8143	(02) 6882 8143	Dubbo	Any carer of person with mental illness
Macquarie Mental Health Service - Mental Health Promotion Unit	Myra Murray	Suicide Awareness; suicide risk training	PO Box M205 Dubbo East 2830	(02) 6882 8143	(02) 6882 8143	Area	Any member of area public - community groups, professional staff, all areas

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Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Ryde Community Mental Health Service	Andrea Taylor	Assessment package for first episode of mental illness	32 Church Street Ryde 2112	(02) 9807 3733	(02) 9809 5275	Regional	18-25 years
Connexions - Jesuit Youth Service	David Murray / David Chong	Connexions	PO Box 1141 Collingwood 3066	(03) 9415 8700	(03) 9415 7733	Regional - some extension	Young people 14- 25 years - drug/ alcohol issues - Juvenile Justice clients
Salvation Army - Crossroads	Lyndie Freestone	Mental Health Intensive Y.S.S.	37 Ascot Vale Road Flemington 3031	(03) 9372 1877		Regional	'At risk' youth - 12-25 years
Frontyard Health Service	Ruby Moffatt	Frontyard	C/- Gatehouse Street Parkville 3052	(03) 9345 5890		Regional	12-25 years old 'at risk - emotional, physical, sexual health issues

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Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Division of Psychiatry & Mental Health St Georges	Gary Stevens	YARDS Projects (Youth at risk of deliberate self harm)	18 Market Street Rockdale NSW 2216	(02) 9567 6500	(02) 9597 4756	South Eastern Sydney / Northern Rivers NSW	Young people under age of 25 years at risk of self- harm
As above	Dr Elizabeth Mckenzie	Early Psychosis project	Dept of Psychiatry & Mental Health St George Hospital Gray Street Kogarah 2217	(02) 9350 2432	(02) 9350 3969	St George District	Young people experiencing first episode psychosis
St George Child Youth & family Health Service	Anita Austin	ASAP	16 King Street Rockdale NSW 2216	(02) 9597 2644	(02) 9597 3860	St George District	Young people up to age 20 at risk of suicide
Eastern Suburbs Mental Health Service	M. Ovens	Early intervention program	26 Clontarf Street Bondi Junction 2022	(02) 9366 8611	(02) 9382 1070	Catchment area Eastern Sydney	First episode psychosis - prodromal

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Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
St Vincents Mental Health Service	Dr Beth Kotze	PEIPOD (Program for Early Intervention and Prevention of Disability)	299 Forbes Street Darlinghurst NSW 2010	(02) 9361 7823	(02) 9361 7802	Sector based	Adolescents and young people with first/ second episode psychosis
Sutherland Division of Mental Health	Appinh Boeteng	Reducing Deliberate Self Harm Among Youth	Sutherland Hospital Kingaway Caringbah NSW 2229	(02) 9540 7490	(02) 9540 7501	District and area wide	Young people presenting with a recent episode of deliberate self harm
Northern Sydney Division of General Practice Inc*	Ms Libby Anderson (Project Officer) / Dr F Robinson	GP/ Tresillian Liaison post natal management courses	Rm 30 Level 4 Vindin House RNS Hospital St Leonards NSW 2065	(02) 9926 8540	(02) 9437 5953	Statewide	GPs treating patients with post natal stress, depression and infant problems
Northern Sydney Division of General Practice Inc*	Ms Libby Anderson / Dr N Kowalenko	GP education & training in post natal mood disorders	Rm 30 Level 4 Vindin House RNS Hospital St Leonards NSW 2065	(02) 9926 8540	(02) 9437 5953	Regional (pilot completed)	GPs identifying & managing patients with PND & their families

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Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Northern Sydney Division of General Practice Inc*	Dr R Rattner/ Dr N Kowalenko/ Ms Sue Coles	Shared Care (Obstetric) Mental Health Integration Project	Rm 30 Level 4 Vindin House RNS Hospital St Leonards NSW 2065	(02) 9926 8540	(02) 9437 5953	Regional	Shared ante and post-natal care clients with mental health problems and disorders
Child & Adolescent Psychiatry* <sup>1</sup>	Dr N Kowalenko and Dr Bev Turner	Mother-infant interaction group. "The two of us"	Dept of Child and Adolescent Psychiatry. Level 2, Block 4 RNS Hospital ST Leonards NSW 2065	(02) 9926 8905	(02) 9906 8136	Regional	Mothers with post-natal mood disorders and difficulties with managing their infants
Macquarie Drug and Alcohol Service	Karen-Lea Delaney	PCYC Crime Prevention Day with local community health centres	PCYC Mudgee	(02) 6372 1367		Local town - Mudgee	Grade 6 students

<sup>1</sup> \*The four programs astericked form components of an integrated early intervention strategy for enhancing post-natal adjustment for families. These projects are specifically funded. There are additional strategic initiatives in place and being developed, with child and family health, mental health, obstetric and other services.

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Redbank House	Ms Annette Murphy	Triple P	Institute Road Westmead NSW 2145	(02) 9845 6577	(02) 9845 6922	Western Sydney Area Health Service	Families of preschoolers with disruptive behaviour
Macquarie Drug and Alcohol Service	Karen-Lea Delaney	DDU Party Safe Rocks	PO Box M61, Dubbo, NSW 2830	(02) 6881 12248	(02) 6884 3833	Regional	Year 10 and year 12 students
Macquarie Drug and Alcohol Service	Karen-Lea Delaney	Youth Concert Information Tent	PO Box M61, Dubbo, NSW 2830	(02) 6881 12248	(02) 6884 3833	Dubbo	Under 18s
Macquarie Drug and Alcohol Service	Karen-Lea Delaney	Battle of the Bands Competition	PO Box M61, Dubbo, NSW 2830	(02) 6881 12248	(02) 6884 3833	Dubbo	Unders 18s
Macquarie Drug and Alcohol Service	Karen-Lea Delaney	DDU Art Competition	PO Box M61, Dubbo, NSW 2830	(02) 6881 12248	(02) 6884 3833	Regional	Year 10 and year 12 students

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Dept of Psychological Medicine	Ms Ingeborg Stiefel / Ms Susan Johnson	Psychological intervention in ADHD & associated disorders	New Children's Hospital PO Box 3575 Parramatta NSW 2174	(02) 9845 2005	(02) 9845 2009	Hospital outpatients	5-10 year old children who don't respond sufficiently to stimulants and IQ > 80
Rivendell Unit	Dr Jean Starling		Hospital Road Concord West NSW 2138	(02) 9736 2288	(02) 9743 6264		Early intervention in psychosis – local health area
Redbank House Dept of Child, Adolescent & Family Psychiatry	Karen Forrest	Ready Program	Redbank House Institute Road Westmead NSW	(02) 9845 6577	(02) 9891 5690	Regional	3-5 year old child with oppositional and aggressive behaviour
Redbank House Dept of Child, Adolescent & Family Psychiatry	Roslyn Montague	Early identification of depression in adolescents	Redbank House Institute Road Westmead NSW	(02) 9845 6577	(02) 9891 5690	Local - regional	Year 7-9 adolescents

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Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Redbank House Dept of Child, Adolescent & Family Psychiatry	Zareena Awantharam	REPP Program	Redbank House Institute Road Westmead NSW	(02) 9845 6577	(02) 9891 5690	Regional	Adolescents with psychosis
Bentley Health Service: Bentley Child and Adolescent Mental Health Clinic	Trevor Rule – Clinic Co- ordinator	Bentley Child & Adolescent Mental Health outpatient clinic	PO Box 1255 East Victoria Park WA 6101	(08) 9462 5188	(08) 9470 3926	Regional	0-18 year old child and family, targeting mental health issues <ul style="list-style-type: none"> <li>• behavioural</li> <li>• emotional</li> <li>• social</li> </ul>
Bentley Health Service: Robinson Unit	Petra Bauer - level III nurse	Robinson Unit Residential Program	PO Box 1255 East Victoria Park WA 6101	(08) 9462 5188	(08) 94703926	Statewide	8-15 year old children with <u>severe</u> behavioural / emotional, social, mental health issues

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Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Statewide Services. Eastern Community Mental Health Service, Glenside Campus	H. Hustig	The Glen – North; Banfield; Kurrajong; Greenhill	Glenside Campus, Eastwood SA	(08) 8303 1233	(08) 305 1692	Statewide	Treatment – severely disabled, often violent clientele, commonly with concomitant drug abuse
NSW Centre for Mental Health	Ben Nielsen	Current suicide prevention initiatives in NSW		(02) 9391 9230		Statewide	NSW community with emphasis on young people and health workers
NSW Centre for Mental Health	Ben Nielsen	Local management of media reporting on suicide deaths		(02) 9391 9230		Statewide	Health service managers, media representatives
NSW Centre for Mental Health	Ben Nielsen	Preventing and managing reported increases in suicide in local communities		(02) 9391 9230		Statewide	Health managers and planners

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Hawthorn Community Mental Health Centre (part of St Vincents Hospital and Community Psychiatric Service)	Duty worker	Community based assessment, crisis and treatment, case management, mobile treatment services, community consultation	642 Burwood Road Hawthorn 3122	(03) 9882 9299	(03) 9882 9637	Regional	16 years- 65 years, adult mental health service
Maroondah Hospital Child and Adolescent Mental Health Team	Associate Professor Ernest S Luk	Early detection and intervention of persistent conduct problems with serious outcome	21 Ware Crescent Ringwood Vic 3135	(03) 9870 9788	(03) 9870 7973	Regional	3-18 years

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Teenage Birthing Program	Cathy Wetter	Teenage mother's program	W Angliss Hospital Upper Ferntree Gully Vic 3156	(03) 9764 6333		Sub regional	Teenage mothers
Knox Youth Services	Michelle Gault	Rowville Outreach Program	Knox Youth Services Private Bag Knox 1 MDC Wantirna South Vic 3152	(03) 9298 8000		Local government area-Knox	Secondary school age
Maroondah CAMHS – Ferntree Gully	Andrew Hill-Smith	CAMHS	16-18 Albert Street Vic 3156	(03) 9753 6344	(03) 9753 6150	Sub-regional	Up to 18 years

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Teenage Birthing Program	Cathy Wetter	Teenage mother's program	W Angliss Hospital Upper Ferntree Gully Vic 3156	(03) 9764 6333		Sub regional	Teenage mothers
Knox Youth Services	Michelle Gault	Rowville Outreach Program	Knox Youth Services Private Bag Knox 1 MDC Wantirna South Vic 3152	(03) 9298 8000		Local government area-Knox	Secondary school age
Maroondah Hospital Area Mental Health Service	Rose Cuff	Parents in Partnership	C/- Northern Community Mental Health Clinic C/- Maroondah Hospital Mt Dandenong Road East Ringwood Vic 3135	(03) 9876 9720	(03) 9879 8293	Regional	Parents with a mental illness

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
East Preston Community Health Centre & Northcote Community Health Centre	Fred Rossi	Homeless Youth Counsellor	Cnr Blake & Crevelli Streets East Preston Vic	(03) 9478 5711	(03) 9478 5711	City of Darebin and surrounding fringe	Young people who experience homelessness (with mental health difficulties, addiction and who present with 'complex needs')
Mid Western Area Mental Health Service	Joy Booth	'Keep Yourself Alive' Project	175 George Street Bathurst NSW	(02) 63332 8536	(02) 6332 8577	Regional	Health workers, education staff, counsellors of welfare agencies
Mid Western Area Mental Health Service	Joy Booth	Aboriginal Suicide Prevention provided by Rose Education	175 George Street Bathurst NSW	(02) 63332 8536	(02) 6332 8577	Regional	Aboriginal health and Aboriginal mental health workers
Mid Western Area Mental Health Service	Joy Booth / Dr Neil Phillips	Interventions in adolescent depression project	175 George Street Bathurst NSW	(02) 63332 8536	(02) 6332 8577	Regional	Adult mental health workers, school counsellors, community health workers

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Mid Western Area Mental Health Service	Joy Booth	Mens Health Project (Richard Fletcher)	175 George Street Bathurst NSW	(02) 63332 8536	(02) 6332 8577	Regional	Health workers, educational personnel
Victorian Foundation for Survivors of Torture and Trauma	Dr Ida Kaplan	Refugee screening program with schools	PO Box 96 Parkville VIC 3052	(03) 9388 0022	(03) 9387 0828	Statewide	Refugee children
Grampian Psychiatric Services (GPS) Child and Adolescent Mental Health Service	Clinical Team Leader or Duty Worker (for referral). All referrals taken in Ballarat	CAMHS	Ballarat Health Services Box 577 Ballarat Victoria 3350		(03) 5320 4028	Regional	0-18 years
Grampian Psychiatric Services (GPS) Child and Adolescent Mental Health Service	Clinical Team Leader or Duty Worker (for referral). All referrals taken in Ballarat	CAMHS	West Grampian CMHS PO Box 376 Horsham Vic 3401	(03) 5382 6744	(03) 5382 6747	Regional	0-18 years (For referral of children with problems of social, emotional, cognitive or developmental nature)

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Mental Health Promotion Officer	Brenda Fletcher	Grampians Psychiatric Services	PO Box 577 Ballarat 3350	(03) 5320 4100		Regional (statewide network)	12-24 years
Mid-North Mental health Services – Peterborough	Helena Hicks	<ul style="list-style-type: none"> <li>• Balancing Life</li> <li>• No Easy Way Out</li> <li>• Healthy Grief</li> <li>• Minds Matter Too</li> <li>• Stress &amp; Anxiety Management</li> <li>• Communication</li> </ul>	Peterborough Soldier's Memorial Hospital C/- PO Box 119 Peterborough SA 5422	(08) 8651 2445	(08) 8651 2552		For all age groups, except "Balancing Life" which is for young people 10-15 years old

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Mid-North Mental health Services – Gladstone	Evi Muldoon	<ul style="list-style-type: none"> <li>• Balancing Life</li> <li>• No Easy Way Out</li> <li>• Healthy Grief</li> <li>• Minds Matter Too</li> <li>• Stress &amp; Anxiety Management</li> <li>• Communication</li> </ul>	Gladstone Health Centre 20 Fifth Street Gladstone SA 5473	(08) 8662 2386	(08) 8662 2372	All of above	For all age groups, except “Balancing Life” which is for young people 10-15 years old

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Mid-North Mental health Services – Laura	Marie Kruger	<ul style="list-style-type: none"> <li>• Balancing Life</li> <li>• No Easy Way Out</li> <li>• Healthy Grief</li> <li>• Minds Matter Too</li> <li>• Stress &amp; Anxiety Management</li> <li>• Communication</li> </ul>	GROW C/- PO Box Laura SA	(08) 8663 2459	(08) 8663 2459	All of the above	For all age groups, except “Balancing Life” which is for young people 10-15 years old

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Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Southern Healthcare Network - CAMHS	Dr Paul Lee-Director	Monash Autism Program (MAP)  High Dependency Day Program  ADHD Program  Telepsychiatry  OCD Clinic  MHIYS worker  Mental Health Promotion Officer	CAMHS Monash Medical Centre Locked Bag 29 Clayton Vic 3168	(03) 9550 1300	(03) 9550 1333	Regional	0-18 years (except AIPU & HUDDP: 12-18 years)            MAP – pervasive developmental problems

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Southern Healthcare Network - CAMHS	Dr Paul Lee-Director	School Based Intervention Program (being jointly proposed by DHS/CAMHS/DOE)	CAMHS Monash Medical Centre Locked Bag 29 Clayton Vic 3168	(03) 9550 1300	(03) 9550 1333	Regional	0-18 years (except AIPU & HUDDP: 12-18 years)
Monash University Centre for D'mental Psychiatry	David Heyne	School refusal clinic: an NH&MRC assessment & treatment evaluation project	Monash Medical Centre, Clayton Vic 3168	(03) 9550 1354	(03) 9550 1300	Statewide	COPP – cognitively impaired children  Children with school refusal and anxiety disorders
Monash University Centre for D'mental Psychiatry	Nicole Myerson	Children support clinic	Monash Medical Centre, Clayton Vic 3168	(03) 9550 1354	(03) 9550 1300	Statewide	Young people with post trauma stress reactions to sexual abuse and their families

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Monash University Centre for D'mental Psychiatry	David Heyne	Berriga House – Depression Project. Providing treatment for depressed young people & training in assessment & management for GPs & health education & welfare professionals	Monash Medical Centre, Clayton Vic 3168	(03) 9550 1354	(03) 9550 1300	Statewide	Young people with depression and their families
Monash University Centre for D'mental Psychiatry	Stephanie Rollings	PASS – Promoting Attendance & School Success.	Monash Medical Centre, Clayton Vic 3168	(03) 9550 1354	(03) 9550 1300	Statewide	Young people with truancy & antisocial behaviour

Name of Service	Name of Contact Person	Name of Program	Address	Phone	Fax	Coverage of Program Statewide Regional Other	Target Group (if known)
Monash University Centre for D'mental Psychiatry	Avril Brereton	MAP: The Monash Autism Project: an epidemiological, assessment & early intervention project	CAMHS Monash Medical Centre Locked Bag 29 Clayton Vic 3168	(03) 9550 1300	(03) 9550 1333	Statewide	Young people with autism spectrum disorders
Monash University Centre for D'mental Psychiatry	Andrew Stocky	Monash Mother-Infant Interaction Study	Monash Medical Centre, Clayton Vic 3168	(03) 9550 1354	(03) 9550 1300	Statewide	Mothers with postnatal depression

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## **APPENDIX E**

Information on Assessing “Evidence”

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**Table 1: The Hierarchy of Evidence Model (Canadian Task Force on the Periodic Health Examination) 1979**

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Level 1	Evidence obtained from at least one properly designed randomised controlled trial
Level 2-1	Evidence obtained from well designed controlled trials without randomisation
Level 2-2	Evidence obtained from well designed cohort or case-control analytic Studies, preferably from more than one centre or research group
Level 2-3	Evidence from comparisons between times and places with or without the intervention, and dramatic results in uncontrolled experiments
Level 3	Opinions of respected authorities, based on clinical experience, descriptive studies or reports of expert committees

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**Criteria Developed by Nathan and Gorman (1997)**

*Type One Studies:* These are the most rigorous and involve a randomised, prospective clinical trial. Such studies must also involve comparison groups with random assignment, blinded assessments, clear presentation of exclusion and inclusion criteria, state-of-the-art diagnostic methods, adequate sample size to offer statistical power, and clearly described statistical methods.

*Type Two Studies:* These are clinical trials in which an intervention is made, but some aspects of the Type One study requirement is missing. For example, a trial in which a double-blind cannot be maintained; a trial in which two treatments are compared but the assignment is not randomised; and the trial in which there is a clear but not fatal flaw such as a period of observation that is felt to be too short to make full judgements on treatment efficacy. Such studies clearly do not merit the same consideration as Type 1 studies, but often make important contributions and generally should not be ignored.

*Type Three Studies:* These are clearly methodologically limited. Type Three Studies are open treatment studies aiming at obtaining pilot data. They are highly subject to observer bias and can usually do little more than indicate if a treatment is worth pursuing in a more rigorous design. Also included in this category are case-control studies in which patients are identified and then information about treatment is obtained from them retrospectively. Such studies can, of course, provide a great deal of naturalistic information, but are prone to all of the problems of uncontrolled data collection and retrospective recall error.

*Type Four Studies:* Reviews with secondary data analysis can be useful, especially if the data analytic techniques are sophisticated. Modern methods of meta-analysis attempt to account for the fact that, for example, negative studies tend to be reported at a substantially lower rate than positive outcome studies.

*Type Five Studies:* Reviews without secondary data analysis are helpful to give an impression of the literature, but are clearly subject to the writer's opinion and sometimes are highly biased.

*Type Six Studies:* This encompasses a variety of reports that have marginal value, such as case studies, essays, and opinion papers.

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## INDEX - PROGRAM PROBLEMS/ISSUES TARGETED

Programs presented in this index target a wide range of problems/issues. The index has been developed to assist the reader. It is recognised that the classification system used is very broad and that programs can be classified in a variety of ways and as a consequence have been placed in relevant categories. Generalist Programs are seen as encompassing a wide variety of service/strategies for a number of different target groups.

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Title: National Stocktake of Early Intervention Programs	
Author(s): Ms Cathy Davis, Assoc Prof Graham Martin, Professor Robert Kosky, Ms Anne O'Hanlon	
Corporate Source: Southern Child & Adolescent Mental Health Service Flinders Medical Centre BEDFORD PARK, SOUTH AUSTRALIA, 5042	Publication Date:  1997, ISBN 0 646 360787

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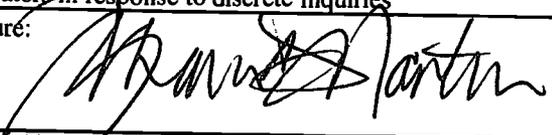


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